

ENT SURGICAL CONSULTANTS
THYROID QUESTIONNAIRE (7/13)

Name _____ Age _____ Sex _____ Date _____

The following checklist will assist in determining the cause of your thyroid problem. Please read each item carefully and check *only* those factors that apply to you.

Symptoms

- Date of onset of symptoms _____
- Neck discomfort or fullness
- Neck lump or growth
- Neck pain
- Chronic cough
- Choking sensation
- Difficulty swallowing
- Shortness of breath
- Hoarseness
- Voice change
- Constipation
- Always feeling cold
- Feeling sluggish or tired
- Dry, coarse, and brittle skin and nails
- Weight gain
- Frequent stools or diarrhea
- Feeling anxious or jittery
- Always feeling warm
- Sweating
- Heart palpitations or irregular heart beat
- Weight loss without dieting
- Hair loss

Past History

- Thyroid hormone (Synthroid) use
- History of a low thyroid (hypothyroidism)
- History of a hyperactive thyroid (hyperthyroidism)
- Personal history of radiation exposure (military, lab, etc)
- Personal history of radiation therapy (as adult or child)
- Previous thyroid surgery (When and where?)
- Previous non-thyroid neck surgery
- Previous tumors or cancers (What type?)
- Family history of non-cancerous thyroid problems
- Family history of thyroid cancer

Recent Thyroid Testing

- Thyroid blood tests
- Thyroid ultrasound
- Thyroid scan
- Neck CAT scan
- Thyroid needle biopsy

Please describe in your own words any other information about your problem. You may use this space to expand your answers above.

