

**Thyroid Eye Disease Questionnaire**

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| # | **THYROID DISEASE QUESTIONS** | **Response** |
| 1 | Who is your endocrinologist / manages your thyroid? |  |
| 2 | When were you first diagnosed with thyroid disease? |  |
| 3 | When were your last thyroid labs drawn? |  |
| 4 | What thyroid medications do you take? |  |
| # | **THYROID SURGERY QUESTIONS** | **No** | **Yes** |
| 5 | Have you had your thyroid gland removed? | □ | □ When: |
| 6 | Have you had radioactive iodine ablation? | □ | □ When: |
| # | **THYROID EYE DISEASE SPECIFIC QUESTIONS** | **No** | **Yes** |
| 7 | Have you noticed changes your eyes’ appearance? | □ | □ |
| 8 | Do you experience double vision? | □ | □ |
| 9 | Do your eyelids appear red? | □ | □ |
| 10 | Do your eyelids appear swollen? | □ | □ |
| 11 | Do you think your appearance has changed? | □ | □ |
| 12 | Do you have pain with eye movement? | □ | □ |
| 13 | Do you have eye pain without moving your eyes? | □ | □ |
| 14 | Does the surface of your eyes appear red? | □ | □ |
| 15 | Do your eyes feel dry? | □ | □ |
| 16 | Do you use eyedrops? | □ | □ What: |
| 17 | Have you been treated with oral or intravenous steroids for Thyroid Eye Disease? | □ | □ When: |
| 18 | Have you had any eyelid/orbit surgeries? | □ | □ What: |
| 19 | Have you received other infusion medications for Thyroid Eye Disease (Tepezza, Rituxan)? | □ | □ What: |
| # | **MEDICAL QUESTIONS** | **No** | **Yes** |
| 19 | Do you have Diabetes? | □ | □Last fasting sugar: \_\_\_\_\_\_\_\_\_\_\_A1C: \_\_\_\_\_\_\_\_\_\_ |
| 20 | Do you have inflammatory bowel disease? | □ | □ |
| 21 | Females: Are you pregnant / chance of being pregnant? | □ | □ |