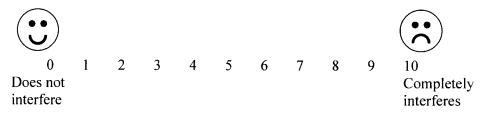
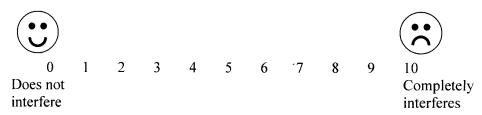
Questionnaire 1

We would be grateful if you could answer these three questions by circling the number that best describes your position and then answer the following feedback questions on the next page.

1) How is your eye disease currently interfering with your overall quality of life?



2) How is your eye disease currently affecting your <u>ability to carry out daily</u> <u>activities?</u>



3) How is your eye disease currently affecting your <u>satisfaction with your</u> appearance?



Feedback questions for questionnaire 1:
How long did it take you to complete the questionnaire?
Did anyone help you to complete the questionnaire, and if so, what kind of help and how much help was provided?
Were there questions that you found confusing or difficult to answer?
Please use the space below if you have other comments about the questionnaire

,

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, severely limited	y Yes, a li limited		No, not at all limited			
1.	Bicycling					Never learned to ride a bike		
2.	Driving					No driver's licence		
3.	Moving around the house							
4.	Walking outdoors							
5.	Reading							
6.	Watching TV							
7.	Hobby or pastime, i.e							
		Yes, severe hindered	ely Yes, a little	e hindered	No, not at all hindered			
8.	During the past week, did you feel hindered from doing something that you wanted to do because of your thyroid eye disease?]				
Th	The following questions deal with your thyroid eye disease <u>in general</u>							
		Yes	s, very much so	Yes, a little	No, not	at all		
9.	Do you feel that your appearance has charbecause of your thyroid eye disease?	nged						
1(Do you feel that you are stared at in the stre because of your thyroid eye disease?	ets						
1	1. Do you feel that people react unpleasantly to of your thyroid eye disease?	ecause						
1:	2. Do you feel that your thyroid eye disease ha influence on your self-confidence?	is an						
1	3. Do you feel that your thyroid eye disease had influence on making friends?	as an						
1	4. Do you feel socially isolated because of you thyroid eye disease?	ou r						
1	5. Do you feel that you appear less often on p than before you had thyroid eye disease?	notos						
1	6. Do you try to mask changes in your appear caused by thyroid eye disease?	ance				İ		

Questionnaire 3

We would be grateful if you could answer these nine questions by circling the letter that best describes your position and then answer the following feedback questions.

1. Ha	ave eye :	symptor	ns inter	fered wi	th your wel	I-being?						
A. Never												
	B. Infrequently											
	C. Frequently											
	D. Most of the time											
	E. Al	ways										
2. Pl	ease rate	the cur	rent app	pearance	of your ey	es.						
	A. E	xcellent										
	B. G	ood										
	C. Fair											
	D. Poor											
	E. Vo	ery poor	•									
	Pleas	e rate h	ow mu	ch diffic	ulty you ha	ve with the following tasks using the following scale:						
	A. No difficulty at all											
	B. A	little di	fficulty									
	C. M	oderate	difficul	lty								
	D. E	ktreme o	lifficult	У								
	E. St	opped b	ecause	of my ey	esight							
	F. Do	n't do f	for reaso	ons othe	r than eyesi	ght ,						
3. Fi	nding so		g on a c	rowded :	shelf							
A	В	С	D	Е	F							
4. No	oticing o	biects o	r activi	ties off t	o the side v	while you are walking along						
A	В	C	D	Е	F	,						
• •	2		~	_	-							
5. Fi	guring o	ut whetl	her bills	s you rec	eive are ac	curate						
Α	В	С	D	Е	F							
6. Re	ecognizi	ng peop	le you l	know fro	m across th	e room						
Α	В	C	D	E	F							
						•						
7. G	oing out	to see n	novies,	the theat	tre, or sport	s events						
A	В	С	D	E	F							
0 0-	oine be	U ma a m 1	a was at 1	to thing:	von car							
					you say							
Α	В	С	D	Е	F							
0.7/:	citina	ith nacr	de vov	don't k	ow well in	their homes, at parties, or in restaurants						
9. VI	sung w B	nn peor	D D	uon ikn E	F	nonics, at patties, or in restaurants						
1 h	D	_		1								