

ThyDQoL

This questionnaire asks about your quality of life – in other words, how good or bad you feel your life to be.

Please put an 'X' in the box that best indicates your response for each item.

What we would like to know is how you feel about your life now.

I) In general, my present quality of life is:

- | | | | | | | |
|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| excellent | very good | good | neither
good nor
bad | bad | very bad | extremely
bad |

The next question asks about the impact of your underactive thyroid and any current thyroid treatment on your quality of life *in recent weeks*.

II) If I did not have underactive thyroid, my quality of life would be:

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| very much better | much better | a little better | the same | worse |

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The following questions are about how underactive thyroid has affected different aspects of your life ***in recent weeks***. If you are currently being treated for underactive thyroid, please consider the effects of ***the treated condition***.

For each aspect of life described, you will find two parts:

Part (a): put an 'X' in one box to show how underactive thyroid and any treatment affect this aspect of your life.

Part (b): put an 'X' in one box to show how important this aspect of life is to your quality of life.

1	(a)	If I did <u>not</u> have underactive thyroid, I would enjoy my leisure activities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			very much more	much more	a little more	the same	less
	(b)	My leisure activities are:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			very important	important	somewhat important	not at all important	

2	<p>Are you currently working? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If <i>no</i>, do you want to work? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes to either question, complete (a) and (b). If no to both questions, go straight to 3a.</p>
	<p>(a) If I did <u>not</u> have underactive thyroid, my working life would be:</p> <p style="text-align: center;"> <input type="checkbox"/> very much better <input type="checkbox"/> much better <input type="checkbox"/> a little better <input type="checkbox"/> the same <input type="checkbox"/> worse </p>
	<p>(b) For me, having a working life is:</p> <p style="text-align: center;"> <input type="checkbox"/> very important <input type="checkbox"/> important <input type="checkbox"/> somewhat important <input type="checkbox"/> not at all important </p>

Thank you for completing this questionnaire.

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