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Thyroid

HYPOTHYROIDISM AND SOMATIZATION: RESULTS FROM E-MODE PATIENT SELF-ASSESSMENT OF THYROID THERAPY (E-MPATHY), A CROSS-SECTIONAL, INTERNATIONAL ONLINE PATIENT SURVEY

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Keyword:	Hypothyroidism, Clinical Research, Endocrinology-Adult
Manuscript Keywords (Search Terms):	hypothyroidism, somatization, questionnaire, survey, levothyroxine, liothyronine
Abstract:	<p>Background Between 10-15% of hypothyroid patients experience persistent symptoms despite achieving biochemical euthyroidism. Unexplained persistent symptoms can be a sign of somatization. This is associated with distress and high healthcare resource use and can be classified as Somatic Symptom Disorder (SSD). Prevalence rates for SSD differ depending on classification criteria and how they are ascertained, varying between 4-25%. As this has not been studied in hypothyroid patients before, the aim of this study was to document somatization in people with hypothyroidism and explore associations with other patient characteristics and outcomes.</p> <p>Methods Online, multi-national, cross-sectional survey of individuals with self-reported, treated hypothyroidism, that included the validated patient health questionnaire-15 (PHQ-15) for assessment of somatization. Chi-</p>

	<p>squared tests with Bonferroni correction were used to explore outcomes for respondents with a PHQ-15 score >10 (probable somatic symptom disorder (pSSD)) versus <10 (absence of SSD).</p> <p>Results</p> <p>A total of 3915 responses were received, 3516 of which contained valid PHQ-15 data (89.8%). The median score was 11.3 (range 0-30, 95% CI 10.9-11.3). The prevalence of pSSD was 58.6%. Associations were found between pSSD and young age ($p<0.001$), women ($p<0.001$), not working ($p<0.001$), having below average household income ($p<0.001$), being treated with levothyroxine (rather than combination of levothyroxine and liothyronine, liothyronine alone, or desiccated thyroid extract) ($p<0.001$), expression of the view that the thyroid medication taken did not control the symptoms of hypothyroidism well ($p<0.001$), and with number of comorbidities ($p<0.001$). pSSD was associated with respondent attribution of most PHQ-15 symptoms to the hypothyroidism or its treatment ($p<0.001$), dissatisfaction with care and treatment of hypothyroidism ($p<0.001$), a negative impact of hypothyroidism on daily living ($p<0.001$) and with anxiety and low mood / depression ($p<0.001$).</p> <p>Conclusions</p> <p>This study demonstrates a high prevalence of pSSD among people with hypothyroidism and associations between pSSD and negative patient outcomes, including a tendency to attribute persistent symptoms to hypothyroidism or its treatment. SSD may be an important determinant of dissatisfaction with treatment and care among some hypothyroid patients.</p>

1 **HYPOTHYROIDISM AND SOMATIZATION: RESULTS FROM E-MODE PATIENT**
2 **SELF-ASSESSMENT OF THYROID THERAPY (E-MPATHY), A CROSS-**
3 **SECTIONAL, INTERNATIONAL ONLINE PATIENT SURVEY**

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59 Hypothyroidism, somatization, questionnaire, survey, levothyroxine, liothyronine

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65 ABSTRACT

66 Background

67 Between 10-15% of hypothyroid patients experience persistent symptoms despite
68 achieving biochemical euthyroidism. ~~Unexplained persistent symptoms are~~
69 ~~associated with distress and high healthcare resource use and may be due to~~
70 ~~somatization or Somatic Symptom Disorder (SSD), a diagnosis that affects 4-7% of~~
71 ~~the world population.~~ Unexplained persistent symptoms can be a sign of
72 somatization. This is associated with distress and high healthcare resource use and
73 can be classified as Somatic Symptom Disorder (SSD). Prevalence rates for SSD
74 differ depending on classification criteria and how they are ascertained, varying
75 between 4-25%. As this has not been studied in hypothyroid patients before, the aim
76 of this study was to document somatization in people with hypothyroidism and
77 explore associations ~~between SSD and~~ with other patient characteristics and
78 outcomes.

79 Methods

80 Online, multi-national, cross-sectional survey of individuals with self-reported, treated
81 hypothyroidism, that included the validated patient health questionnaire-15 (PHQ-15)
82 for assessment of somatization. Chi-squared tests with Bonferroni correction were
83 used to explore outcomes for respondents with a PHQ-15 score ≥ 10 (probable
84 somatic symptom disorder (pSSD)) versus < 10 (absence of SSD).

85 Results

86 A total of 3915 responses were received, 3516 of which contained valid PHQ-15
87 data (89.8%). The median score was 11.3 (range 0-30, 95% CI 10.9-11.3). The
88 prevalence of pSSD was 58.6%. Associations were found between pSSD and young
89 age ($p < 0.001$), women ($p < 0.001$), not working ($p < 0.001$), having below average
90 household income ($p < 0.001$), being treated with levothyroxine (rather than
91 combination of levothyroxine and liothyronine, liothyronine alone, or desiccated
92 thyroid extract) ($p < 0.001$), expression of the view that the thyroid medication taken
93 did not control the symptoms of hypothyroidism well ($p < 0.001$), and with number of
94 comorbidities ($p < 0.001$). pSSD was associated with respondent attribution of most
95 PHQ-15 symptoms to the hypothyroidism or its treatment ($p < 0.001$), dissatisfaction
96 with care and treatment of hypothyroidism ($p < 0.001$), a negative impact of
97 hypothyroidism on daily living ($p < 0.001$) and with anxiety and low mood / depression
98 ($p < 0.001$).

99 Conclusions

100 This study demonstrates a high prevalence of pSSD among people with
101 hypothyroidism and associations between pSSD and negative patient outcomes,
102 including a tendency to attribute persistent symptoms to hypothyroidism or its
103 treatment. SSD may be an important determinant of dissatisfaction with treatment
104 and care among some hypothyroid patients.

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105 INTRODUCTION

106 Hypothyroidism is a common disorder affecting 1-7% of the population.¹⁻³ Over the
107 past 20 years Persistent symptoms occur in have been reported among 10-15% of
108 hypothyroid patients compared to controls people without hypothyroidism.⁴⁻⁶ There
109 are several Hypotheses for the cause of these symptoms include: (a) inability of L-T4
110 to emulate normal physiology and restore liothyronine (L-T3) at tissue level ("low
111 tissue T3 hypothesis"); (b) confounding effects of comorbidities; (c) autoimmune
112 inflammation; (d) L-T4 prescribed or taken by patients sub-optimally; (e) people with
113 unexplained symptoms being more likely to be investigated and diagnosed with
114 minor and incidental perturbations of thyroid dysfunction; (f) the impact of the
115 diagnostic label of chronic disease; and (g) somatic symptom disorder (SSD).⁷⁻⁹
116 Direct evidence to support the above propositions is unavailable, though it is likely
117 that all these factors are contributory.

