

HYPOTHYROIDISM/ CFS/FIBROMYALGIA QUESTIONNAIRE

Part A:

Symptoms Common to Fibromyalgia, Chronic Fatigue Syndrome, and Hypothyroidism

Indicate whether you have been experiencing each of the following symptoms. When you answer "No", proceed to the next symptom; when you answer "Yes", score the severity of your symptom (1 = mild, 2 = moderate, 3 = severe) before proceeding to the next one.

Fatigue No Yes \_\_\_\_\_

Lack of endurance No Yes \_\_\_\_\_

Dizziness No Yes \_\_\_\_\_

Joint Stiffness No Yes \_\_\_\_\_

Depression No Yes \_\_\_\_\_

Anxiety No Yes \_\_\_\_\_

Difficulty concentrating No Yes \_\_\_\_\_

Muscle weakness No Yes \_\_\_\_\_

Headaches No Yes \_\_\_\_\_

Worsening PMS No Yes \_\_\_\_\_

Mood swings No Yes \_\_\_\_\_

Irritability No Yes \_\_\_\_\_

Word mix-ups No Yes \_\_\_\_\_

Joint pains and aches No Yes \_\_\_\_\_

Swollen fingers No Yes \_\_\_\_\_

Brain fog No Yes \_\_\_\_\_

Panic attacks No Yes \_\_\_\_\_

Memory blanks No Yes \_\_\_\_\_

TOTAL SCORE \_\_\_\_\_

Add up your total score. If it is higher than 15, you may be suffering from fibromyalgia, chronic fatigue syndrome, or an under active thyroid gland.

Part B:

Chronic Fatigue Syndrome/Fibromyalgia

Have you suffered, for six months, from fatigue occurring even at rest and not relieved by rest that has affected your ability to participate in your usual work, social, or personal activities? (If you answer yes, give yourself 10 points).

No Yes \_\_\_\_\_

Do you feel exhausted, dizzy, and about to faint after a hot shower? If you answer yes, give yourself 5 points).

No Yes \_\_\_\_\_

Do you feel drained and exhausted for more than twenty-four hours after exercising? (If you answer yes, give yourself 5 points).

No Yes \_\_\_\_\_

Did your symptoms begin abruptly? (If you answer yes, give yourself 5 points).

No Yes \_\_\_\_\_

Have you experienced since the onset of the fatigue, but not before, any of the following symptoms in a persistent or recurrent fashion? If so, score the severity of each symptom as follows: 1 = mild, 2 = moderate, 3 = severe.

Changing joint pains No Yes \_\_\_\_\_

Bad days, good days No Yes \_\_\_\_\_

Trouble sleeping in the middle of the night No Yes \_\_\_\_\_

Increased thirst No Yes \_\_\_\_\_

Dry eyes, dry mouth No Yes \_\_\_\_\_

Visual blurring No Yes \_\_\_\_\_

Rapid heartbeat No Yes \_\_\_\_\_

Loss of appetite No Yes \_\_\_\_\_

Nausea No Yes \_\_\_\_\_

Severe malaise No Yes \_\_\_\_\_

TOTAL SCORE \_\_\_\_\_

If your score is 25 or higher, you may be suffering from either fibromyalgia or chronic fatigue syndrome and should proceed to Questionnaire C.

### Fibromyalgia

Have you had for at least the past three months pain or achiness in many parts of your body, affecting both sides of the body (right and left), above and below the waist and in the midbody (that is, any part of the spine)? (If you answer yes, give yourself 5 points).

No Yes \_\_\_\_\_

Has your doctor been able to trigger pain by pressing on eleven of the eighteen spots on your body called trigger points? (If you answer yes, give yourself 10 points).

No Yes \_\_\_\_\_

Have you experienced any of the following symptoms? If so, score the severity of each symptom as follows: 1 = mild, 2 = moderate, 3 = severe.

Muscle spasms No Yes \_\_\_\_\_

Numbness and tingling No Yes \_\_\_\_\_

Sensitivity of your eyes to light No Yes \_\_\_\_\_

Bruising No Yes \_\_\_\_\_

Irritable bladder No Yes \_\_\_\_\_

Irritable bowel No Yes \_\_\_\_\_

Eye pains No Yes \_\_\_\_\_

TOTAL SCORE \_\_\_\_\_

If your score is 25 or higher, you may be suffering from fibromyalgia. Regardless of the score, proceed to questionnaire D and E.

Part D:

Chronic Fatigue Syndrome

Do you experience recurrent or persistent fevers? (If you answer yes, give yourself 10 points).

No Yes \_\_\_\_\_

Have you had tender lymph nodes lasting for several weeks? (If you answer yes, give yourself 10 points).

No Yes \_\_\_\_\_

Have you experienced any of the following symptoms? If so, score the severity of each symptom as follows: 1 = mild, 2 = moderate, 3 = severe.

Night sweats No Yes \_\_\_\_\_

Sore throat No Yes \_\_\_\_\_

Increased thirst No Yes \_\_\_\_\_

Frequent infections No Yes \_\_\_\_\_

TOTAL SCORE \_\_\_\_\_

If your score is 25 points or higher in Questionnaire D, you may be suffering from chronic fatigue syndrome. Now, regardless of your scores in questionnaires B, C, or D, proceed to Questionnaire E.

Part E:

Hypothyroidism

Have you experienced any of the following symptoms for at least one month? When you answer no, proceed to the next symptom; when you answer yes, score the severity of your

symptom (1 = mild, 2 = moderate, 3 = severe) before proceeding to the next one.

Hair loss No Yes \_\_\_\_\_

Dry skin No Yes \_\_\_\_\_

Constipation No Yes \_\_\_\_\_

Slow pulse No Yes \_\_\_\_\_

Increased appetite No Yes \_\_\_\_\_

Weight gain No Yes \_\_\_\_\_

Sleep apnea (heavy snoring and brief, intermittent cessation of breathing during sleep).

No Yes \_\_\_\_\_

Yellow palms No Yes \_\_\_\_\_

Muscle cramps No Yes \_\_\_\_\_

Increased sleep No Yes \_\_\_\_\_

TOTAL SCORE \_\_\_\_\_

If you score higher than 10 in Questionnaire E, you may be hypothyroid. If you also score 25 or more in questionnaire C or D, you may have both hypothyroidism and chronic fatigue syndrome or fibromyalgia.