

Name: _____ Date: _____

Please check any symptoms that apply to you:

- _____ Morning headaches that wear off as the day progresses
- _____ Increase in weight even while on a low-calorie or low-fat diet
- _____ Overly sensitive to cold weather
- _____ Dry or brittle hair, hair falls out easily
- _____ Dry or itching skin
- _____ Reduced initiative, mental confusion, and poor memory
- _____ Ringing in the ears associated with decreased blood pressure and/or slow pulse rate
- _____ Poor circulation, joint stiffness, numbness in hands or feet
- _____ Low axillary temperature (*Barnes Thyroid Test*)
- _____ Muscle cramps while at rest
- _____ Catch colds and other viral/bacterial problems easily and has difficulty recovering from the problem
- _____ Wounds heal slowly
- _____ Requires an excessive amount of sleep to function normally
- _____ Chronic digestive problems
- _____ Edema, especially facial
- _____ Loss of outside portion of the eyebrows
- _____ Constipation
- _____ Depression
- _____ Red hair
- _____ Left handed
- _____ B-12/Folate anemia
- _____ Premature gray hair