

# GO-QOL version UK1

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	Yes, a little limited	No, not at all limited	
1. Bicycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Never learned to ride a bike <input type="checkbox"/>
2. Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No driver's licence <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. <b>During the past week</b> , did you feel hindered from doing something that you wanted to do because of your thyroid eye disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*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 your 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 that your thyroid eye disease has an influence on making friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you feel socially isolated because of your thyroid eye disease?	<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 to mask changes in appearance caused by your thyroid eye disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>