## Appendix — Patient Survey Dose Change Group & No Dose Change Group

**CONTROL TS Project**

Patient Survey

**SCREENING Questions**

**Dose Change Group (n=150) & No Dose Change Group (n=150)**

S1. Please indicate which of the following, if any, medical conditions you have been diagnosed with and/or procedures you have had. (Select all that apply.)

* 1. Acid reflux or GERD
  2. Atrophic gastritis
  3. Celiac disease
  4. Crohn's disease (inflammation affecting the entire digestive tract)
  5. Food allergies
  6. Gastric bypass or bowel resection
  7. Gastroparesis (slows/stops the movement of food from the stomach)
  8. H. pylori infection (a bacteria that infects the stomach)
  9. Hypothyroidism (underactive thyroid) **TERMINATE IF NOT SELECTED**
  10. Hyperthyroidism (overactive thyroid) **I & J ARE MUTUALLY EXCLUSIVE**
  11. IBS (irritable bowel syndrome)
  12. Lactose intolerance
  13. Ulcerative colitis (inflammation affecting the colon/large bowel)
  14. Other (specify:\_\_\_\_\_\_\_\_\_\_\_)
  15. None of the above **MUTUALLY EXCLUSIVE**

S2. For which of the following, if any, are you currently taking medication(s) prescribed by your doctor? (Select all that apply.)

1. Acid reflux or GERD
2. Atrophic gastritis
3. Celiac disease
4. Crohn's disease (inflammation affecting the entire digestive tract)
5. Food allergies
6. Gastric bypass or bowel resection
7. Gastroparesis (slows/stops the movement of food from the stomach)
8. H. pylori infection (a bacteria that infects the stomach)
9. Hypothyroidism (underactive thyroid) **TERMINATE IF NOT SELECTED**
10. Hyperthyroidism (overactive thyroid) **I & J ARE MUTUALLY EXCLUSIVE**
11. IBS (irritable bowel syndrome)
12. Lactose intolerance
13. Ulcerative colitis (inflammation affecting the colon/large bowel)
14. **<<S1 OTHER>>**
15. None of the above **MUTUALLY EXCLUSIVE**

S3. Which of the following thyroid medications are you currently taking? (Select all that apply.)

1. Armour® Thyroid [NON-LEVOTHYROXINE]\*
2. Cytomel® [NON-LEVOTHYROIXINE]\*
3. Levothroid®
4. Levoxyl®
5. Nature-Throid® [NON-LEVOTHYROXINE]\*
6. Synthroid®
7. Unithroid®
8. Tirosint®
9. WP Thyroid® [NON-LEVOTHYROXINE]\*
10. Generic levothyroxine
11. Other (specify:\_\_\_\_\_\_\_\_\_\_\_) **TERMINATE IF ONLY OTHER IS SELECTED**

**\*TERMINATE IF ANY OF THE NON-LEVOTHYROXINE DRUGS (a, b, e, and i) ARE SELECTED EVEN IF A RESPONDENT’S SELECTIONS INCLUDE A LEVOTHYROXINE DRUG.**

1. How many times in the past year, has your current doctor changed the dose of your **current** hypothyroid medication? (Select one.)

|  |  |  |
| --- | --- | --- |
| a. | Never | IF SELECTED DESIGNATE AS “**NO DOSE CHANGE GROUP”** |
| b. | 1 time | IF SELECTED – **TERMINATE (NOT ANY GROUP)** |
| c. | 2 times | IF SELECTED DESIGNATE AS **“DOSE CHANGE GROUP”** |

|  |  |  |
| --- | --- | --- |
| e. | 4 times |  |
| f. | 5-10 times |
| g. | >10 times |

1. What type of doctor currently prescribes your hypothyroid medication? (Select one.)
   1. Primary Care Physician
   2. Endocrinologist
   3. Thyroid Specialist
   4. Other (please specify) \_\_\_\_\_\_\_\_\_\_\_ **(OE – text)**
2. In the past year, have you changed the doctor who is treating your hypothyroidism?
3. Yes
4. No
5. What is your age?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_years **(OE – number range 1-99 – MUST BE 19 OR OLDER OTHERWISE TERMINATE)**

1. What is your gender?
   1. Female
   2. Male
2. Which race would you primarily identify as?
   1. African American/Black **[Minimum quota of 42 out of 300]**
   2. Asian/Asian American
   3. Caucasian/White
   4. Hispanic
   5. Native American, Inuit, Aleut
   6. Native Hawaiian/Pacific-Islander

**MAIN QUESTIONNAIRE**

**The following questions are concerned with the treatment for your underactive thyroid (including blood monitoring and any medication) and your experience over the past few months. Please answer each question by selecting one number on each of the scales.**

**NEW SCREEN**

1. How satisfied are you with the current treatment for your underactive thyroid?

very satisfied 6 5 4 3 2 1 0 very dissatisfied

2. How well do you feel the treatment is working?

very well 6 5 4 3 2 1 0 very badly

3. How convenient have you found your treatment to be recently (e.g. remembering to take the medication, getting prescriptions)?

very convenient 6 5 4 3 2 1 0 very inconvenient

4. How satisfied are you with your understanding of your underactive thyroid?

very satisfied 6 5 4 3 2 1 0 very dissatisfied

5. How likely would you be to encourage someone else with underactive thyroid to have

your kind of treatment?

very likely 6 5 4 3 2 1 0 very unlikely

6. How well do you feel that the treatment is controlling symptoms of underactive thyroid?

very well 6 5 4 3 2 1 0 very badly

7. How satisfied would you be to continue with your present treatment and dose?

very satisfied 6 5 4 3 2 1 0 very dissatisfied

**NEW SCREEN**

**The following questions are concerned with your early experiences both before and after you were told that you have an underactive thyroid. Please answer each question by selecting a number on each of the scales.**

**NEW SCREEN**

1. How satisfied were you with the way doctors dealt with your underactive thyroid around the time that it was first diagnosed?

very satisfied 6 5 4 3 2 1 0 very dissatisfied

1. How satisfied were you with the information provided by doctors about **underactive thyroid**?

very satisfied 6 5 4 3 2 1 0 very dissatisfied

1. How satisfied were you with the information provided by doctors about the **treatment** for underactive thyroid?

very satisfied 6 5 4 3 2 1 0 very dissatisfied

1. How satisfied were you that doctors took you and your underactive thyroid seriously?

Very satisfied 6 5 4 3 2 1 0 very dissatisfied

**END SURVEY**

**Thank you for completing this questionnaire.**