118
119 In the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-V),
120 somatic symptom disorder (SSD) refers to persistent bodily symptoms associated
121 with significant functional impairment, psychological distress, and high healthcare
122 resource use.¹⁰ SSD is thought to result from an exaggerated awareness of a variety
123 of bodily sensations, interpreted as being indicative of underlying disease.^{11, 12} The
124 etiology of SSD is unclear, although associations with past traumatic experiences,
125 personality traits, and psychosocial stresses have been described.^{13, 14} Genetic
126 factors predisposing to bodily distress, and to chronic pain may contribute to
127 susceptibility.^{15, 16} ~~SSD occurs in about 4-7% of the world population, and is ten
128 times more prevalent in women than men.^{14,17} SSD is a diagnosis in up to 17% of
129 patients presenting to primary care in developed countries¹⁸ and often occurs in
130 patients with fibromyalgia, irritable bowel syndrome and myalgic encephalomyelitis/
131 chronic fatigue syndrome.¹⁹ The patient health questionnaire-15 (PHQ-15) can be
132 used to assess subjects for SSD. PHQ-15 was initially developed and validated in
133 primary care and general hospital settings,²⁰ has a sensitivity of 78-83% and
134 specificity of 42-71% for somatization^{21,22} and is well suited for use in large-scale
135 studies internationally.²³~~
136 SSD is a relatively recent classification, introduced in 2013 in DSM-V.¹⁰ Reviews
137 describing prevalence rates of earlier classifications related to somatization (such as
138 somatization disorder analysing 32 studies from 24 countries), reported a pooled

139 estimate of the point prevalence of 16.5%.¹⁷ However, somatization disorder is a
140 severe form of SSD, and is limited to distress related to medically unexplained
141 symptoms. In contrast, SSD relates to distress associated with physical symptoms in
142 known medical conditions and medically unexplained symptoms, and thus prone to
143 have been underestimated. A systematic review reported prevalence rates for
144 somatoform disorders in the general population to range from 11-21% in younger,
145 10-20% in the middle-aged, and 1.5-13% in older age groups.¹⁸ A 2022 review of 59
146 studies found a mean prevalence of SSD of 12.9 % based on self-report.¹⁹ A
147 population-based study in over 3000 people in Taiwan reported a prevalence of SSD
148 of 5%,²⁰ and a German study of 1780 general practitioners reported a prevalence of
149 SSD among their patients of 7.7%.²¹ Based on the above findings, we can surmise
150 that the prevalence of SSD in the general population is between 5-25%.

151

152 Studying SSD in hypothyroidism may help to understand the nature of persistent
153 symptoms. Furthermore, identifying SSD may avoid unnecessary and expensive
154 investigations, reduce the risk of inappropriate and harmful therapies,²²⁻²⁸ and direct
155 patients and physicians to interventions shown to be helpful in SSD.²⁹ The

156

157 In this study probable SSD (pSSD, defined as a score ≥ 10 using the PHQ-15
158 questionnaire) in patients with hypothyroidism was explored. The research questions
159 were: what is the prevalence of pSSD among patients with hypothyroidism, and what
160 is the relationship between (a) pSSD and respondent characteristics, and (b) pSSD
161 and patient-reported outcomes?

162 **METHODS**

163 Study design

164 Multi-national, large-scale, cross-sectional, online questionnaire survey of people
165 with a diagnosis of hypothyroidism. Some of the findings have been published.³⁰

166 PHQ-15

167 PHQ-15 is a brief short self-administered questionnaire that is self-administered. It
168 has been used in research and clinically as a screening test for somatization used for
169 screening for somatization and monitoring somatic symptom severity in clinical
170 practice and research.³¹ It includes 15 symptoms, which comprise the most frequent

171 somatic complaints encountered in primary care. It screens for 15 somatic symptoms
172 that account for more than 90% of the somatic symptoms reported in the primary
173 care setting. High scores correlate closely with somatoform disorder, disability,
174 functional impairment and use of healthcare resources. High scores on the PHQ-15
175 are strongly associated with functional impairment, disability, healthcare use and
176 with somatoform disorder.³¹ This instrument has been validated and used
177 extensively. The PHQ-15 is a valid measure, which has been used in 40 studies so
178 far in different health care settings.³² is equivalent or better in performance to other
179 tools and is The PHQ-15 is equal or superior to other brief measures for assessing
180 somatic symptoms and screening for somatoform disorders.³³ It has been
181 recommended by the American Psychiatric Association.¹⁰ as an emerging measure
182 of somatic symptoms in the general population PHQ-15²⁰ has a sensitivity of 78-83%
183 and specificity of 42-71% for somatization^{21,22} and is well suited for use in large-scale
184 studies internationally.²³ PHQ-15 lists 15 somatic symptoms, 13 of which are related
185 to physical symptoms, while two (feeling tired or having little energy, and trouble
186 sleeping) are associated with depression.^{31, 34} Each symptom is scored as 0, 1 or 2
187 ("not bothered at all", "bothered a little", "bothered a lot", respectively). The sum
188 score is used as a measure for symptom load. A score of ≥ 10 or more is associated
189 with somatization equivalent to clinical disorder level and can be regarded as
190 indicative of SSD.³¹ In this study, values of PHQ-15 were considered valid when the
191 provided answers were undoubtedly above or below ≥ 10 or < 10 . Therefore,
192 respondents with a PHQ-15 score of ≥ 10 were included even if they did not respond
193 to all questions of PHQ-15 and categorized as having probable SSD (pSSD).
194 Respondents whose scores could not exceed 9 even if the missing data scored
195 maximally, were included and categorized as not having SSD. Respondents who
196 had left out parts of PHQ-15 and could have attained a score indicating SSD were
197 excluded as we could not undoubtedly attribute their responses. pSSD (score ≥ 10)
198 was used as a research classification rather than a medical diagnosis of SSD.

199 **E-MPATHY** Questionnaire, cognitive testing, questionnaire translations and pilot
200 The questionnaire was cognitively tested in 30 English-speaking patients with
201 hypothyroidism across five rounds in accordance with published methodology.³⁵
202 Minor changes were made to question wording and answer options to establish
203 consistent comprehension. Translations of the English version of the questionnaire

204 were made into French, German, Italian, and Spanish. Each translation was
205 performed by two certified native translators. Idioms were replaced with appropriate
206 alternatives. ~~The online survey platform (Qualtrics, <https://www.qualtrics.com>) was
207 used to host the questionnaire English version and translations.~~ A pilot was
208 conducted in English with 387 respondents (344 completed and 43 partially
209 completed) for data validation, which demonstrated good face validity and response.
210 The final version took 30-45 minutes to complete and was hosted online in Qualtrics
211 (<https://www.qualtrics.com>) between ~~11/4/20-3/1/21. 4th November 2020 and 1st
212 March 2021.~~

213 Dissemination of survey

214 Advertisements and information sheets to explain the purpose of the survey were
215 prepared in the aforementioned five languages and promoted through Thyroid
216 Federation International, a global network of patient-oriented thyroid disorder
217 organisations, (<https://thyroid-fed.org/>) affiliates, and partners via social media, and
218 web pages (Supplementary Figure 1). ~~shows the number potentially eligible
219 individuals identified, number confirmed eligible, number included in the study, and
220 number analyzed.~~

