

HYPOTHYROIDISM DIAGNOSIS and SYMPTOMS CHECKLIST*

SPECIAL RISK/SYMPTOMS LIST FOR INFANTS

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| <input type="checkbox"/> My infant is on soy formula. | <input type="checkbox"/> My infant has family members (parents, siblings) with thyroid disease. |
| <input type="checkbox"/> My infant has a puffy face. | <input type="checkbox"/> My infant has a swollen tongue. |
| <input type="checkbox"/> My infant has a hoarse cry. | <input type="checkbox"/> My infant has cold extremities. |
| <input type="checkbox"/> My infant has mottled skin. | <input type="checkbox"/> My infant has low muscle tone. |
| <input type="checkbox"/> My infant is not eating well. | <input type="checkbox"/> My infant has thick coarse hair that grows low on the forehead. |
| <input type="checkbox"/> My infant has a large soft spot. | <input type="checkbox"/> My infant has had prolonged jaundice. |
| <input type="checkbox"/> My infant has a herniated belly button. | <input type="checkbox"/> My infant is lethargic. |
| <input type="checkbox"/> My infant sleeps most of the time. | <input type="checkbox"/> My infant appears tired even when awake. |
| <input type="checkbox"/> My infant has persistent constipation. | <input type="checkbox"/> My infant is bloated or full to the touch. |
| <input type="checkbox"/> My infant has had little or no growth. | |

SPECIAL SYMPTOMS LIST FOR CHILDREN

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| <input type="checkbox"/> My child took soy formula as an infant. | <input type="checkbox"/> My child has family members (parents, siblings) with thyroid disease. |
| <input type="checkbox"/> My child is having school problems. | <input type="checkbox"/> My child is not keeping up with growth charts for height. |
| <input type="checkbox"/> My child is having delayed puberty. | <input type="checkbox"/> My child has been diagnosed with attention deficit disorder. |
| <input type="checkbox"/> My child is gaining weight inappropriately. | <input type="checkbox"/> My child is unusually fatigued, exhausted, or sleeping far more than usual. |
| <input type="checkbox"/> My child is severely constipated. | <input type="checkbox"/> My child is sensitive to cold. |
| <input type="checkbox"/> My child's hair is falling out more than usual. | <input type="checkbox"/> My child's hair is rough, coarse, dry, breaking, brittle. |
| <input type="checkbox"/> My child's eyebrows or eyelashes are falling out. | <input type="checkbox"/> My child's skin is rough, coarse, dry, scaly, itchy, and thick. |
| <input type="checkbox"/> My child seems depressed. | <input type="checkbox"/> My child's voice has become hoarse, husky or gravelly. |
| <input type="checkbox"/> My child has difficulty concentrating. | <input type="checkbox"/> My child seems to be losing interest in normal daily activities. |
| <input type="checkbox"/> My child seems more forgetful lately. | <input type="checkbox"/> My child complains of strange feelings in the neck/throat, or difficulty swallowing. |
| <input type="checkbox"/> My child is snoring more lately. | <input type="checkbox"/> My child seems to have some sort of fullness or growth in the neck area. |
| <input type="checkbox"/> My child yawns frequently to get oxygen. | <input type="checkbox"/> My child gets more frequent infections or infections that last longer. |
| <input type="checkbox"/> My child has swollen feet, hands or eyelids. | <input type="checkbox"/> My child has puffiness and swelling around the eyes and face. |
| <input type="checkbox"/> My child seems restless. | <input type="checkbox"/> My child is complaining of pains, aches and stiffness in various joints, hands and feet. |

*Excerpted from the book Living Well With Hypothyroidism by Mary J . Shomon, HarperCollins, 2000.
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& bring to your appointment.