

HYPOTHYROIDISM TRACKING LOG

Month/Year: _____

Name: _____

Current Dosage: _____

Weight: _____

Hormone Levels & Lab Results

DATE	TSH (MIU/L)	FREE T4 (NG/DL)	FREE T3 (PG/ML)	TPO ANTIBODIES	NOTES/ADJUSTMENTS
------	----------------	--------------------	--------------------	-------------------	-------------------

Daily Symptom Tracker

Rate 0-5 (0 = None, 5 = Severe)

DAY	FATIGUE	BRAIN FOG	COLD INTOLERANCE	MOOD/ANXIETY	SKIN/HAIR	SLEEP QUALITY	MORNING TEMP
-----	---------	--------------	---------------------	--------------	-----------	------------------	-----------------

1

2

3

4

5

DAY	FATIGUE	BRAIN FOG	COLD INTOLERANCE	MOOD/ANXIETY	SKIN/HAIR	SLEEP QUALITY	MORNING TEMP
-----	---------	--------------	---------------------	--------------	-----------	------------------	-----------------

6

7

Medication & Supplement Adherence

Taken on empty
stomach?

Yes No

Consistent Time?

Yes No

Physician Notes

Notes on energy levels, appetite changes, or menstrual cycle regularity...