

# Hyperthyroidism Symptoms Checklist

Checklist · 72 items · 15 sections

A symptom-awareness checklist for people who suspect they may have hyperthyroidism (an overactive thyroid). This is not a diagnosis: confirmation requires blood tests ordered by a clinician, and many symptoms overlap with anxiety, menopause, and other conditions.

Open the editable version online:

<https://genechecklist.com/checklist/hyperthyroidism-symptoms-checklist>

## HOW TO USE THIS

- These are common symptoms and signs of hyperthyroidism (overactive thyroid producing too much thyroid hormone)

HIGH

- Symptoms alone are not a diagnosis: blood tests (TSH, free T4, free T3) are required to confirm

HIGH

- Many symptoms overlap with anxiety, perimenopause, stimulant or caffeine use, and pheochromocytoma

HIGH

*Testing is what differentiates them.*

- Track which symptoms you have, how long, and how severe before your appointment

## GENERAL AND METABOLIC

- Unintentional weight loss despite normal or increased appetite

HIGH

- Heat intolerance, feeling hot when others are comfortable

HIGH

- Increased sweating, often noticeable on palms, scalp, and forehead

HIGH

- Persistent fatigue even with adequate sleep

HIGH

- 'Wired but tired': restless energy paired with exhaustion

- Increased thirst

## CARDIOVASCULAR

- Rapid heartbeat at rest, often above 100 bpm (tachycardia)  
**HIGH**
- Palpitations: awareness of heartbeat, skipped or fluttering beats  
**HIGH**
- Atrial fibrillation, especially in adults over 60 (irregular, often rapid pulse)  
**HIGH**
- Elevated systolic blood pressure with widened pulse pressure  
*Large gap between systolic and diastolic.*
- Shortness of breath on light exertion (climbing one flight of stairs)
- Chest discomfort or worsening angina in people with existing heart disease

## NEUROLOGICAL AND PSYCHIATRIC

- Fine tremor of hands and fingers, visible when arms are held out with paper on top  
**HIGH**
- Anxiety, irritability, or sense of being constantly 'on edge'  
**HIGH**
- Insomnia or fragmented sleep, often with early-morning waking  
**HIGH**
- Difficulty concentrating, racing thoughts
- Emotional lability: mood swings, tearfulness, short temper
- Hyperreflexia (brisk reflexes), sometimes noticed at a routine exam

## GI AND APPETITE

- Increased frequency of bowel movements, or new diarrhea  
**HIGH**
- Increased appetite, sometimes alongside weight loss
- Nausea or vomiting (less common, more typical in severe disease)

## REPRODUCTIVE

- Lighter, less frequent, or absent menstrual periods (oligomenorrhea or amenorrhea)
- Reduced libido in both sexes
- Difficulty conceiving, increased miscarriage risk if untreated
- Erectile dysfunction or gynecomastia in men

## SKIN, HAIR, AND NAILS

- Warm, moist, velvety skin
- Fine, soft, or thinning hair, sometimes with diffuse hair loss
- Brittle nails, or nails lifting away from the nail bed (onycholysis / Plummer nails)
- Itchy skin or hives without obvious cause
- Vitiligo (patches of pale skin), more common with autoimmune thyroid disease

## EYE FINDINGS (OFTEN GRAVES' SPECIFIC)

- Bulging eyes (proptosis) or a 'staring' appearance  
**HIGH**
- Eye irritation, grittiness, dryness, excessive tearing, or redness  
**HIGH**
- Double vision (diplopia) or pain with eye movement  
**HIGH**
- Eyelid retraction (more white visible above the iris) or lid lag
- Pretibial myxedema: raised, thick, red-brown patches on the shins (rare, Graves' specific)

## MUSCULOSKELETAL

- Weakness in thigh and upper-arm muscles: difficulty climbing stairs, standing from a chair, lifting overhead  
**HIGH**  
*Known as proximal myopathy.*
- Long-term untreated disease: bone loss, osteoporosis, increased fracture risk
- Generalized muscle aches or cramping

## THYROID-SPECIFIC FINDINGS

- Enlarged thyroid (goiter), visible or palpable in the front of the neck  
**HIGH**
- A nodule or lump felt in the thyroid
- Bruit (whooshing sound) heard over the thyroid with a stethoscope: suggests Graves'
- Neck tenderness or pain (more typical of thyroiditis)

## ATYPICAL PRESENTATION IN OLDER ADULTS

- Apathetic hyperthyroidism: depression, lethargy, weight loss without the classic anxiety or hyperactivity

HIGH

- New atrial fibrillation may be the only obvious symptom  
**HIGH**
- Symptoms often blunted; easy to attribute to 'aging,' which delays diagnosis
- Unexplained worsening of heart failure or angina

### THYROID STORM - MEDICAL EMERGENCY

- Fever above 103°F (39.4°C)  
**HIGH**
- Severe tachycardia, often above 140 bpm  
**HIGH**
- Severe agitation, confusion, delirium, or psychosis  
**HIGH**
- Vomiting, diarrhea, dehydration  
**HIGH**
- If you see this pattern: call 911 or go to the emergency room immediately  
**HIGH**

### WHEN TO SEE A DOCTOR

- Resting heart rate persistently above 100 bpm, or new irregular heartbeat: see a doctor within days  
**HIGH**
- Unintentional weight loss of more than 5% of body weight, especially with increased appetite  
**HIGH**
- Bulging eyes, double vision, or sudden vision changes: see an ophthalmologist and endocrinologist promptly  
**HIGH**
- Pregnancy with any of these symptoms: contact your obstetrician  
**HIGH**  
*Untreated hyperthyroidism raises maternal and fetal risk.*
- Several symptoms from different sections above lasting 2-4 weeks

### WHAT TO ASK YOUR DOCTOR

- Request TSH, free T4, and free T3 blood tests as initial workup  
**HIGH**
- If TSH is low and T4 or T3 is elevated: ask about TSH receptor antibodies (TRAb) and thyroid peroxidase antibodies (TPO)  
**HIGH**  
*Evaluates for Graves' disease.*

- Thyroid ultrasound and radioactive iodine uptake (RAIU) scan help distinguish Graves', toxic nodules, and thyroiditis
- Ask for a referral to an endocrinologist to discuss treatment  
*Options: antithyroid drugs (methimazole, PTU), radioactive iodine, or thyroidectomy.*
- If on thyroid hormone replacement: ask whether your dose may be too high (iatrogenic hyperthyroidism)
- Tell your doctor about iodine-containing medications (amiodarone) or supplements (kelp, high-dose iodine)

### **BRIEF NOTE ON CAUSES**

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- Graves' disease (autoimmune, accounts for ~70-80% of cases)
- Toxic multinodular goiter, more common in older adults
- Toxic adenoma (a single overactive nodule)
- Thyroiditis (inflammation, often painful and transient; includes postpartum and subacute forms)
- Excess iodine intake or iodine-containing drugs (amiodarone, contrast dye)
- Excess thyroid hormone medication (factitious or over-replacement)