

## Interpreting the Hypothyroid Risk Questionnaire™

The Hypothyroid Risk Questionnaire™ compares the probability that a person will have hypothyroidism at some point in their lifetime with the number of symptoms that are associated with hypothyroidism.

This will give you a very good idea of the probability that you have low thyroid function now.

The "Symptoms" section provides a numerical value for the quantity of symptoms that have been associated with decreased thyroid function. The "8" is added to the Total of Section A as a statistical uncertainty factor.

Since many of the general symptoms can also be caused by other conditions, even if someone scored 50 in the "Symptoms" section there is still only a 50% chance that they have hypothyroidism if the risks are low.

The "Risks" sections provides a numerical value for quantity of risks that have been associated with decreased thyroid function. Section B is multiplied by 10, and Section C is multiplied by 5. They are then added together to provide total possible risks. Since women are at higher risk of developing hypothyroidism, the highest a woman can score in these sections is 85; while the highest a man can score is only 75.

Write your Symptom Score (S) Here: \_\_\_\_\_

Write your Risk Score (R) Here: \_\_\_\_\_

### What is the probability that you have low thyroid function now?

Use the chart below to determine if you are probably hypothyroid, or if you have a medium or low probability of being hypothyroid.

The < symbol means "less than".

The > symbol means "greater than".

For example: If your S Score was less than 10, and your R Score was more than 20, there is a medium probability that you are now hypothyroid.

	R<10	R>10 & <20	R>20
S<10	Low Probability	Low Probability	Medium Probability
S>10 & <20	Low Probability	Medium Probability	High Probability
S>20	Medium Probability	High Probability	High Probability

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## How do you Achieve Optimal Hormone Health?

The first step towards any kind of hormone health is always a healthy diet that is made up of fruits and vegetables, whole grains (ideally gluten free), fish, poultry and low fat meats.

In addition:

Do not eat excessive amounts of raw brussel sprouts, kale, broccoli, cabbage, cauliflower, kohlrabi, millet, radishes, rutabagas, soy or turnips. Excessive amounts of these raw foods can interfere with thyroid function. Three servings a day or less is okay. Eat other vegetables, legumes and grains.

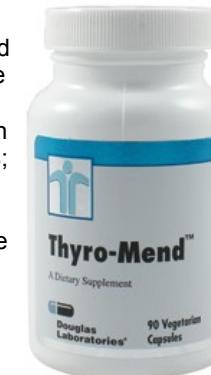
Do not take iodine supplements over 1,000 mcg (1 mg). More than 1,000 mcg can cause thyroid irritation and result in autoimmune thyroid disease.

Monitor thyroid hormone lab tests properly. An ideal test should include at least T3, T4 & TSH. The anti-TPO and anti-TG tests should be done once a year, especially in women. The reverse T3 test should also be added if there are many, or severe, symptoms—especially if T3 or T4 are low end of normal range.

**Thyro-Mend™** is a *Hormone Specific Formulation™* which improves the seven important thyroid actions. It is specifically designed for people with low thyroid function.

Only **Thyro-Mend™** is able to safely and effectively; increase bio-available iodine for thyroid cells; increase iodine uptake by thyroid cells through interactions with sodium-iodide-symporter (NIS) proteins; increase T3 & T4 production and secretion from thyroid cells; increase conversion of thyroxine (T4) to the more bioactive triiodothyronine (T3) by liver cells; increase RXR/TR heterodimerization of thyroid receptors on target cells throughout the body; increase binding of thyroid hormone receptors to DNA by RXR/TR heterodimers throughout the body; increased affect of T3 on target gene expression within receptor cells throughout the body.

Please see [yourhormones.com/thyroid/](http://yourhormones.com/thyroid/) for more information, or contact the healthcare professional listed below:



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Fatigue  
Hair Loss  
Brain Fog  
Slow Pulse  
Depression

**D**

Weight Gain  
Poor Memory  
Slow Thinking  
Restless Sleep  
Low Sex Drive  
Sensitive to Cold

**Y**

Moody & Irritable  
Difficulty Thinking  
Cold Hands & Feet  
Hard to Concentrate  
Low Blood Pressure  
Less than 1 BM Daily  
Low Body Temperature

**H**

Pasty, Puffy or Pale Skin  
Poor Short Term Memory  
Dizziness or Poor Balance  
Teeth Imprints on Tongue  
Dry Skin, Worse in Winter  
Hand & Feet Numbness  
Outer Eyebrow Thinning

**L**

Yellow Palms & Soles  
Joint Stiffness & Pain  
Recurrent Headaches  
Decreased Body Hair  
Elevated Cholesterol  
Decreased Sweating

**T**

Recurring Infections  
Thinning Eyelashes  
Nasal Congestion  
Bags under Eyes  
Enlarged Tongue  
Fluid Retention

**Y**

Muscle Aches  
Hoarse Voice  
Bloated Face  
Sleep Apnea

**your  
hormones**

## Hypothyroid Risk Questionnaire™

Hypothyroidism (low thyroid function) can affect your entire body, so the symptoms associated with hypothyroidism can be very diverse.

