



HYPOTHYROID QUESTIONNAIRE

HomeopathicVibes

940 E. El Camino Real

Sunnyvale, CA 94087

harminder@homeopathicvibes.com

www.homeopathicvibes.net

Office (408)737-7100

<u>Hypothyroid Questions</u>		<u>Yes</u>	<u>No</u>
1.	Do you have dry or scaly skin?	<input type="radio"/>	<input type="radio"/>
2.	Do you get fatigued easier than you used to?	<input type="radio"/>	<input type="radio"/>
3.	Do you have less than normal energy?	<input type="radio"/>	<input type="radio"/>
4.	Does cold temperature bother you more than others?	<input type="radio"/>	<input type="radio"/>
5.	Have you had an unexplained increase in weight recently?	<input type="radio"/>	<input type="radio"/>
6.	Have you had an unexplained decrease in weight recently?	<input type="radio"/>	<input type="radio"/>
7.	Has your hair become drier, more brittle, coarse or falling?	<input type="radio"/>	<input type="radio"/>
8.	Have your nails become thin or brittle?	<input type="radio"/>	<input type="radio"/>
9.	Have you had a decrease in the amount of scalp or body hair?	<input type="radio"/>	<input type="radio"/>
10.	Do you have a decrease in eyebrows toward the side of your face?	<input type="radio"/>	<input type="radio"/>
11.	Is there a "dirty" or thickened skin appearance of your elbows or knees?	<input type="radio"/>	<input type="radio"/>
12.	Do you have pallor or paleness of your skin?	<input type="radio"/>	<input type="radio"/>
13.	Have you ever been told you are anemic?	<input type="radio"/>	<input type="radio"/>
14.	Have you been told you were B12 deficient or had pernicious anemia?	<input type="radio"/>	<input type="radio"/>

15. Do you have a yellow color to your skin, palms, and soles of feet or nails?
16. Have you noticed a loss of skin pigmentation on your face or breasts?
17. Do you have decreased sweating?
18. Do you have any swelling of you face or throat (goiter)?
19. Do your ankles swell?
20. Have you ever had protruding eyeballs?
21. Do your eyes feel dry if the tear-producing gland has been blocked?
22. Do your eyes ache, look more bulgy, giving you a staring appearance?
23. Do you get double vision as the muscles become too swollen to work properly at times?
24. Did you vision ever become blurry and colors appear less vivid?
25. Does front of your eyes get red and irritated very often?
26. Have you ever had pressure in the lower front of your neck or jaw?
27. Have any of your blood relatives ever had a thyroid condition?
28. Do you have a problem with constipation?
29. Do you suffer from generalized muscle and joint pain or cramping?
30. Do you suffer from muscle cramps?
31. Do you suffer from muscle weakness?
32. Do you have headaches?
33. Do you have mental confusion?
34. Do you have delayed reflexes?
35. Have sensed that your tongue is "thickened" or "swollen"?
36. Do you have problems pronouncing words?
37. Are you chronically depressed?

38. Have you ever been told that you cholesterol is too high?
39. Do you have a slow heart rate (<60)?
40. Do you have a fast hear rate (>90)?

If your have taken your Basal Body Temp, record results here.

Day 1 Day 2 Day 3 Day 4

First Name:	<input type="text"/>	Last Name	<input type="text"/>
Age:	<input type="text"/>	Sex	<input type="text"/>
Address :	<input type="text"/>		
City:	<input type="text"/>	State	<input type="text"/>
Zip :	<input type="text"/>	Country	<input type="text"/>
Home Phone :	<input type="text"/>	Work Phone	<input type="text"/>
E-Mail :	<input type="text"/>		
Referred By	<input type="text"/>		
Should We Contact You To Schedule Consult?	<input type="text"/>		<input type="button" value="v"/>