

Thyroid Cancer Quality of Life Index (TCQOLI)

Please fill out the items below about health quality of life issues of interest for patients like you.

If you choose to complete the survey before a member of our team calls to interview you, please complete all the questions at the same time.

For the 10 categories below check the one BEST box that describes how you have felt in the PAST SEVEN DAYS:

	Not at all	A little bit	Somewhat	Quite a bit	Very Much
To what extent are you fearful of recurrence of your cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your illness or treatment caused negative changes in your appearance ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My illness has been a financial hardship to my family and me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes in my voice have been troubling to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had trouble swallowing ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your ability to have (more) children a concern for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much did pain interfere with your day-to-day activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Never or N/A	Rarely	Sometimes	Often	Always
I felt depressed .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often did you run out of energy ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My thinking has been slow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Keeping in mind the answers to the questions about the 10 problems on the previous page, how would you score **your total quality of life** in the **PAST SEVEN DAYS** using the “thermometer” scale to the right?

The scale is from 0 (worst) to 100 (best):

0 = “Most Disabled” (all 10 problems as bad as they can be)

100 = “Full health” (all 10 problem areas are normal)

MARK YOUR RATING ON THE SCALE WITH AN “X”

AND

**WRITE YOUR ANSWER HERE: |__|__|__|
(IF LESS THAN 100, WRITE “0” IN THE FIRST SPACE**

