Quality of Life Questionnaire for Patients with Thyroid Disease

-ThyPROus-

This questionnaire is about how your thyroid disease has affected your life.

Please answer each question by marking ☒ by the answer that best fits you. If you are unsure about how you want to answer, please give the best answer you can.

The first section of the questionnaire is about symptoms, tiredness, memory, mood, and health.

Please base your **answers on how you have been feeling <u>in general</u>** during the past 4 weeks.

1. *The first questions are about symptoms*

	During the past 4 weeks have you	Not at all	A little	Some	Quite a bit	Very much
1a	- had the sensation of fullness in the neck?	☐	☐	☐	☐	☐
1b	- had a <u>visible</u> swelling in the front of your neck?	☐	☐	☐	☐	☐
1c	- felt pressure in your throat?	☐	☐	☐	☐	☐
1d	- had pain in the front of your throat?	☐	☐	☐	☐	☐
1e	- had pain in your neck that could be felt in your ears?	☐	☐	☐	☐	☐
1f	- had the sensation of a lump in your throat?	☐	☐	☐	☐	☐
1g	- had the need to clear your throat frequently?	☐	☐	☐	☐	☐
1h	- felt discomfort swallowing?	☐	☐	☐	☐	☐
1i	- had difficulty swallowing?	☐	☐	☐	☐	☐
1j	- had the sensation of suffocating?	☐	☐	☐	☐	☐
1k	- been hoarse?	☐	☐	☐	☐	☐
1l	- had trembling hands?	☐	☐	☐	☐	☐
1m	- had a tendency to sweat a lot?	☐	☐	☐	☐	☐
1n	- experienced palpitations (rapid heart beat)?	☐	☐	☐	☐	☐
1o	- experienced shortness of breath?	☐	☐	☐	☐	☐
1p	- been sensitive to heat?	☐	☐	☐	☐	☐
1q	- been sensitive to cold?	☐	☐	☐	☐	☐
1r	- had an increased appetite?	☐	☐	☐	☐	☐

During the past 4 weeks have you	Not at all	A little	Some	Quite a bit	Very much
1s - had loose stools?	☐	☐	☐	☐	☐
1t - had an upset stomach?	☐	☐	☐	☐	☐
1u - had moist or watery eyes?	☐	☐	☐	☐	☐
1v - had bags under the eyes or swollen eyelids?	☐	☐	☐	☐	☐
1w - had the sensation of dryness or "grittiness" in the eyes?	☐	☐	☐	☐	☐
1x - had impaired vision?	☐	☐	☐	☐	☐
1y - felt pressure in (or behind) the eyes?	☐	☐	☐	☐	☐
1z - had double vision?	☐	☐	☐	☐	☐
1aa - had eye pain?	☐	☐	☐	☐	☐
1bb - been very sensitive to light?	☐	☐	☐	☐	☐
1cc - had swollen hands or feet?	☐	☐	☐	☐	☐
1dd - had dry skin?	☐	☐	☐	☐	☐
1ee - had itchy skin?	☐	☐	☐	☐	☐

2. *The following questions are about tiredness*

During the past 4 weeks have you	Not at all	A little	Some	Quite a bit	Very much
2a - been tired?	☐	☐	☐	☐	☐
2b - been exhausted?	☐	☐	☐	☐	☐
2c - had difficulty getting motivated to do anything at all?	☐	☐	☐	☐	☐
2d - felt worn out?	☐	☐	☐	☐	☐

3. *The following questions are about your vitality*

During the past 4 weeks have you	Not at all	A little	Some	Quite a bit	Very much
3a - felt full of life?	☐	☐	☐	☐	☐
3b - felt energetic?	☐	☐	☐	☐	☐
3c - been able to cope with the demands of your life?	☐	☐	☐	☐	☐

4. *The following questions are about memory and concentration*

During the past 4 weeks have you	Not at all	A little	Some	Quite a bit	Very much
4a - had difficulty remembering?	☐	☐	☐	☐	☐
4b - had slow or unclear thinking?	☐	☐	☐	☐	☐
4c - had difficulty finding the right words?	☐	☐	☐	☐	☐
4d - been confused?	☐	☐	☐	☐	☐
4e - had difficulty learning something new?	☐	☐	☐	☐	☐
4f - had difficulty concentrating?	☐	☐	☐	☐	☐

5. *The following questions are about nervousness and tension*

During the past 4 weeks have you	Not at all	A little	Some	Quite a bit	Very much
5a - felt nervous?	☐	☐	☐	☐	☐
5b - felt afraid or anxious?	☐	☐	☐	☐	☐
5c - felt tense?	☐	☐	☐	☐	☐
5d - been concerned about being seriously ill?	☐	☐	☐	☐	☐
5e - felt uneasy?	☐	☐	☐	☐	☐
5f - felt restless?	☐	☐	☐	☐	☐