221 Inclusion criteria

222 Participants had to be ≥ 18 years and to be using medication for hypothyroidism.

223 Institutional Review Board waiver statement

224 The non-interventional nature of the survey and the fact that data were anonymized
225 rendered the study exempt from Institutional Board approval. The study was
226 conducted in accordance with Declaration of Helsinki as revised in 2013. All
227 participants gave informed consent. ~~at the beginning of the survey.~~

228 Statistical analyses

229 The dataset was calculated to detect a delta 0.1 in proportions for z-tests, using
230 GPower3.1.9 for a power of 95% and alpha set at 0.05, which calculated the number
231 of participants to be around 1000 (1066). Chi-squared tests with Bonferroni
232 correction were used, via Python 3.10. A binary PHQ-15 score < 10 or ≥ 10
233 (corresponding to absence or presence of pSSD) was used as an independent
234 variable and was compared against 10 dependent variables comprising demographic
235 and other baseline characteristics (gender, age, marital status, employment,
236 ethnicity, years in education, household income, comorbidities, cause of

237 hypothyroidism, treatment for hypothyroidism). In addition, the PHQ-15 binary score
238 was compared against 4 5 respondent outcomes :

239 a) **attribution of the PHQ-15 symptoms:**

240 for each of the symptoms included in PHQ-15, participants were asked
241 whether they attributed the symptom to “the hypothyroidism or side-effects of
242 the hypothyroidism medication”, or to “other causes”.

243 b) **control of symptoms of hypothyroidism by medication:**

244 participants were asked to respond to the statement “my hypothyroidism
245 medication controls my symptoms well”, with the following response options:
246 "strongly disagree", "tend to disagree", “neither agree nor disagree”, “tend to
247 agree”, “strongly agree”, and “uncertain”.

248 c) **satisfaction with overall treatment and care for hypothyroidism:**

249 participants were asked “how satisfied are you with the overall care and
250 treatment you have received for your hypothyroidism?”, with the following
251 response options: “very satisfied”, “slightly satisfied”, “neither satisfied nor
252 dissatisfied”, “slightly dissatisfied”, “very dissatisfied” and “don’t know”.

253 d) **impact of hypothyroidism on daily living:**

254 participants were asked to respond to the statement “my hypothyroidism has
255 affected everyday activities that people my age usually do (e.g. exercise,
256 household chores, etc.)”, with the following response options: "strongly
257 disagree", "tend to disagree", “neither agree nor disagree”, “tend to agree”,
258 “strongly agree”, and “uncertain”.

259 e) **Anxiety, low mood / depression:**

260 participants were asked “during the past 4 weeks, how much have you been
261 bothered by anxiety?” and “during the past 4 weeks, how much have you
262 been bothered by low mood / depression?” with the following response
263 options: “bothered a little or bothered a lot”, “not bothered at all”.

264 **RESULTS**

265 **Respondent baseline characteristics**

266 A total of 3915 responses were received, 3516 of which contained valid PHQ-15
267 data (89.8%) (Table 1). Women comprised 94.5% (3321/3516) of respondents. Most

268 respondents (87.2%; 3065/3516) were over 40 years old. Responses from the UK
269 dominated (35.5%; 1250/3516). The majority of respondents were white (86.5%;
270 3040/3516), employed (71.8%; 2526/3516), had received more than 8 years of
271 education (84.4%; 2968/3516), had comorbidities (72.8%; 2561/3516) and were
272 being treated with L-T4 (75.8%; 2665/3516).

273 ~~As a PHQ-15 score ≥ 10 has been shown to correlate closely with a clinical diagnosis~~
274 ~~of SSD,³⁴ pSSD is used synonymously with a PHQ-15 score ≥ 10 .~~

275 **Prevalence of pSSD**

276 **The median PHQ-15 score was 11.3 (range 0-30, 95% CI 10.9-11.3).** Women
277 respondents (n=3321) had higher PHQ-15 score than men (n=164) (mean 11.3, SD
278 5.8 vs mean 7.6, SD 5.6, respectively, $p < 0.001$). Tiredness was the commonest
279 symptom experienced by 90.2% (3163/3505) of respondents (Supplementary Table
280 1).

281 **Associations between pSSD and demographic and other baseline** 282 **characteristics**

283 Significant associations with pSSD were found with age, gender, employment status,
284 household income, treatment for hypothyroidism and number of comorbidities (Table
285 2). By binary categorization into PHQ-scores < 10 and ≥ 10 , the following groups were
286 identified as having higher pSSD prevalence: aged 18-30, women, not working,
287 having below average household income, being treated with L-T4 (as compared to
288 combination of levothyroxine and liothyronine, liothyronine alone, or desiccated
289 thyroid extract) (Table 2), and having one or more comorbidities (Figure 1). No
290 associations were found between pSSD and marital status, years of education,
291 cause of hypothyroidism, and ethnicity.

292 **Associations between pSSD and respondent attributions of causes of** 293 **symptoms**

294 There was a significant association between pSSD and attribution of symptoms to
295 ~~the~~ hypothyroidism or its treatment for 13 out of the 15 symptoms, the non-significant
296 symptoms being "fainting spells", and "pain or problems during intercourse" (Figure 2

297 and Table 3). Respondents with pSSD were equally likely to blame hypothyroidism
298 or its treatment for typical hypothyroid symptoms (such as constipation, tiredness, or
299 atypical symptoms such as (e.g. stomach pain, backache or dizziness).^{36, 37}

300 **Association between pSSD and control of symptoms of hypothyroidism**

301 pSSD was associated with the expression of the view by respondents that the
302 thyroid medication taken did not control the symptoms of hypothyroidism well (Figure
303 3a and Table 2).

304 **Association between pSSD and satisfaction with care and treatment of** 305 **hypothyroidism**

306 There was a significant association between pSSD and dissatisfaction with care and
307 treatment of hypothyroidism (Figure 3b and Table 2).

308 **Association between pSSD and impact of hypothyroidism on daily living**

309 There was an association between a negative impact on daily living and pSSD
310 (Figure 3c and Table 2).

311 **Anxiety, low mood / depression**

312 **Both anxiety and low mood / depression were prevalent in respondents with pSSD**
313 **(72.3%, 1689/2337 and 71.8%, 1739/2422 respectively) and the association was**
314 **statistically significant (Table 2).**

315 **DISCUSSION**

316 SSD is common, associated with persistent symptoms, individual and societal
317 burden, high levels of healthcare utilisation and economic cost.³⁸ Yet there is little
318 information in the literature about SSD in hypothyroidism,^{39, 40} while impaired quality
319 of life and dissatisfaction with care and treatment are well documented.⁴¹⁻⁴⁴ We used
320 the validated PHQ-15 questionnaire³¹ to assess somatization and to test the
321 hypothesis that SSD is a contributor to persistent symptoms and dissatisfaction. **We**
322 **have used pSSD as a research classification based on self-reported responses to a**
323 **questionnaire, in order to gain insights on the nature of persistent symptoms in**

324 hypothyroidism. It should be noted that this is not equivalent to a medical diagnosis
325 of SSD (which requires individual assessment by an expert). Respondents'
326 characteristics were similar to hypothyroid patient populations reported in the
327 literature.^{1, 2, 45-47} PHQ-15 has been used previously to screen for SSD,^{31, 48, 49} study
328 associations between somatic symptoms and demographic factors⁵⁰ and behaviors⁵¹
329 and quantify somatic distress associated with specific diseases such as diabetes,⁵²
330 thus providing potentially useful insights.

