Daily Hypothyroidism Symptom Tracker

A short-term, 7-day observation worksheet

WEEK BEGINNING

_____

Use this sheet for a short period when helpful.
It records observations; it does not diagnose.

7-DAY SYMPTOM GRID

Rate each item from 0 to 5 for that day. Write 1 number in each box.

INFORMAL OBSERVATION SCALE

0 = None • 1 = Very mild • 2 = Mild • 3 = Moderate • 4 = Severe • 5 = Very severe

Do not add the numbers across symptoms.

SYMPTOM / DAY Write 0-5	**DAY 1** DATE _____	**DAY 2** DATE _____	**DAY 3** DATE _____	**DAY 4** DATE _____	**DAY 5** DATE _____	**DAY 6** DATE _____	**DAY 7** DATE _____
Fatigue / low energy							
Cold Sensitivity							
Constipation / bowel difficulty							
Dry skin							
Hair thinning / hair changes							

Concentration / thinking clearly (“brain fog”)							
Low mood							
Muscle / joint discomfort							
Other symptom: _____							

KEEP THE RECORD NEUTRAL

Symptoms can have many possible causes. This tracker records your observations; it cannot tell whether symptom is caused by hypothyroidism or another condition.

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Context and weekly reflection

DAILY CONTEXT

Use the context fields to remember what else was happening each day.

DATE	SLEEP QUALITY	STRESS	ILLNESS/ UNUSUAL DAY	ACTIVITY / ROUTINE NOTES	NEW / IMPORTANT CHANGE
Day 1 _____	0-5 _____ _	0-5 _____ _	▢ Yes ▢ No		
Day 2 _____	0-5 _____ _	0-5 _____ _	▢ Yes ▢ No		
Day 3 _____	0-5 _____ _	0-5 _____ _	▢ Yes ▢ No		
Day 4 _____	0-5 _____ _	0-5 _____ _	▢ Yes ▢ No		
Day 5 _____	0-5 _____ _	0-5 _____ _	▢ Yes ▢ No		
Day 6 _____	0-5 _____ _	0-5 _____ _	▢ Yes ▢ No		

Day 7 _____	0-5 _____ –	0-5 _____ –	▢ Yes ▢ No		

OPTIONAL CONTEXT

Menstrual / cycle changes, if relevant: _____

Other context I want to remember: _____

WEEKLY REVIEW

CHANGES I NOTICED THIS WEEK

QUESTIONS I WANT TO DISCUSS WITH A HEALTHCARE PROFESSIONAL