

GO-Quality Of Life Questionnaire

 initial

 follow-up

Date

The following questions deal specifically with your thyroid eye disease. Please focus on the past week while answering these questions.

During the past week, to what extent were you limited in carrying out the following activities, because of your thyroid eye disease?

Tick the box that matches your answer. The boxes correspond with the answers above them. Please tick only one box for each question.

	Yes seriously limited	Yes a little limited	No not at all limited	
1) Bicycling (never learned to ride a bike <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2) Driving (no driver's licence <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) Moving around the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) Walking outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5) Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6) Watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7) Hobby or pastime, i.e.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes severely hindered	Yes a little hindered	No not at all hindered	
8) During the past week, did you feel hindered from something that you wanted to do because of your thyroid eye disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Score

The following questions deal with your thyroid eye disease in general

	Yes, very much so	Yes a little	No not at all	
9) Do you feel that your appearance has changed because of your thyroid eye disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10) Do you feel that you are stared at in the streets because of thyroid eye disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11) Do you feel that people react unpleasantly because of your thyroid eye disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12) Do you feel that your thyroid eye disease has an influence on your self-confidence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13) Do you feel socially isolated because of your thyroid eye disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14) Do you feel that your thyroid eye disease has an influence on making friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15) Do you feel that you appear less often on photos than before you had thyroid eye disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16) Do you try mask changes in appearance caused by your thyroid eye disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Score