331

332 The proportion of respondents with pSSD was higher (58.6%), than normative data
333 (7.2%, $p < 0.001$) (Supplementary Table 3)³³. SSD is common among patients with
334 chronic diseases,⁵³⁻⁵⁵ thus it is not surprising this was also the case in
335 hypothyroidism. The significance of this finding rests with how clinicians approach
336 the common scenario of hypothyroid patients with persistent unexplained symptoms.
337 Research in Europe conducted in 2019-2021⁵⁶⁻⁷³ ^{74, 75} shows that thyroid specialists
338 usually offer pharmacological solutions to such patients in the form of combination
339 therapy of L-T4 with L-T3, despite evidence from randomized controlled studies
340 indicating no benefit from combination treatment compared to L-T4 alone.^{9, 44} In the
341 light of these E-MPATHY findings, a pharmacological approach is inappropriate for
342 some of these patients, as their underlying psychosocial needs will not be
343 addressed. The high prevalence of pSSD among participants demonstrated in this
344 study does not support binary "mind" versus "body" dualism, which sometimes leads
345 to dismissive attitudes by healthcare professionals towards patients with unexplained
346 symptoms. On the contrary, the findings of E-MPATHY suggest that a
347 biopsychosocial approach⁷⁶ to the conundrum of persistent symptoms despite
348 euthyroid biochemistry may be appropriate. The experience of healthcare
349 professionals who manage patients with unexplained persistent symptoms suggests
350 that they may respond to empathetic listening, affirmation that their symptoms are
351 real, explanations that physical and psychological symptoms are intimately
352 integrated, avoidance of over-investigation and use of cognitive behavioral and other
353 established psychological therapies, ideally in a multi-disciplinary setting.^{77, 78}

354

355 In our study pSSD was associated with young age, women, low household income,
356 employment status, and multiple comorbidities. Some of these variables are likely to
357 be interdependent, however the above findings are in keeping with other studies of

358 SSD in general populations.⁷⁹⁻⁸² The association between pSSD and treatment with
359 L-T4 as opposed to L-T3-containing treatments is of interest. A possible explanation
360 is may indicate that hypothyroid patients treated with L-T3-containing medication
361 become less symptomatic than those treated with L-T4, particularly if overtreated
362 (e.g. observations of beneficial effects of high doses of L-T3 on mood in patients with
363 resistant depression²²). However, the association between pSSD and L-T4 treatment
364 cannot be assumed to be causal, nor is it possible to infer from this data that L-T3-
365 containing treatments should be used to provide relief from the symptoms of SSD.

366

367 pSSD was associated with a tendency to attribute attribution of persistent symptoms
368 to hypothyroidism or its treatment, including symptoms not recognized to be
369 associated with hypothyroidism or thyroid hormone replacement. (e.g. stomach pain,
370 backache or dizziness). Among the symptoms included in PHQ-15, tiredness and
371 pain were the most frequently reported. This aligns with findings that somatization
372 symptoms tend to cluster into four groups: fatigue, pain, cardiorespiratory and bowel
373 symptoms⁸³. The high prevalence of pain symptoms, especially back pain and
374 headaches in this sample is consistent with the Global Burden of Disease study.⁸⁴
375 Patients with SSD who experience back pain and headaches that cluster with fatigue
376 may attribute symptoms that occur frequently in the general population to their
377 thyroid condition hypothyroidism. The above findings of E-MPATHY are consistent
378 with insights from other studies relating to the symptomatology of hypothyroidism
379 and how symptoms may be perceived by patients, particularly in view of the fact that
380 most of the symptoms of hypothyroidism are non-specific and often experienced by
381 the euthyroid population.³⁶ A study of patients with subclinical hypothyroidism who
382 were not aware of their serum TSH levels, showed no difference in symptoms
383 compared to euthyroid controls.⁸⁵ In another study, patient awareness that they had
384 a thyroid diagnosis was associated with an increased prevalence of symptoms, and
385 conversely, in patients who were not aware that they had a thyroid diagnosis a
386 higher serum TSH was associated with fewer symptoms.⁶ Self-knowledge of a
387 diagnosis of hypothyroidism therefore seems to be an important factor in how
388 symptoms are perceived and experienced by patients. Another important factor is
389 that recent studies indicate that the majority of patients diagnosed and started on
390 thyroid hormone replacement have mild or subclinical hypothyroidism,^{86, 87} or even
391 transient elevation in serum TSH.⁸⁸ Furthermore, several studies and meta-analyses

392 show similar rates of symptoms in subclinical hypothyroid patients as in euthyroid
393 controls.^{44, 89}

394

395 An association was found between pSSD and respondent opinion that the thyroid
396 medication taken did not control their symptoms of hypothyroidism well, which could
397 be indicative of a patient belief that all or most persistent symptoms experienced are
398 due to hypothyroidism. This is likely to be false given that persistent symptoms such
399 as those included in the PHQ-15 questionnaire occur in the background general
400 population and particularly in patients with comorbidities other than hypothyroidism.
401 In this respect it is of interest that evidence from another survey of hypothyroid
402 women indicates that patient beliefs about the nature of their illness may play a role
403 in the development of symptoms such as depression, anxiety, and anger.⁹⁰

404

405 The association between dissatisfaction with care and treatment of hypothyroidism
406 and pSSD parallels those described for medically unexplained symptoms in
407 general⁹¹ and may reflect the frustrating nature of persistent symptoms and
408 inadequacy of available services. Similarly, the association between pSSD and a
409 negative impact of hypothyroidism on daily living **in E-MPATHY** was significant and
410 may be subject to patients' attributions of symptoms to hypothyroidism. As SSD is
411 usually established by the age of 30 years,³⁸ in most cases it precedes the onset of
412 hypothyroidism by 1-2 decades¹ and therefore may be a causal contributor to the
413 phenomenon of persistent symptoms in some patients who are given the diagnosis
414 of hypothyroidism.

