

Koshland Pharm

Custom Compounding Pharmacy

301 Folsom St., Suite B, San Francisco, CA 94105

(p) (415) 344-0600 (f) (415) 344-0607

www.koshlandpharm.com

Name: _____

Date: _____

RATING OF SYMPTOMS OF THYROID IMBALANCE

Please circle the number best describing your symptoms:
(1= extremely mild/no symptom & 10 = extremely severe)

Symptoms of Hypothyroidism

Fatigue	1	2	3	4	5	6	7	8	9	10
Lethargy	1	2	3	4	5	6	7	8	9	10
Exercise Intolerance	1	2	3	4	5	6	7	8	9	10
Cold in Extremities	1	2	3	4	5	6	7	8	9	10
Constipation	1	2	3	4	5	6	7	8	9	10
Weight Gain	1	2	3	4	5	6	7	8	9	10
Dry Skin	1	2	3	4	5	6	7	8	9	10
Hair Loss	1	2	3	4	5	6	7	8	9	10
Muscle Cramps/Stiffness	1	2	3	4	5	6	7	8	9	10
Joint Pain	1	2	3	4	5	6	7	8	9	10
Heavy Menses	1	2	3	4	5	6	7	8	9	10
Low Sex Drive/Anorgasmia	1	2	3	4	5	6	7	8	9	10

Total Symptom Score: _____

Body Temperature: _____ °F

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Symptoms of Hyperthyroidism

Anxiety	1	2	3	4	5	6	7	8	9	10
Insomnia	1	2	3	4	5	6	7	8	9	10
Mood Swings	1	2	3	4	5	6	7	8	9	10
Rapid Heart Rate	1	2	3	4	5	6	7	8	9	10
Heat Intolerance	1	2	3	4	5	6	7	8	9	10
Diarrhea	1	2	3	4	5	6	7	8	9	10
Excessive Sweating	1	2	3	4	5	6	7	8	9	10
Weight Loss with Increased Appetite	1	2	3	4	5	6	7	8	9	10
Irregular Menses	1	2	3	4	5	6	7	8	9	10
Itchy Skin	1	2	3	4	5	6	7	8	9	10
Muscle Weakness	1	2	3	4	5	6	7	8	9	10

Total Symptom Score: _____

Body Temperature: _____ °F