However, many of the general symptoms in this questionnaire can also be caused by other conditions, so it is important to know a few things about personal and family medical history in order to assess if there is a higher probability of low thyroid function.

The Hypothyroid Risk Questionnaire™ is not used to diagnose hypothyroidism. However, the questionnaire can be used to assess risk of hypothyroidism, and to track improvement in symptoms if a thyroid condition is being treated. A diagnosis requires lab tests and interpretation by a licensed healthcare professional.

### How the Hypothyroid Risk Questionnaire™ works

The Hypothyroid Risk Questionnaire™ is an advanced tool that correlates symptoms (**S**) with risks (**R**). Section "A" is used to count the number of symptoms (**S**) associated with low thyroid function.

Sections "B" and "C" are used to compile information on the risks (**R**) associated with low thyroid function.

### How to Fill Out the Hypothyroid Risk Questionnaire™

- Place a check next to any symptom you experience.
- Place a check next to any risks that you may have based on health history, diet and lifestyle history, family history, and gender specific questions.
- Calculate your Symptom Score and Risk Score, then see other side for interpretation.

### About the Hypothyroid Risk Questionnaire™

The questionnaire was developed by Joseph J Collins, RN, ND (Naturopathic Doctorate), a pioneer in functional endocrinology, and in the correlation analysis of clinical data. He is CEO and founder of Your Hormones, Inc. Joseph J. Collins is licensed as a Naturopathic Physician by the state of Washington, and licensed as an RN by the State of Iowa.

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## Hypothyroid Risk Questionnaire™

### Section A      Symptoms

1. Fatigue
2. Low Body Temperature
3. Weight Gain
4. Brain Fog
5. Hard to Concentrate
6. Difficulty Thinking
7. Poor Memory
8. Poor Short Term Memory
9. Slow Thinking
10. Depression
11. Moody & Irritable
12. Low Sex Drive
13. Restless Sleep
14. Outer Eyebrow Thinning
15. Hair Loss
16. Sensitive to Cold
17. Cold Hands & Feet
18. Slow Pulse
19. Low Blood Pressure
20. Less than 1 BM Daily
21. Dizziness or Poor Balance
22. Fluid Retention
23. Recurrent Headaches
24. Recurring Infections
25. Bags under Eyes
26. Bloated Face
27. Pasty, Puffy or Pale Skin
28. Decreased Body Hair
29. Enlarged Tongue
30. Teeth Imprints on Tongue
31. Thinning Eyelashes
32. Yellow Palms & Soles
33. Dry Skin
34. Skin itch in Winter
35. Decreased Sweating
36. Elevated Cholesterol
37. Sleep Apnea
38. Nasal Congestion
39. Hand & Feet Numbness
40. Hoarse Voice
41. Joint Stiffness & Pain
42. Muscle Aches

Total for Section A: \_\_\_\_\_

Add 8 to the Total for Section A.

Total for A \_\_\_\_\_ + 8 = \_\_\_\_\_

This is your Symptom Score

See other side for interpretation.

For more information go to: [yourhormones.com](http://yourhormones.com)

### Section B      Risks

#### Health History

1. Do you have auto-immune disease such as lupus, rheumatoid arthritis or sarcoidosis?
2. Have you ever been treated for any type of thyroid disease or thyroid condition?
3. Have you ever been on lithium or amiodarone?

Total for Section B: \_\_\_\_\_

### Section C      More Risks

#### Diet & Lifestyle History

1. Have you ever smoked or used tobacco?
2. Have you ever taken iodine supplements with 1,000 mcg (1 mg) or more of iodine?
3. Do you avoid eating ALL of these foods: salt, seafood, dairy and seaweed?
4. Do you often eat raw brussel sprouts, broccoli, cabbage, cauliflower, kale, kohlrabi, millet, radishes, rutabagas, soy or turnips?

#### Family History (Genetically related parents, grandparents, siblings, cousins, aunts and uncles.)

5. Does any family member have auto-immune disease such as Lupus, Rheumatoid Arthritis or Sarcoidosis?
6. Has a family member had thyroid disease?

#### Women Only

7. PMS, PMDD, or PCOS
8. Excessive Menstrual Bleeding
9. Have you been pregnant at least once?
10. Have you ever had a miscarriage?
11. Are you 40 years of age or older?

#### Men Only

12. Erectile Dysfunction
13. Gynecomastia (enlarged breasts)
14. Are you 50 years of age or older?

Total for Section C: \_\_\_\_\_

1) Multiply Section B Total by 10. B X 10 = \_\_\_\_\_.

2) Multiply Section C Total by 5. C X 5 = \_\_\_\_\_.

Add Line 1) and Line 2) together.

Line 1) + Line 2) = \_\_\_\_\_

This is your Risk Score

See other side for interpretation.

For more information go to: [yourhormones.com](http://yourhormones.com)