415 **The prevalence of self-reported anxiety and low mood / depression among**
416 **respondents with pSSD was high (72.3% and 71.8%, respectively). It should be**
417 **noted that these were not medical diagnoses of anxiety or depression, but a**
418 **research classification self-report. The fact that the survey was carried out during the**
419 **COVID pandemic may have increased anxiety and low mood / depression and could**
420 **explain the above high levels. However, an association between hypothyroidism and**
421 **psychiatric morbidity (including use of anxiolytic and antidepressant medication) has**
422 **been noted before and seems to hold true both before and after the diagnosis of**
423 **hypothyroidism.²⁸ An association between SSD and anxiety and depression is well**
424 **established in the general population.⁹² Our findings suggest that hypothyroid**

425 patients presenting with symptoms of SSD have a high likelihood of an underlying
426 anxiety or mood disorder, which is important for clinicians managing patients with
427 hypothyroidism to be aware of.

428 The cause of persistent symptoms in patients with hypothyroidism is still unknown, a
429 causal relationship with SSD is not established and underlying biological
430 explanations are also plausible. However, ~~the our~~ findings ~~of E-MPATHY~~ are of
431 importance in the management of patients with hypothyroidism and indicate that
432 somatization plays a significant role in the presentation of some of these patients.

433
434 ~~Limitations of E-MPATHY included self-reported responses that could not be~~
435 ~~validated independently, over-representation of some countries, recruitment through~~
436 ~~patient networks and social media, sample heterogeneity, and evaluation of the~~
437 ~~impact on everyday living without using a validated thyroid specific quality of life~~
438 ~~instrument, such as the ThyPRO, absence of directly comparative data on~~
439 ~~prevalence of pSSD in a control population, and absence of thyroid biochemical~~
440 ~~data.~~ The study has limitations. Some nations were over-represented, the data were
441 self-reported, respondents were invited via patient organizations and social media,
442 there was some sample heterogeneity, the assessments of quality of life, anxiety and
443 low mood / depression did not utilize validated instruments, informative data on
444 cause of hypothyroidism were unavailable in 28.5% of responses, directly
445 comparative data on prevalence of pSSD in a control population were unavailable,
446 and we had no access to thyroid biochemistry. The high percentage of pSSD needs
447 to be taken in the context of the fact that only a minority (10-15%) of hypothyroid
448 patients report impaired quality of life,⁴⁴ and dissatisfied patients are more likely to
449 respond to surveys ~~such as E-MPATHY~~.^{30, 41, 42} In mitigation of the above, ~~limitations~~
450 the large sample size, cognitive testing, piloting and inclusion of a patient
451 representative in the research team, were strengths.

452
453 In conclusion, this study demonstrates a high prevalence of pSSD among people
454 with hypothyroidism who responded to the survey, a tendency to attribute persistent
455 symptoms to hypothyroidism or its treatment and associations between pSSD and
456 negative patient outcomes. SSD may be an important determinant of dissatisfaction
457 with treatment and care among some hypothyroid patients. Our findings require

458 independent confirmation with studies that focus on SSD and address the limitations
459 outlined above. Close collaboration between the disciplines of thyroidology,
460 psychology and sociology is likely to be key in progressing our understanding in this
461 area.

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472 FIGURE LEGENDS**473 Figure 1**

474 Association between **probable** somatic symptom disorder (PHQ-15 score ≥ 10) and
475 respondent characteristics: (a) age, (b) gender, (c) employment, (d) household
476 income, (e) treatment for hypothyroidism, (f) number of comorbidities. The vertical
477 axis shows the proportion (%) of respondents with PHQ-15 score < 10 (white bars)
478 and PHQ-15 score ≥ 10 (black bars), for each grouped category, so that the sum of
479 percentages for each pair of bars (white and black) equals 100. All comparisons
480 between groups were statistically significant at $p < 0.001$. For each pair of bars, the
481 number of observations (n) is provided. L-T4: levothyroxine; L-T3: liothyronine; DTE:
482 desiccated thyroid extract.

483

484 Figure 2

485 Attribution of PHQ-15 symptoms by respondents to hypothyroidism or its treatment.
486 Respondents were asked to indicate if they attributed the symptom to the
487 hypothyroidism or its treatment, or to other causes. Data are shown for those
488 respondents that attributed their symptoms to hypothyroidism or its treatment, by
489 severity of somatization as expressed by the PHQ-15 score < 10 (white bars) and
490 ≥ 10 (black bars). For each pair of bars the number of observations (n) is also
491 provided. Comparison between white and black bars was statistically significant at
492 $p < 0.001$ for all symptoms except “fainting spells” and “pain or problems during
493 intercourse”. The figures in brackets shown in the horizontal axis indicate the number
494 of respondents who had each symptom. The number of valid responses $\chi^2 = 38.7$,
495 $p = 1.97e-8$ (see Table 2) for each symptom is shown in Supplementary Figure 1.

496

497 Figure 3

498 Association between **probable** somatic symptom disorder (PHQ-15 score ≥ 10) and
499 (a) respondent opinion on whether the hypothyroid medication taken controls
500 symptoms of hypothyroidism well, (b) respondent satisfaction with care and
501 treatment for hypothyroidism, (c) impact of hypothyroidism on daily living. The
502 vertical axis shows the proportion (%) of respondents with PHQ-15 score < 10 (white
503 bars) and PHQ-15 score ≥ 10 (black bars). There was an association between
504 somatic symptom and: respondent opinion that the hypothyroid medication did not
505 control the symptoms of hypothyroidism well ($p < 0.001$); dissatisfaction with care and

506 treatment of hypothyroidism ($p < 0.001$); a negative impact of hypothyroidism on daily
507 living ($p < 0.001$). For each pair of bars the number of observations (n) is also
508 provided.

509

510 **Supplementary Figure 1**

511 Flow diagram showing number potentially eligible individuals identified, number
512 confirmed eligible, number included in the study, and number analyzed.

513

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518 Petros Perros: Conceptualization (lead); methodology (equal), supervision (equal),
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520 Laszlo Hegedüs: Conceptualization (equal); funding acquisition (lead), methodology
521 (equal), review & editing (equal).

522 Endre Vezekenyi Nagy: Conceptualization (equal), methodology (equal), review &
523 editing (equal).

524 Enrico Papini: Conceptualization (equal), methodology (equal), -review & editing
525 (equal).

526 Christina Maria Van Der Feltz-Cornelis: methodology (equal); review & editing
527 (equal).

528 Anthony Peter Weetman: review & editing (equal).

529 Harriet Alexandra Hay: Data curation (equal), investigation (equal); methodology
530 (equal), project administration (lead), supervision (equal), review & editing (equal).

531 Juan Abad-Madroñero: Data curation (equal); review & editing (equal), project
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535 Megan Bilas: Investigation (equal), methodology (equal), project administration
536 (equal), supervision (equal), review & editing (equal).

537 Peter Lakwijk: Resources (lead), methodology (equal), review & editing (equal),
538 Investigation (equal)
539 Alan J Poots: Methodology - review & editing (equal); formal analysis (lead), review
540 & editing (equal).

