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THYROID WORKSHEET

NAME _____ DATE _____

Please take your temperature by mouth first thing in the morning. As soon as you open your eyes, take your temperature, even before any other movement. This is important.

TEMPERATURE:

- | | | | | | | |
|----|----|-----|-----|-----|-----|-----|
| 1. | 2. | 3. | 4. | 5. | 6. | 7. |
| 8. | 9. | 10. | 11. | 12. | 13. | 14. |

PLEASE CIRCLE ANY ASSOCIATED SYMPTOMS BELOW:

lethargy, fatigue headaches, migraine, PMS, heavy periods,
irritability, fluid retention, anxiety, panic attacks, hair loss,
depression, slowed intellect, decreased memory, poor concentration,
heat intolerance, cold intolerance, insomnia, motor slowing,
constipation, weight gain, decreased appetite, dry hair, dry skin,
brittle hair, hives, allergies, asthma, brittle nails,
acne, poor hearing, low sex drive, flushing, bad breath