

Personal data

1) Sex

- a) Male
- b) Female

2) Age(years)

- a) 20-30
- b) 31-40
- c) 41-50
- d) 51-60
- e) 61-70
- f) 70+

3) Years in medical practice

- a) 0-10
- b) 11-20
- c) 21-30
- d) 31-40
- e) 40+

4) Specialty [*tick one or more boxes*]

- a) Endocrinology
- b) Internal Medicine
- c) Pediatric Endocrinology
- d) Nuclear Medicine
- e) Surgery
- f) Other

5) Member of...[*tick one or more boxes*]

- a) ETA (European Thyroid Association)
- b) ATA (American Thyroid Association)
- c) LATS (Latin American Thyroid Association)
- d) AOTA (Asian and Oceanian Thyroid Association)
- e) National Endocrine Societies
- f) None of the above

6) Where do you practice? [*tick one or more boxes*]

- a) University centre
- b) Regional hospital
- c) Private clinic
- d) General Practice
- e) Basic researcher

7) Do you treat thyroid patients on a regular basis (daily or weekly)?

- a) Yes, daily
- b) Yes, weekly
- c) No, I rarely treat thyroid patients

8) Do you treat patients with hypothyroidism?

- a) Yes, from 10 to 50 patients/year
- b) Yes, from 51 to 100 patients/year
- c) Yes, > 100 patients/year
- d) no, I rarely treat hypothyroid patients

9) Country of residence *[choose from scrolling menu]*

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Questionnaire

You may tick more than one answers if you wish

a. Thyroid hormones may be indicated in biochemically euthyroid patients with:

- 1) unexplained fatigue
- 2) obesity resistant to life-style interventions
- 3) severe hypercholesterolemia, as a complementary treatment
- 4) depression resistant to anti-depressant medications
- 5) female infertility with high level of thyroid antibodies
- 6) simple goiter growing over time
- 7) no, treatment is never indicated for these patients

b. Which thyroid hormones available for substitution therapy should be the first choice for the treatment of hypothyroid patients?

- 1) LT4
- 2) LT3
- 3) Desiccated thyroid
- 4) LT4 and LT3 combination

c. Which of the following drugs are you prescribing in clinical practice? *[tick one or more boxes from the scrolling menu]*

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d. How much control do you have over the formulation of LT4 dispensed for your patients? Please choose the option the best applies to your practice

- 1) Most of my patients are dispensed the type of LT4 that I recommend
- 2) I have control over the type of LT4, but I have to justify it to the regulatory authorities every time I recommend it
- 3) the type of dispensed thyroxine is mostly chosen by general practitioners
- 4) for most of my patients I have no control over the type of LT4 that they are dispensed

e. Interfering drugs may influence the stability of therapy. Which LT4 preparation is in your experience least likely to be subject to variable absorption?

- 1) tablets
- 2) soft-gel capsules
- 3) liquid solution
- 4) I expect no major changes with different formulations

f. Which of the following preparations of LT4 would you prescribe in case of first diagnosis of hypothyroidism when the patient self-reports intolerance to various foods raising the possibility of celiac disease, malabsorption, lactose intolerance, or intolerance to common excipients

- 1) tablets
- 2) soft-gel capsules
- 3) liquid solution
- 4) I expect no major changes with the different formulations

g. Which of the following preparations of LT4 would you prescribe for a patient established on generic T4 who has unexplained poor biochemical control of hypothyroidism?

- 1) branded tablets
- 2) soft-gel capsules
- 3) liquid solution
- 4) I expect no major changes with the different formulations

h. Which of the following preparations of LT4 would you prescribe for a patient with poor biochemical control who is unable (due to busy lifestyle) to take LT4 fasted and separate from food / drink?

- 1) tablets
- 2) soft-gel capsules
- 3) liquid solution
- 4) I expect no major changes with the different formulations

i. Which of the following preparations of LT4 would you prescribe for a patient established on generic T4 who has good biochemical control of hypothyroidism but continues to have symptoms?

- 1) branded tablets
- 2) soft-gel capsules
- 3) liquid solution
- 4) I expect no major changes with the different formulations

l. After the start of LT4 replacement therapy, when would you re-check serum TSH:

- 1) after 2 weeks
- 2) after 4 – 6 weeks
- 3) after 8 weeks
- 4) no, I mostly rely on clinical evaluation

m. In case of a switch to a different formulation or change from a brand product to a generic preparation of LT4, when do you recommend that the serum TSH should be re-checked:

- 1) after 4 to 6 weeks
- 2) after 8 weeks
- 3) on the basis of clinical evaluation
- 4) no, there is no need of TSH control after preparation changes if the dosage is the same

n. The use of combined replacement therapy, with administration of both LT4 and LT3, is generally not recommended. Do you think that may be considered:

- 1) for a short period, in patients recovering from protracted hypothyroidism
- 2) in patients with normal serum TSH who still complain of symptoms suggestive of hypothyroidism
- 3) in hypothyroid patients with normal serum TSH who complain of unexplained weight gain
- 4) due to the low quality of available evidence, combined therapy should never be used.