Peirson Center for Children

2161 NE Broadway St. Portland, OR 97232 (503) 209-9041

Thyroid Questionnaire

Name:____dob:_________ date:_______

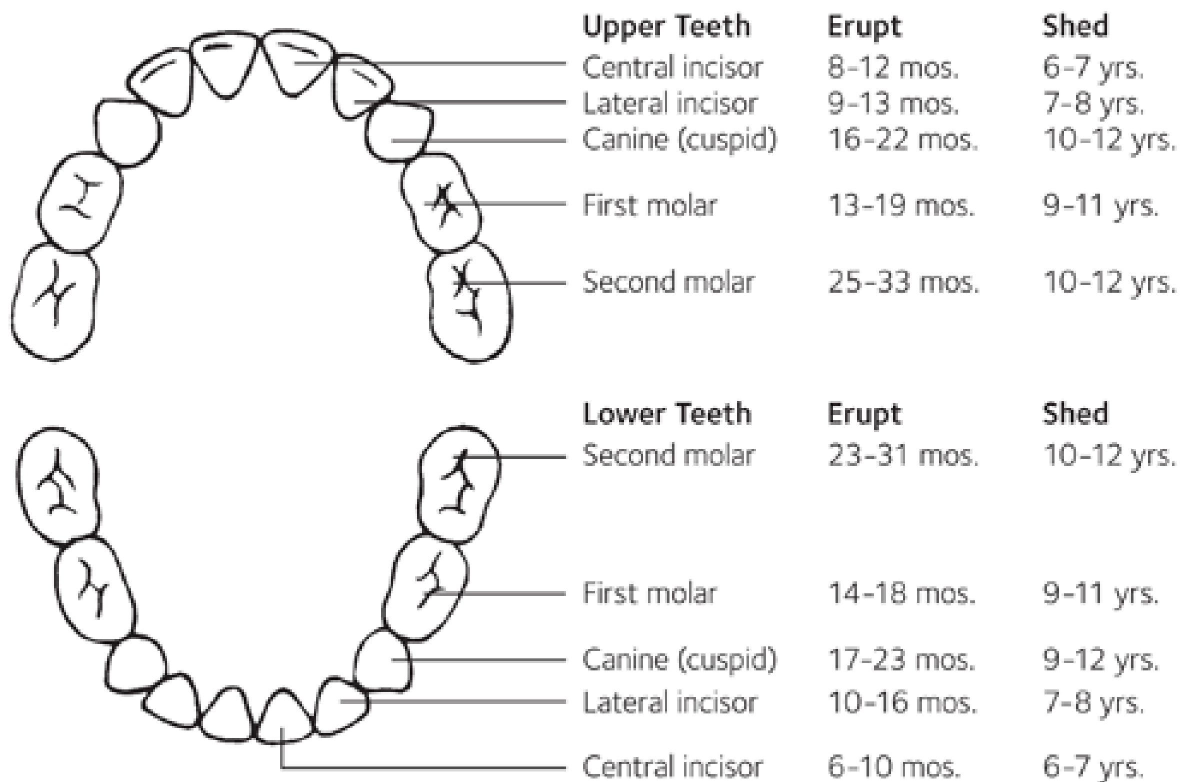
Please check off all signs and symptoms that your child has experienced in the past (P) or currently (C).

P	C	
☐	☐	Depression
☐	☐	Dry skin
☐	☐	Scalloped or large tongue
☐	☐	Puffiness around eyes
☐	☐	Mottled skin
☐	☐	Umbilical hernia
☐	☐	Delayed growth
☐	☐	Difficulty swallowing
☐	☐	Crossed eyes (strabismus)
☐	☐	Sensitivity to loud noise
☐	☐	Coarse hair
☐	☐	Grinding teeth
☐	☐	Elevated or small platelets

P	C	
☐	☐	Cold hands and feet
☐	☐	Yellow or orange skin
☐	☐	Protruding tongue
☐	☐	Broken/peeling fingernails
☐	☐	Delayed tooth eruption
☐	☐	Swollen belly
☐	☐	Constipation
☐	☐	Slow speech
☐	☐	Nystagmus
☐	☐	Reflux
☐	☐	Thin hair
☐	☐	Elevated triglycerides

P	C	
☐	☐	Fatigue
☐	☐	Body Temp below 97.7°
☐	☐	Hoarse voice or cry
☐	☐	Poor concentration/memory
☐	☐	Fontanel closure after 2 yo
☐	☐	Enlarged anterior fontanel
☐	☐	Open posterior fontanel
☐	☐	Bumps on back of upper arms
☐	☐	Low iron levels
☐	☐	Low muscle tone
☐	☐	Family history of hypothyroid
☐	☐	Elevated MCV despite B12 and folate supplementation

Shade in the teeth that your child currently has and circle the teeth that your child has shed.



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