



EORTC QLQ – THY34

Patients sometimes report that they have the following symptoms or problems. Please indicate the extent to which you have experienced these symptoms or problems during the past week. Please answer by circling the number that best applies to you.

During the past week:

	Not at All	A Little	Quite a Bit	Very Much
31. Have you had sudden attacks of tiredness?	1	2	3	4
32. Have you felt mentally exhausted?	1	2	3	4
33. Have you felt physically exhausted?	1	2	3	4
34. Have you had pain in your throat?	1	2	3	4
35. Have you had any discomfort in your neck?	1	2	3	4
36. Have you had problems with hoarseness?	1	2	3	4
37. Has your voice sounded different as a result of your disease or treatment?	1	2	3	4
38. Have you had a tired voice?	1	2	3	4
39. Have you had thin or lifeless hair as a result of your disease or treatment?	1	2	3	4
40. Have you lost any hair?	1	2	3	4
41. Have you had problems swallowing solid food?	1	2	3	4
42. Have you choked when swallowing?	1	2	3	4
43. Have you had a dry mouth?	1	2	3	4
44. Have you had problems tolerating heat or cold?	1	2	3	4
45. Have you felt physically less attractive as a result of your disease or treatment?	1	2	3	4
46. Have you felt restless or agitated?	1	2	3	4

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During the past week:

	Not at All	A Little	Quite a Bit	Very Much
47. Have you had a rapid heartbeat?	1	2	3	4
48. Have you had problems raising your arm or moving it sideways?	1	2	3	4
49. Have you felt as though there was a knot in your throat?	1	2	3	4
50. Have you worried about a possible recurrence of the disease?	1	2	3	4
51. Have you worried about having to come off your thyroid hormone replacement tablets to prepare for a radioiodine body scan or radioiodine treatment?	1	2	3	4
52. Have you worried about having to take drugs for the rest of your life?	1	2	3	4
53. Have you had pain in your joints?	1	2	3	4
54. Have you had tingling or numbness in your fingers or toes?	1	2	3	4
55. Have you had tingling or numbness around your mouth?	1	2	3	4
56. Have you had any muscle cramps?	1	2	3	4
57. Have you found it upsetting to see those close to you distressed as a result of your disease or treatment?	1	2	3	4
58. Have you worried about the future of people who are important to you?	1	2	3	4
59. Have you worried how those close to you will cope with your illness and treatment?	1	2	3	4
60. Have you worried that you will be a burden to others?	1	2	3	4
61. Have you had any problems with your job or your education because of your disease or treatment?	1	2	3	4
62. Have you felt supported by your doctors?	1	2	3	4
63. Have you felt supported by other health care professionals (e.g. nurse)?	1	2	3	4
64. Have you felt supported by your family members or friends?	1	2	3	4