541 **Author disclosure Statement**

542 Petros Perros reports honoraria from IBSA Institut Biochimique SA
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550 Harriet Alexandra Hay reports no competing financial interests.
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561

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TABLE 1
Baseline respondent characteristics.

	n	%
Number of respondents	3516	100
Gender		
Man	164	4.7
Woman	3321	94.5
Prefer to self-identify	13	0.4
Prefer not to say	16	0.5
Missing data	2	0.1
Age		
18-30	236	6.7
31-40	606	17.2
41-50	950	27.0
51-60	850	24.2
Over 60	659	18.7
Missing data	215	6.1
Top 10 Countries by respondent number		
United Kingdom	1250	35.6
France	591	16.8
Sweden	194	5.5
Finland	146	4.2
Australia	136	3.9
Italy	121	3.4
Germany	114	3.2
Norway	102	2.9
United States of America	100	2.8
Canada	104	3.0
Other countries	505	14.4
Missing data	153	4.4
Marital status		

Married/partnership	2320	66.0
Single/divorced	880	25.0
Prefer not to say	58	1.6
Other	39	1.1
Missing data	219	6.2
Employment status		
Working (full time, part time, student, carer)	2526	71.8
Not working	589	16.8
Prefer not to say	55	1.6
Other	127	3.6
Missing data	219	6.2
Ethnic background		
White	3040	86.5
Other	205	5.8
Prefer not to say	52	1.5
Missing data	219	6.2
Years of education		
8 years or less	260	7.4
More than 8 years	2968	84.4
Prefer not to say	71	2.0
Missing data	217	6.2
Household income		
Above average	1044	29.7
Average	1480	42.1
Below average	614	17.5
Prefer not to say	120	3.4
Missing data	258	7.3
Comorbidities		
Median (range)	2 (0-11)	72.8
Missing data	373	10.6
Time since diagnosis of hypothyroidism		

Less than 2 years	357	10.2
Two to 10 years	1294	36.8
More than 10 years	1787	50.8
Don't know / cannot remember	69	2.0
Missing data	9	0.3
Current treatment for hypothyroidism		
Levothyroxine (L-T4)	2665	75.8
Liothyronine (L-T3)	69	2.0
Desiccated Thyroid Extract (DTE)	262	7.5
Levothyroxine (LT-4) + Liothyronine (L-T3)	343	9.8
Missing data	177	5.0
Cause of hypothyroidism		
Hashimoto/autoimmune disease	1282 1290	36.5 36.7
Treatment for Graves' disease or hyperthyroidism	286 326	8.1 9.3
Treatment for thyroid cancer	454 460	12.9 13.1
Treatment for benign goiter	177 219	5.0 6.2
Pregnancy related	136 143	3.9 4.1
Congenital hypothyroidism	51	1.5
Medications	34	1.0
Pituitary disease	31	0.9
Wilson's temperature syndrome	1	0.02
Not known	874	24.6
Variety of other answers provided as free text*	126	3.6
Missing data	4	0.1

*Causes in free text included: "radiation", "radiotherapy", "stress", "viral", "injury to the thyroid", "puberty", "menopause", "eating disorder", "none", "levothyroxine brand switch", "insulin resistance", "endocrine disruption", "fluoridation", "flu vaccine", "gallbladder surgery", "Hereditary", "genetic", "hormonal contraceptive", "allergy", "aging", "leaky gut", "hysterectomy", "mono", "quitting smoking", "sluggish thyroid", "antibiotics", "Yodo", "hypothyroidism".

TABLE 2

Chi-squared analysis for independent variables against PHQ-15 scores <10 and ≥ 10 . The adjusted threshold by Bonferroni method was for the p level of **0.001724** **0.001667**.

Variable	chi	p	Adjusted significance using Bonferroni correction
Gender	44.3	1.28e ⁻⁰⁹	Significant
Age	59.7	5.18e ⁻¹¹	Significant
Marital status	3.1	0.37	Not significant
Employment	62.4	1.76e ⁻¹³	Significant
Ethnic background	9.8	0.007	Not significant
Years of education	5.5	0.06	Not significant
Household income	64.8	2.87e ⁻¹³	Significant
Cause of hypothyroidism	7.9	0.16	Not significant
Treatment for hypothyroidism	38.7	1.97e ⁻⁸	Significant
Number of comorbidities	244.2 343.8	9.41e⁻⁵⁴ 8.32e⁻⁶⁸	Significant
Control of hypothyroidism symptoms by medication	483.6	2.36e ⁻¹⁰³	Significant
Dissatisfaction with overall care and treatment for hypothyroidism	255.2	4.29e ⁻⁵³	Significant
Hypothyroidism has affected everyday activities negatively	499.6	1.03e ⁻¹⁰⁴	Significant
Bothered by anxiety	546.2	8.23e⁻¹²¹	Significant
Bothered by low mood or depression	565.7	4.89e⁻¹²⁵	Significant

TABLE 3

Attribution of respondents' symptoms to hypothyroidism or its treatment.

Respondents who had one or more of the symptoms listed in the PHQ-15 questionnaire (scored as "bothered a little" or "bothered a lot"), were further asked to indicate whether they attributed the symptom to "hypothyroidism or its treatment", or to other causes. Respondents were categorized as not having somatic symptom disorder" (SSD) if their PHQ-15 score was <10 and as having probable SSD (pSSD) if their PHQ-15 score was ≥ 10 . Comparisons in attribution of symptoms were made between respondents with pSSD with those without SSD by chi-squared tests with Bonferroni correction. The chi and p values for the comparisons are shown below. The adjusted threshold by Bonferroni method was for the p level of 0.001724.

Symptom	Attribution of symptom	No SSD (n)	pSSD (n)	chi	P	Adjusted significance using Bonferroni correction
Stomach pain	Hypothyroidism or its treatment	46	458	32.5	1.19e ⁻⁰⁸	Significant
	Other	258	991			
Back pain	Hypothyroidism or its treatment	65	441	52.5	4.39e ⁻¹³	Significant
	Other	439	1070			
Pain in arms, legs or joints (knees, hips, etc)	Hypothyroidism or its treatment	297	1064	80.3	3.20e ⁻¹⁹	Significant
	Other	462	753			
Menstrual cramps or other problems with your	Hypothyroidism or its treatment	51	274	23.2	1.48e ⁻⁰⁶	Significant
	Other	236	557			

periods (women only)						
Headaches	Hypothyroidism or its treatment	100	547	58.4	2.17e ⁻¹⁴	Significant
	Other	440	952			
Chest pain	Hypothyroidism or its treatment	27	341	10.3	0.001	Significant
	Other	79	466			
Dizziness	Hypothyroidism or its treatment	110	662	14.3	0.0001	Significant
	Other	158	564			
Fainting spells	Hypothyroidism or its treatment	13	175	2.3	0.130	Not significant
	Other	20	144			
Feeling the heart pound or race	Hypothyroidism or its treatment	196	835	14.8	0.0001	Significant
	Other	161	427			
Shortness of breath	Hypothyroidism or its treatment	126	712	26.2	3.09e ⁻⁰⁷	Significant
	Other	208	617			
Pain or problems during intercourse	Hypothyroidism or its treatment	49	265	2.8	0.09	Not significant
	Other	93	357			
Constipation, loose bowels, or diarrhea	Hypothyroidism or its treatment	243	909	39.8	2.83e ⁻¹⁰	Significant
	Other	341	687			
Nausea, gas, or indigestion	Hypothyroidism or its treatment	109	743	82.5	1.06e ⁻¹⁹	Significant
	Other	347	806			
Feeling tired or having low	Hypothyroidism or its treatment	685	1528	120.2	5.55e ⁻²⁸	Significant

energy	Other	393	341			
Trouble sleeping	Hypothyroidism or its treatment	266	1010	121.7	2.72e ⁻²⁸	Significant
	Other	476	667			

