

# ThySRQ

This questionnaire asks you about symptoms that can be associated with underactive thyroid. You might have experienced some of these symptoms in recent weeks.

Each question has two parts:

for part (a) put an “X” in the box  to indicate if you have had the symptom in recent weeks, **regardless of the cause**;

for part (b) put an “X” in the box  to indicate how much the symptom has troubled you. **ONLY** answer part (b) if you answered “yes” to part (a).

<b>1 (a)</b>	Have you <b>felt tired</b> in recent weeks? No <input type="checkbox"/> If <i>no</i> , go to next symptom Yes <input type="checkbox"/> If <i>yes</i> , complete part (b)
<b>(b)</b>	If <b>yes</b> , how much has this troubled you? <input type="checkbox"/> not at all <input type="checkbox"/> a little <input type="checkbox"/> moderately <input type="checkbox"/> a lot

<b>2 (a)</b>	Have you <b>gained weight</b> in recent weeks? No <input type="checkbox"/> If <i>no</i> , go to next symptom Yes <input type="checkbox"/> If <i>yes</i> , complete part (b)
<b>(b)</b>	If <b>yes</b> , how much has this troubled you? <input type="checkbox"/> not at all <input type="checkbox"/> a little <input type="checkbox"/> moderately <input type="checkbox"/> a lot

<b>3 (a)</b>	Have you <b>felt colder</b> than other people in recent weeks? No <input type="checkbox"/> If <i>no</i> , go to next symptom Yes <input type="checkbox"/> If <i>yes</i> , complete part (b)
<b>(b)</b>	If <b>yes</b> , how much has this troubled you? <input type="checkbox"/> not at all <input type="checkbox"/> a little <input type="checkbox"/> moderately <input type="checkbox"/> a lot

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