

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.

For each question, you will find 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 bothered you. **ONLY** answer part (b) if you answered "yes" to part (a).

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

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

Thank you for completing this questionnaire.

This copy is for information only - for use, please contact Professor Bradley