

Directions: We are interested in knowing how your experience of having thyroid cancer affects your Quality of Life. Please answer all of the following questions based on how you have been feeling during the previous week.

1. To what extent have the following been a problem during your illness and treatment:

- | no
problem | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | severe
problem |
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i) Dry skin or hair changes

no problem	0	1	2	3	4	5	6	7	8	9	10	severe problem
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j) Voice changes

no problem	0	1	2	3	4	5	6	7	8	9	10	severe problem
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k) Motor skills/coordination

no problem	0	1	2	3	4	5	6	7	8	9	10	severe problem
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1) Swelling/fluid retention

no problem	0	1	2	3	4	5	6	7	8	9	10	severe problem
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2. Rate your overall physical health:

extremely 0 1 2 3 4 5 6 7 8 9 10 **excellent**
poor

Psychological Well Being Items

3. How difficult is it for you to cope with your disease and treatment?

not at all difficult	0	1	2	3	4	5	6	7	8	9	10	very difficult
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4. How good is your quality of life?

extremely 0 1 2 3 4 5 6 7 8 9 10 **excellent**
poor

5. How much happiness do you feel?

none at all	0	1	2	3	4	5	6	7	8	9	10	a great deal
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6. Do you feel like you are in control of things in your life?

none at all 0 1 2 3 4 5 6 7 8 9 10 **completely**

7. How satisfying is your life?

not at all	0	1	2	3	4	5	6	7	8	9	10	completely
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8. How is your present ability to concentrate or to remember things?

extremely poor 0 1 2 3 4 5 6 7 8 9 10 **excellent**

9. How useful do you feel?

not at all 0 1 2 3 4 5 6 7 8 9 10 **extremely**

10. Has your illness or treatment caused changes in your appearance?

not at all 0 1 2 3 4 5 6 7 8 9 10 **extremely**

11. Has your illness caused changes in your self-concept (the way you see yourself)?

not at all 0 1 2 3 4 5 6 7 8 9 10 **extremely**

12. How distressing were the following aspects of your illness and treatment:

a) Initial diagnosis

not at all distressing 0 1 2 3 4 5 6 7 8 9 10 **very distressing**

b) Surgeries

not at all distressing 0 1 2 3 4 5 6 7 8 9 10 **very distressing**

c) Time since my treatment was completed

not at all distressing 0 1 2 3 4 5 6 7 8 9 10 **very distressing**

d) Initial radioiodine ablation/treatment

not at all distressing 0 1 2 3 4 5 6 7 8 9 10 **very distressing**

e) Whole body scanning

not at all distressing 0 1 2 3 4 5 6 7 8 9 10 **very distressing**

f) Thyroglobulin testing

not at all distressing 0 1 2 3 4 5 6 7 8 9 10 **very distressing**

g) Withdrawal from thyroid hormone

not at all	0	1	2	3	4	5	6	7	8	9	10	very distressing
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13. How much anxiety do you have?

none at all	0	1	2	3	4	5	6	7	8	9	10	a great deal
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14. How much depression do you have?

none at all	0	1	2	3	4	5	6	7	8	9	10	a great deal
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15. To what extent are you fearful of:a) Future diagnostic tests

no fear	0	1	2	3	4	5	6	7	8	9	10	extreme fear
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b) A second cancer

no fear	0	1	2	3	4	5	6	7	8	9	10	extreme fear
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c) Recurrence of your cancer

no fear	0	1	2	3	4	5	6	7	8	9	10	extreme fear
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d) Spreading (metastasis) of your cancer

no fear	0	1	2	3	4	5	6	7	8	9	10	extreme fear
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Social Concerns16. How distressing has your illness been for your family?

not at all	0	1	2	3	4	5	6	7	8	9	10	a great deal
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17. Is the amount of support you receive from others sufficient to meet your needs?

not at all	0	1	2	3	4	5	6	7	8	9	10	a great deal
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18. Is your continuing health care interfering with your personal relationships?

not at all	0	1	2	3	4	5	6	7	8	9	10	a great deal
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19. Is your sexuality impacted by your illness?

not at all	0	1	2	3	4	5	6	7	8	9	10	a great deal
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20. To what degree has your illness and treatment interfered with your employment?

a) Motivation to work

no problem 0 1 2 3 4 5 6 7 8 9 10 **severe problem**

b) Time away from work

no problem 0 1 2 3 4 5 6 7 8 9 10 **severe problem**

c) Productivity at work

no problem 0 1 2 3 4 5 6 7 8 9 10 **severe problem**

d) Quality of work

no problem 0 1 2 3 4 5 6 7 8 9 10 **severe problem**

21. To what degree has your illness and treatment interfered with your activities at home?

a) Driving a car

no problem 0 1 2 3 4 5 6 7 8 9 10 **severe problem**

b) Household chores

no problem 0 1 2 3 4 5 6 7 8 9 10 **severe problem**

c) Preparing meals

no problem 0 1 2 3 4 5 6 7 8 9 10 **severe problem**

d) Leisure activities

no problem 0 1 2 3 4 5 6 7 8 9 10 **severe problem**

22. How much isolation do you feel is caused by your illness and treatment?

none 0 1 2 3 4 5 6 7 8 9 10 **a great deal**

23. How much financial burden have you incurred as a result of your illness and treatment?

none 0 1 2 3 4 5 6 7 8 9 10 **a great deal**

Spiritual Well Being

24. How important to you is your participation in religious activities such as praying, going to church?

not at all important 0 1 2 3 4 5 6 7 8 9 10 **very important**

25. How important to you are other spiritual activities such as meditation?

not at all 0 1 2 3 4 5 6 7 8 9 10 **very important**
important

26. How much has your spiritual life changed as a result of cancer diagnosis?

less important 0 1 2 3 4 5 6 7 8 9 10 **more important**

27. How much uncertainty do you feel about your future?

not at all 0 1 2 3 4 5 6 7 8 9 10 **very uncertain**
uncertain

28. To what extent has your illness made positive changes in your life?

none at all 0 1 2 3 4 5 6 7 8 9 10 **a great deal**

29. Do you sense a purpose/mission for your life or a reason for being alive?

none at all 0 1 2 3 4 5 6 7 8 9 10 **a great deal**

30. How hopeful do you feel?

not at all 0 1 2 3 4 5 6 7 8 9 10 **very hopeful**
hopeful