CareClinic

30-Day Thyroid Symptom Tracker

Beyond tracking. Take control of your health.

Patient Name:		**Start Date:**	
Healthcare Provider:		**Phone:**	
Current Medications:			

How to Use This Tracker

- **Daily Tracking:** Complete one section for each day
- **Symptoms:** Check the box for any symptoms you experience
- **Severity:** Circle a number from 1 (mild) to 10 (severe)
- **Temperature:** Record morning temperature before getting out of bed
- **Notes:** Record triggers, food, stress, or medication changes
- **Medical Appointments:** Bring completed tracker to all appointments

Common Thyroid Symptoms

Hypothyroid (Underactive)	Hyperthyroid (Overactive)
• Fatigue, low energy • Weight gain • Cold intolerance • Hair loss/thinning • Dry skin • Constipation • Depression, mood changes • Memory problems • Muscle weakness • Joint pain	• Rapid heartbeat • Weight loss • Heat intolerance • Anxiety, nervousness • Tremors • Insomnia • Diarrhea • Irritability • Excessive sweating • Muscle weakness

Day 1

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 2

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 3

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 4

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 5

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 6

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 7

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 8

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 9

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 10

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 11

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 12

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 13

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 14

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 15

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 16

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 17

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 18

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 19

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 20

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 21

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 22

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 23

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 24

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 25

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 26

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 27

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 28

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 29

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

Day 30

Date: ___/___/___

- [ ] Fatigue
- [ ] Weight +/-
- [ ] Temp Intol
- [ ] Hair Loss
- [ ] Dry Skin
- [ ] Bowel +/-
- [ ] Mood +/-
- [ ] Memory
- [ ] Heart Rate
- [ ] Tremors
- [ ] Sleep
- [ ] Muscle Weak

Severity:

1	2	3	4	5	6	7	8	9	10

Temp: _____ **°F**

Notes:

30-Day Summary & Analysis

Most Frequent Symptoms	Severity Trends	Temperature Range

Key Observations, Patterns & Questions