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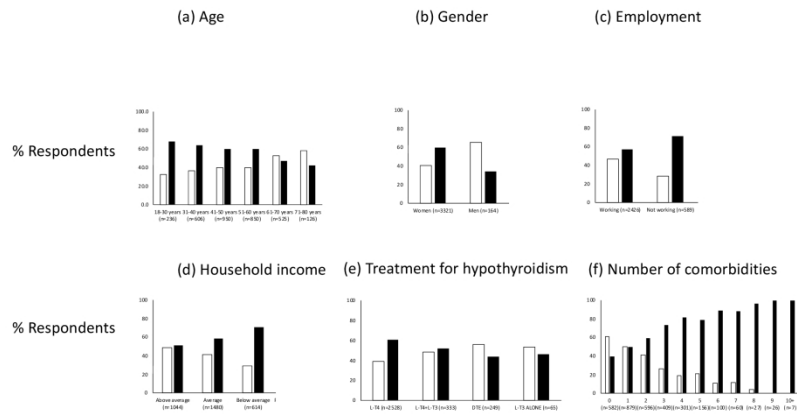


FIGURE 1

Association between probable somatic symptom disorder (PHQ-15 score >10) and respondent characteristics: (a) age, (b) gender, (c) employment, (d) household income, (e) treatment for hypothyroidism, (f) number of comorbidities. The vertical axis shows the proportion (%) of respondents with PHQ-15 score <10 (white bars) and PHQ-15 score >10 (black bars), for each grouped category, so that the sum of percentages for each pair of bars (white and black) equals 100. All comparisons between groups were statistically significant at $p < 0.001$. For each pair of bars, the number of observations (n) is provided. L-T4: levothyroxine; L-T3: liothyronine; DTE: desiccated thyroid extract.

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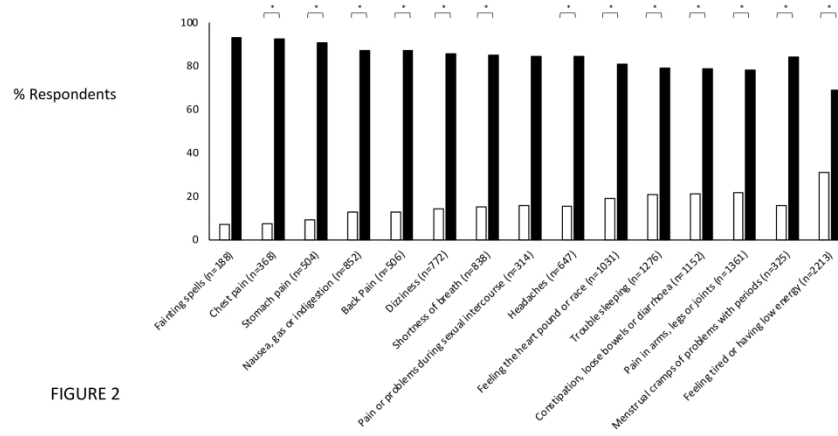


FIGURE 2

Attribution of PHQ-15 symptoms by respondents to hypothyroidism or its treatment. Respondents were asked to indicate if they attributed the symptom to the hypothyroidism or its treatment, or to other causes. Data are shown for those respondents that attributed their symptoms to hypothyroidism or its treatment, by severity of somatization as expressed by the PHQ-15 score <10 (white bars) and >10 (black bars). For each pair of bars the number of observations (n) is also provided. Comparison between white and black bars was statistically significant at $p < 0.001$ for all symptoms except "fainting spells" and "pain or problems during intercourse". The figures in brackets shown in the horizontal axis indicate the number of respondents who had each symptom. The number of valid responses $\chi^2 = 38.7$, $p = 1.97 \times 10^{-8}$ (see Table 2) for each symptom is shown in Supplementary Figure 1.

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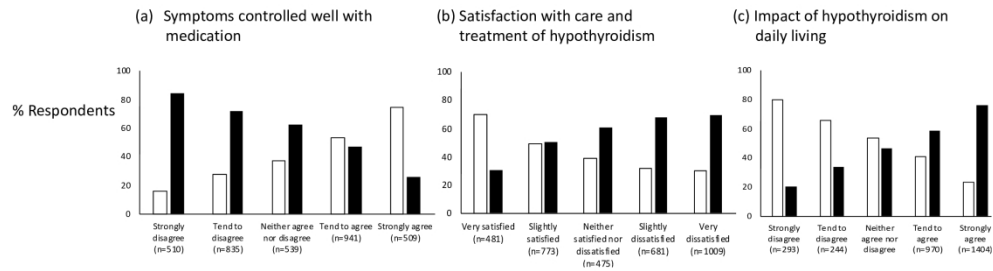


FIGURE 3

Association between probable somatic symptom disorder (PHQ-15 score >10) and (a) respondent opinion on whether the hypothyroid medication taken controls symptoms of hypothyroidism well, (b) respondent satisfaction with care and treatment for hypothyroidism, (c) impact of hypothyroidism on daily living. The vertical axis shows the proportion (%) of respondents with PHQ-15 score <10 (white bars) and PHQ-15 score >10 (black bars). There was an association between somatic symptom and: respondent opinion that the hypothyroid medication did not control the symptoms of hypothyroidism well ($p<0.001$); dissatisfaction with care and treatment of hypothyroidism ($p<0.001$); a negative impact of hypothyroidism on daily living ($p<0.001$). For each pair of bars the number of observations (n) is also provided.

338x190mm (200 x 200 DPI)

SUPPLEMENTARY TABLE S1

Responses to individual components of PHQ-15 among respondents. Each symptom (shown in the left column) was scored as “not bothered at all”, “bothered a little” or “bothered a lot”.