6. *The following questions are about psychological well-being*

During the past 4 weeks have you	Not at all	A little	Some	Quite a bit	Very much
6a - felt sad?	☐	☐	☐	☐	☐
6b - felt depressed?	☐	☐	☐	☐	☐
6c - felt discouraged?	☐	☐	☐	☐	☐
6d - cried easily?	☐	☐	☐	☐	☐
6e - felt unhappy?	☐	☐	☐	☐	☐

During the past 4 weeks have you	Not at all	A little	Some	Quite a bit	Very much
6f - felt happy?	☐	☐	☐	☐	☐
6g - had self-confidence?	☐	☐	☐	☐	☐

7. *The following questions are about having difficulty coping or having mood swings*

	During the past 4 weeks have you	Not at all	A little	Some	Quite a bit	Very much
7a	- had difficulty coping?	☐	☐	☐	☐	☐
7b	- felt "not like yourself"?	☐	☐	☐	☐	☐
7c	- noticed you easily felt stressed?	☐	☐	☐	☐	☐
7d	- had mood swings?	☐	☐	☐	☐	☐
7e	- felt irritable?	☐	☐	☐	☐	☐
7f	- felt frustrated?	☐	☐	☐	☐	☐
7g	- felt angry?	☐	☐	☐	☐	☐

		Not at all	A little	Some	Quite a bit	Com-pletely
7h	- felt in control of your life?	☐	☐	☐	☐	☐
7i	- felt in balance?	☐	☐	☐	☐	☐

The remainder of the questionnaire is about **how your thyroid disease may have affected various aspects of your life**

8. *The following questions are about your relationships with other people*

During the past 4 weeks, <u>has your thyroid disease caused</u> you to	Not at all	A little	Some	Quite a bit	Very much
8a - have difficulty being together with other people (for example, spouse, children, boy/girlfriend, friends, or others)?	☐	☐	☐	☐	☐
8b - feel you were a burden to other people?	☐	☐	☐	☐	☐
8c - have conflicts with other people?	☐	☐	☐	☐	☐

During the past 4 weeks have you	Not at all	A little	Some	Quite a bit	Very much
8d - felt that people in your surroundings have lacked understanding of your thyroid disease?	☐	☐	☐	☐	☐

9. *The following questions are about your daily activities*

During the past 4 weeks, <u>has your thyroid disease caused</u> you to	Not at all	A little	Some	Quite a bit	Very much
9a - have difficulty managing your daily life?	☐	☐	☐	☐	☐
9b - limit your leisure activities or hobbies?	☐	☐	☐	☐	☐
9c - not be able to participate in life around you?	☐	☐	☐	☐	☐
9d - have difficulty getting around (for example, walking, running, bicycling, or driving a car)?	☐	☐	☐	☐	☐
9e - feel as if everything takes longer to do?	☐	☐	☐	☐	☐

During the past 4 weeks, <u>has your thyroid disease caused</u> you to	I do not work	Not at all	A little	Some	Quite a bit	Very much
9f - have <u>difficulty managing your job</u> (for example, finding it hard to cope or calling in sick)?	☐	☐	☐	☐	☐	☐

10. ***The following questions are about your sex life***

During the past 4 weeks have you	Not at all	A little	Some	Quite a bit	Very much
10a - felt your thyroid disease had a negative influence on your sex life?	☐	☐	☐	☐	☐
10b - had a decreased sexual desire?	☐	☐	☐	☐	☐

11. ***Thyroid diseases (or their treatment) may affect your <u>appearance</u>. (For example, by causing swelling of the neck, swollen face, hands, or feet, or changes in weight or to the eyes.)***

During the past 4 weeks,	Not at all	A little	Some	Quite a bit	Very much
11a - has your thyroid disease <u>affected your appearance</u> (for example, swelling of the neck, eye changes, weight changes)?	☐	☐	☐	☐	☐
11b - have you been <u>unsatisfied</u> with your appearance because of your thyroid disease?	☐	☐	☐	☐	☐
11c - have you tried to <u>camouflage or mask</u> visible signs of your thyroid disease (for example, by wearing a scarf or sunglasses)?	☐	☐	☐	☐	☐
11d - have you been bothered by other people looking at you?	☐	☐	☐	☐	☐
11e - has your thyroid disease influenced which clothes you wear?	☐	☐	☐	☐	☐
11f - has your thyroid disease made you feel too fat?	☐	☐	☐	☐	☐

12. ***The final question is about to what extent your thyroid disease has affected you overall during the past 4 weeks***

During the past 4 weeks,	Not at all	A little	Some	Quite a bit	Very much
12 - has your thyroid disease had a negative effect on your quality of life?	☐	☐	☐	☐	☐

Please go back and check that you have answered all the questions.

Thank you very much for your help answering this questionnaire!