



Thyroid Assessment

Based upon your health profile for **the past 30 days**, please select the appropriate number, from '0 - 3' on all questions (0 as least/never/no and 3 as most/always/yes). Circle the number you feel best applies, then add the numbers to create your score.

POINT SCALE:

0 = NEVER (also: least, no, never tried/experienced)

1 = MILD (also: occasionally; symptom occurs rarely - i.e. a couple of times a month at most)

2 = MODERATE (also: some severity/intensity, and/or frequency, often; symptom occurs weekly)

3 = SEVERE/ABSOLUTE (also: frequent, intense, most, always, yes)

For all yes/no questions, 0=no and 3=yes

Low Thyroid Assessment (Hypo)

1. **0 1 2 3** Do you have difficulty losing weight?
2. **0 1 2 3** Are you mentally sluggish or notice a reduced initiative?
3. **0 1 2 3** Are you easily fatigued and/or sleepy during the day?
4. **0 1 2 3** Are you sensitive to cold and/or have cold hands and feet?
5. **0 1 2 3** Do you have chronic constipation?
6. **0 1 2 3** Have you experienced excessive hair loss and/or coarse hair?
7. **0 1 2 3** Do you have morning headaches that wear off during the day?
8. **0 1 2 3** Do you have a loss of lateral eyebrow hair (about 1/3 of the brow line)?
9. **0 1 2 3** Do you experience seasonal sadness?
10. **0 1 2 3** Are you tired, sluggish?
11. **0 1 2 3** Do you require excessive amounts of sleep to function properly?
12. **0 1 2 3** Do you struggle with increase in weight gain even with low-calorie diet?
13. **0 1 2 3** Do you ever experience depression, lack of motivation?
14. **0 1 2 3** Is there thinning or falling out of hair on your scalp, face, or genitals
15. **0 1 2 3** Do you have dryness of skin and/or scalp?
16. **0 1 2 3** Do you notice mental sluggishness?

TOTAL: _____/48





Excess Thyroid Assessment (Hyper)


1. **0 1 2 3** Are you sensitive/allergic to iodine?
2. **0 1 2 3** Do you have difficulty gaining weight, even with a large appetite?
3. **0 1 2 3** Are you nervous, emotional, can't work under pressure?
4. **0 1 2 3** Do you experience inward trembling?
5. **0 1 2 3** Do you flush easily?
6. **0 1 2 3** Do you have an intolerance to high temperatures?
7. **0 1 2 3** Do you experience heart palpitations?
8. **0 1 2 3** Do you ever experience increased pulse, even at rest?
9. **0 1 2 3** Do you suffer from insomnia?
10. **0 1 2 3** Do you experience night sweats?


TOTAL: _____/30

GRAND TOTAL: _____/78 = _____ X100 = _____%

 0-10% - Overall good balance. Sound nutrition and healthy habits will maintain good balance.

 11-20% - In need of a tune up to restore balance before serious illness sets in. Diet and lifestyle improvements should shift to normal.

 21-35% - Things are out of balance and need attention.

 36-50% - Very compromised and likely to significantly affect your state of health, well-being and energy level.

 51-100% - Severely compromised and requires immediate attention.