



E T E R N A

VITALITY & WELLNESS



A GUIDE BY DR. RENÉE ALLEN

It Might Not Be *What You Think*

5 Common Symptoms That Trace Back to Your Thyroid

Symptom Self-Assessment & Lab Guide

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Your Thyroid Can Underperform for Years While Your TSH Says “Normal”

Thyroid dysfunction rarely announces itself with a single dramatic symptom. It shows up as fatigue you can't shake, weight that won't move, words that won't come, moods that feel foreign, and hair and skin that seem to age overnight — often while standard labs insist everything is fine.

This guide helps you **assess your symptoms, understand what labs to ask for, and walk into your next appointment with the right questions** — so nothing important goes unasked.

How to use this guide: Work through the symptom scorecard honestly — these are patterns, not one-off bad days. Then review what your score suggests, compare standard vs. optimal lab ranges, and bring the appointment checklist to your next visit.

Check Every Symptom That Applies to You

ENERGY & FATIGUE

- ☐ I wake up tired even after 7–8 hours of sleep
- ☐ I rely on caffeine to function before noon
- ☐ I hit a wall between 2–4pm most days
- ☐ My stamina has noticeably dropped in the last 1–2 years

WEIGHT & METABOLISM

- ☐ My weight has increased despite no major diet changes
- ☐ I'm eating well and exercising but the scale won't move
- ☐ I gain weight more easily than I used to
- ☐ Weight accumulates around my midsection more than before

BRAIN & FOCUS

- ☐ I struggle with word recall or lose my train of thought mid-sentence
- ☐ Tasks that used to be easy now take more mental effort
- ☐ I feel like I'm thinking through fog most days
- ☐ My short-term memory has noticeably declined

MOOD & MOTIVATION

- ☐ My motivation has dropped without a clear reason
- ☐ I feel more anxious or irritable than usual
- ☐ I've lost interest in things I used to enjoy
- ☐ My mood feels flat or harder to regulate

HAIR & SKIN

- ☐ I'm losing more hair than usual (drain, brush, pillow)
- ☐ My hair texture has changed (thinner, dryer, more brittle)
- ☐ The outer third of my eyebrows has thinned
- ☐ My skin is persistently dry despite moisturizing

Score Interpretation

This is a self-assessment tool, not a diagnosis. Your score suggests whether comprehensive thyroid testing is worth pursuing — not whether you have a thyroid condition. That answer comes from labs and clinical evaluation.

1–5
checked

Low signal. Some of these are common in isolation, but worth noting if they're persistent or worsening. A baseline thyroid panel is still a reasonable ask at your next visit.

6–10
checked

Moderate signal. Multiple symptoms across categories suggest something systemic. A comprehensive thyroid panel (not just TSH) is worth requesting, especially if you've been told “everything looks normal.”

11–15
checked

Strong signal. This cluster of symptoms is consistent with thyroid underperformance. A full thyroid evaluation, including antibodies, is a priority — particularly if no one has tested beyond TSH.

16–20
checked

Very strong signal. Symptoms across every category point to a systemic issue. If your thyroid has never been comprehensively tested, or if you've been prescribed medications for individual symptoms without anyone investigating the underlying issue, this evaluation is overdue.

What Most People Blame These Symptoms On

Weight

Most people blame effort. But when your thyroid sets your metabolic rate too low, your body resists weight loss even in a caloric deficit. The issue isn't discipline.

Fatigue

Most people blame sleep or stress. But thyroid-driven fatigue is persistent. It doesn't resolve with rest, because the problem is cellular energy production — not sleep quality.

Brain Fog

Most people blame aging or screens. But your brain depends on adequate T3 for processing speed, word recall, and focus. Low thyroid slows all three.

Mood

Most people blame mental health. But thyroid hormones directly influence serotonin and dopamine production. Many people are prescribed antidepressants before anyone runs a full thyroid panel.

Hair & Skin

Most people blame genetics or products. But diffuse thinning, eyebrow loss, and persistent skin dryness are downstream signals. When thyroid hormone is scarce, hair and skin are the first to lose resources.

The Lab Comparison Chart

“Normal” means you fall within a range that includes 95% of the tested population. “Optimal” means you fall within the range associated with the fewest symptoms and best function. There's a meaningful gap between the two.

What Most Doctors Order

- TSH
- Sometimes Total T4

What a Comprehensive Panel Includes

- TSH
- Free T4
- Free T3
- Reverse T3
- TPO Antibodies
- Thyroglobulin Antibodies

Marker	Standard Lab Range	Optimal Range	Why It Matters
TSH	0.5 – 4.5 mIU/L	1.0 – 2.0 mIU/L	You can be “in range” at 4.0 and still symptomatic
Free T4	0.8 – 1.8 ng/dL	1.0 – 1.5 ng/dL	Shows thyroid output, not conversion
Free T3	2.3 – 4.2 pg/mL	3.0 – 4.0 pg/mL	The active hormone — most closely tied to how you feel
Reverse T3	8 – 25 ng/dL	< 15 ng/dL	High rT3 blocks T3 from working, even when T3 looks normal
TPO Antibodies	< 35 IU/mL	< 10 IU/mL	Elevated = autoimmune thyroid activity (can precede TSH changes by years)

Your Appointment Checklist

Before your appointment

- ☐ Complete the symptom scorecard
- ☐ Note how long symptoms have been present
- ☐ List any medications or supplements you're currently taking
- ☐ Write down any previous thyroid test results (if available)

Labs to request

- ☐ TSH
- ☐ Free T4
- ☐ Free T3
- ☐ Reverse T3
- ☐ TPO Antibodies
- ☐ Thyroglobulin Antibodies

Questions to ask your physician

- ☐ “Can we run a comprehensive thyroid panel, not just TSH?”
- ☐ “Where do my results fall within optimal ranges, not just the standard reference range?”
- ☐ “Could my symptoms be connected to thyroid function even if my TSH is in range?”
- ☐ “Have my thyroid antibodies ever been tested?”
- ☐ “If my T4 is normal but my T3 is low, could I have a conversion issue?”

After your appointment

- ☐ Request a copy of your full lab results (not just “normal/abnormal”)
- ☐ Compare your numbers to the optimal ranges
- ☐ If results raise questions, consider a second opinion from a physician who specializes in thyroid optimization

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You've Done the Groundwork. Now Get the Full Picture.

You've scored your symptoms. You've seen the labs most physicians skip. You know the questions to ask.

But here's what a checklist can't do: interpret how all of these markers interact with your hormones, your metabolism, your stress load, and your health history as a whole. That's where clinical evaluation changes the picture.

What a comprehensive thyroid evaluation includes:

- Full thyroid panel with all six markers (not just TSH)
- Review of your symptom history in context — not as isolated complaints
- Assessment of how thyroid function may be interacting with your hormones, metabolism, and energy regulation
- Comparison of your results against optimal ranges, not just standard lab cutoffs
- A clear answer: is your thyroid contributing to what you're feeling — and if so, what are the options?

Curious whether your thyroid is the missing piece? Schedule your comprehensive thyroid evaluation and get the clarity your standard labs never gave you.

Schedule Your Evaluation

This guide is for informational purposes only and is not medical advice. It does not diagnose, treat, or replace evaluation by a qualified physician. Always consult your physician about symptoms, lab testing, and treatment decisions.



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