

Are you overstimulated?

Name _____

Date _____

In order to help us gather more information about possible overstimulation from thyroid hormone, please answer the following questions:

1. What is the type of thyroid hormone you are using? _____
2. What is your daily dosage? _____
3. What is your resting heart rate? _____

Please rate the intensity of any of the following symptoms you are experiencing. If you aren't experiencing the symptom, please mark "0". If you experienced any of these symptoms before beginning metabolic rehab, please note if there is an increased intensity or frequency of occurrence.

Rapid heart rate	0	1	2	3	4	5	6	7	8	9	10
Pounding heart	0	1	2	3	4	5	6	7	8	9	10
Muscle tremors	0	1	2	3	4	5	6	7	8	9	10
Excess body heat	0	1	2	3	4	5	6	7	8	9	10
Perspiration	0	1	2	3	4	5	6	7	8	9	10
Diarrhea	0	1	2	3	4	5	6	7	8	9	10
Insomnia	0	1	2	3	4	5	6	7	8	9	10
Irritability	0	1	2	3	4	5	6	7	8	9	10
Restlessness	0	1	2	3	4	5	6	7	8	9	10
Anxiety	0	1	2	3	4	5	6	7	8	9	10
Fatigue	0	1	2	3	4	5	6	7	8	9	10
Weakness	0	1	2	3	4	5	6	7	8	9	10
Appetite change	0	1	2	3	4	5	6	7	8	9	10
Weight change	0	1	2	3	4	5	6	7	8	9	10
Menstrual problems	0	1	2	3	4	5	6	7	8	9	10
_____	0	1	2	3	4	5	6	7	8	9	10
_____	0	1	2	3	4	5	6	7	8	9	10