THYROID HEALTH QUIZ FOR WOMEN

INTRODUCTION

THIS QUIZ IS DESIGNED TO HELP YOU ASSESS WHETHER YOU MAY BE EXPERIENCING THYROID-RELATED ISSUES. ANSWER THE FOLLOWING QUESTIONS HONESTLY TO GET A BETTER UNDERSTANDING OF YOUR THYROID HEALTH.

FOR EACH QUESTION, ANSWER WITH:
YES (1 POINT)
NO (0 POINTS)
SOMETIMES (0.5 POINTS)

QUIZ!

ENERGY & METABOLISM

1. *DO YOU OFTEN FEEL FATIGUED, EVEN AFTER A WHOLE NIGHT'S SLEEP?*

2. *HAVE YOU EXPERIENCED UNEXPLAINED WEIGHT GAIN OR DIFFICULTY LOSING WEIGHT?*

3. *DO YOU FREQUENTLY FEEL COLD, ESPECIALLY IN YOUR HANDS AND FEET?*

4. *HAVE YOU NOTICED SIGNIFICANT CHANGES IN YOUR APPETITE?*

PHYSICAL CHANGES

5. *HAVE YOU EXPERIENCED HAIR THINNING OR INCREASED HAIR LOSS?*

6. *IS YOUR SKIN DRIER OR ROUGHER THAN IT USED TO BE?*

7. *HAVE YOUR NAILS BECOME BRITTLE, OR DO THEY BREAK EASILY?*

8. *HAVE YOU NOTICED PUFFINESS, PARTICULARLY AROUND YOUR FACE?*

COGNITIVE & EMOTIONAL HEALTH

9. DO YOU STRUGGLE WITH CONCENTRATION OR EXPERIENCE "BRAIN FOG"?

10. HAVE YOU HAD MOOD SWINGS, DEPRESSION, OR ANXIETY?

11. DO YOU FIND IT DIFFICULT TO REMEMBER THINGS LATELY?

12. HAS YOUR ABILITY TO HANDLE STRESS DECREASED?

HORMONAL & REPRODUCTIVE HEALTH

13. ARE YOUR MENSTRUAL CYCLES IRREGULAR, OR HAVE THEY CHANGED SIGNIFICANTLY?

14. DO YOU EXPERIENCE HEAVIER OR MORE PAINFUL PERIODS THAN BEFORE?

15. HAVE YOU HAD DIFFICULTY CONCEIVING OR EXPERIENCED MISCARRIAGES?

16. HAS YOUR LIBIDO DECREASED?

CARDIOVASCULAR & MUSCULAR SYMPTOMS

17. HAVE YOU NOTICED CHANGES IN YOUR HEART RATE (EITHER TOO SLOW OR TOO FAST)?

18. DO YOU EXPERIENCE MUSCLE WEAKNESS, ACHES, OR CRAMPS MORE FREQUENTLY?

19. *ARE YOU MORE QUICKLY OUT OF BREATH DURING EVERYDAY ACTIVITIES?*

20. DO YOU OFTEN FEEL DIZZY OR LIGHT-HEADED?

DIGESTIVE HEALTH

21. DO YOU SUFFER FROM CONSTIPATION OR OTHER DIGESTIVE ISSUES?

22. HAVE YOU NOTICED A DECREASE IN SWEATING?

23. DO YOU HAVE A HOARSE VOICE OR A FEELING OF FULLNESS IN YOUR THROAT?

24. HAVE YOU EXPERIENCED CHANGES IN YOUR SENSE OF TASTE OR SMELL?

ANSWER

SCORING YOUR RESULTS:

ADD UP YOUR POINTS BASED ON YOUR ANSWERS:

- **0-6 POINTS: LOW LIKELIHOOD OF THYROID ISSUES.**
- **7-12 POINTS: MODERATE LIKELIHOOD OF THYROID IMBALANCE.**
- **13-18 POINTS: HIGH LIKELIHOOD OF THYROID DYSFUNCTION.**
- **19-24 POINTS: VERY HIGH PROBABILITY OF SIGNIFICANT THYROID ISSUES.**

NEXT STEPS:

*IF YOUR SCORE INDICATES A **MODERATE** TO **HIGH** LIKELIHOOD OF THYROID PROBLEMS, CONSIDER THE FOLLOWING ACTIONS:*

1. **CONSULT A HEALTHCARE PROFESSIONAL:**

SCHEDULE AN APPOINTMENT WITH AN ENDOCRINOLOGIST FOR FURTHER EVALUATION AND TESTING.

2. REQUEST A THYROID PANEL:

ASK FOR TESTS THAT MEASURE TSH, FREE T3, FREE T4, AND THYROID ANTIBODIES.

DISCUSS SYMPTOMS:

SHARE YOUR QUIZ RESULTS AND SYMPTOMS WITH YOUR HEALTHCARE PROVIDER FOR A COMPREHENSIVE ASSESSMENT.

CONCLUSION:

THIS QUIZ IS A HELPFUL TOOL FOR UNDERSTANDING POTENTIAL THYROID HEALTH ISSUES BUT IS NOT A SUBSTITUTE FOR PROFESSIONAL MEDICAL ADVICE OR DIAGNOSIS.

IF YOU HAVE CONCERNS ABOUT YOUR THYROID HEALTH, PLEASE SEEK MEDICAL ATTENTION PROMPTLY.

YOUR HEALTH MATTERS—TAKE THE FIRST STEP TOWARDS UNDERSTANDING IT BETTER!