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## THYROID QUESTIONNAIRE (7/25)

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_

The following checklist will assist in determining the cause of your thyroid problem. Please read each item carefully and check *only* those factors that apply to you.

### Symptoms

- ☐ Date of onset of symptoms \_\_\_\_\_
- ☐ Neck discomfort or fullness
- ☐ Neck lump or growth
- ☐ Neck pain
- ☐ Chronic cough
- ☐ Choking sensation
- ☐ Difficulty swallowing
- ☐ Shortness of breath
- ☐ Hoarseness
- ☐ Voice change
- ☐ Constipation
- ☐ Always feeling cold
- ☐ Feeling sluggish or tired
- ☐ Dry, coarse, and brittle skin and nails
- ☐ Weight gain
- ☐ Frequent stools or diarrhea
- ☐ Feeling anxious or jittery
- ☐ Always feeling warm
- ☐ Sweating
- ☐ Heart palpitations or irregular heart beat
- ☐ Weight loss without dieting
- ☐ Hair loss

### Past History

- ☐ Thyroid hormone (Synthroid) use
- ☐ History of a low thyroid (hypothyroidism)
- ☐ History of a hyperactive thyroid (hyperthyroidism)
- ☐ Personal history of radiation exposure (military, lab, etc)
- ☐ Personal history of radiation therapy (as adult or child)
- ☐ Previous thyroid surgery (When and where?)
- ☐ Previous non-thyroid neck surgery
- ☐ Previous tumors or cancers (What type?)
- ☐ Family history of non-cancerous thyroid problems
- ☐ Family history of thyroid cancer

### Recent Thyroid Testing

- ☐ Thyroid blood tests
- ☐ Thyroid ultrasound
- ☐ Thyroid scan
- ☐ Neck CAT scan
- ☐ Thyroid needle biopsy

Please describe in your own words any other information about your problem. You may use this space to expand your answers above.