Symptom	Respondents selecting “bothered a little” and “bothered a lot” % (n)
Fainting spells (Missing data n=49)	11.3 (392/3467)
Chest pain (Missing data n=77)	29.8 (1025/3439)
Stomach pain (Missing data n=61)	51.2 (1769/3455)
Nausea, gas or indigestion (Missing data n=30)	62.7 (2185/3486)
Back pain (Missing data n=26)	62.9 (2195/3490)
Dizziness (Missing data n=39)	47.0 (1634/3477)
Shortness of breath (Missing data n=31)	51.8 (1805/3485)
Pain or problems during sexual intercourse (Missing data n=50)	25.1 (870/3466)
Headaches (Missing data n=49)	64.3 (2230/3467)
Feeling the heart pound or race (Missing data n=42)	52.7 (1830/3474)
Trouble sleeping (Missing data n=11)	74.9 (2625/3505)
Constipation, loose bowels or diarrhoea (Missing data n=16)	66.8 (2338/3500)
Pain in arms, legs or joints	75.1 (2619/3489)

<i>(Missing data n=27)</i>	
Menstrual cramps or problems with periods <i>(Missing data n=71; men were excluded)</i>	36.9 (1200/3250)
Feeling tired or having low energy <i>(Missing data n=11)</i>	90.2 (3163/3505)

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SUPPLEMENTARY TABLE 2

Distribution of PHQ-15 scores <10 and ≥ 10 by type of thyroid medication. Chi-squared analysis for the independent variable “treatment for hypothyroidism” against PHQ-15 scores <10 and >10 showed significance (Chi=38.7, $p=1.97e^{-8}$ (see Table 2)).

	PHQ-15 <10 % (n)	PHQ-15 ≥ 10 % (n)
Treatment for hypothyroidism (% , n)		
L-T4 75.8% (2665/3516)	39.2 (1046/2665)	60.8 (1619/2665)
L-T3 alone 2.0% (69/3516)	53.6 (37/69)	46.4 (32/69)
DTE 7.5% (262/3516)	56.1 (147/262)	43.9 (115/262)
Combination of L-T4 and L-T3 9.8% (343/3516)	48.1 (165/343)	51.9 (178/343)
Missing data 5.0% (117/3516)		

Abbreviations: L-T4: levothyroxine; L-T3: liothyronine; DTE: desiccated thyroid extract.

SUPPLEMENTARY TABLE 3

PHQ-15 scores of women and men respondents compared to normative data (34)*.

	E-MPATHY RESPONDENTS	NORMATIVE DATA	p
Women (n=3321)			
Mean (SD)	11.3 (5.8)	6.6 (4.8)	<0.001
Median (range)	11.0 (0-30)	6.0 (0-27)	
95% CI	11.3-11.5	6.4-6.8	
Men (n=164)			
Mean (SD)	7.6 (5.6)	5.0 (4.3)	<0.001
Median (range)	6.0 (0-25)	4.0 (0-28)	
95% CI	6.8-8.5	4.8-5.1	

*General population normative values (34) matched for age and sex were compared to E-MPATHY responses using unpaired t-tests.

Supplementary file. Hypothyroidism questionnaire (English version)

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Hypothyroidism Patient Experience Survey

What is this questionnaire about?

This questionnaire is about your care experiences and support needs as someone who is being treated for **hypothyroidism** (e.g. due to an under-active thyroid, not having a thyroid, or treatments for hyperthyroidism). You may have taken part in the pilot version of this questionnaire a few months ago. Please note that we would still value your input even if you participated in an earlier pilot questionnaire. Results from the survey will be used to better understand the different experiences of those with hypothyroidism. More information is available [here](#).

This questionnaire is sponsored by the pharmaceutical company, IBSA, with the involvement of Thyroid Federation International and an academic board. The purpose is non-commercial and the data will be used for publication in the medical press.

Who is this questionnaire for?

This questionnaire is for adults aged 18 years and over who are being treated for **hypothyroidism**.

Questions or help

If you have any questions about how to complete this questionnaire please email Harriet Hay at take_part@pickereurope.ac.uk and reference 'Hypothyroidism Patient Experience Survey' within the subject line. This survey will take approximately 30 minutes to complete. For ease of completion, we recommend completing this on a computer screen within one session. The care you received may have been impacted by the Coronavirus pandemic. Please answer based on your **typical** experience or according to date ranges mentioned in the question text, excluding any instances where your care may be atypical due to the pandemic. **Taking part in this survey is voluntary. Your answers will be anonymised and treated in confidence.**

You can access the Picker privacy notice for online surveys [here](#).

R1 By completing this questionnaire, you are confirming that you are happy for Picker to use the anonymous data gathered. A summary of this information may be shared publicly for the benefit of others. Are you happy for your data to be shared?

- Yes, I am happy for my data to be shared anonymously (1)
- No, I do not want my data to be shared (2)

R0 If you close the questionnaire before the end of the survey, we would still like to use the responses that you give, even if you do not finish the survey. Are you happy for us to do so?

- Yes, you may use my responses if I only partly complete the survey (1)
- No, you may not use my responses unless I fully complete the survey (2)

End of Block: Cover

Start of Block: Screening 1

Description **About You**

A2 Are you 18 years of age or over?

- Yes (1)
- No (2)

A10 Are you currently taking anything to control symptoms of **hypothyroidism** (e.g. due to an under-active thyroid, not having a thyroid, or treatments for hyperthyroidism)? This may include prescribed medications, non-prescribed medications, and dietary supplements.

- Yes (1)
- No (2)
- Don't Know (99)

End of Block: Screening 1

Start of Block: About You 1

Description **About You**

A3 What is your gender?

- Male (1)
- Female (2)
- Prefer to self-identify (3) _____
- Prefer not to say (4)

A4 Where do you currently live?

▼ Afghanistan (1) ... Zimbabwe (195)

End of Block: About You 1

Start of Block: Diagnosis and Treatment

Description Diagnosis and Treatment

D1 When did you develop **hypothyroidism**?

- Don't Know/ Can't remember (99)
- Within the last year (1)
- More than 1 year but less than 2 years ago (2)
- More than 2 years but less than 5 years ago (3)
- More than 5 years but less than 10 years ago (4)
- More than 10 years ago (5)

D2 What is the likely cause of your **hypothyroidism**?

- Not known (99)
- Hashimoto/autoimmune disease (1)
- Treatment for Graves' disease or hyperthyroidism (2)
- Treatment for thyroid cancer (3)
- Treatment for benign goiter (4)
- Medications (5)
- Pituitary disease (6)
- Congenital disorder (e.g. born without a thyroid or with a defective thyroid) (7)
- Pregnancy related (8)
- Wilson's temperature syndrome (9)
- Other (Please specify) (10) _____

Description TSH stands for Thyroid Stimulating Hormone. A TSH test is a blood test that measures this hormone level.

D3a How long ago was your most recent TSH test?

- Don't know/ Can't remember (99)
- Within the last 2 months (1)
- Between 2-6 months ago (2)
- Between 6-12 months ago (3)
- More than 12 months ago (4)

D3b In what range was your current or most recently measured TSH test?

- Don't Know/ Can't remember (99)
- Under 0.1 (1)
- Between 0.1 and 0.4 (2)
- Over 0.4 but less than 2.5 (3)
- Between 2.5 and 4.0 (4)
- Between 4.0 and 10 (5)
- Between 10 and 20 (6)
- More than 20 (7)

D4 Thinking about your highest ever TSH level, in what range did it fall in?

- Don't Know/ Can't remember (99)
- Under 4.0 (1)
- Between 4.0 and 10 (2)
- Between 10 and 20 (3)
- More than 20 (4)

D5 What are you **currently** taking to treat your **hypothyroidism**? (Please select all that apply).

- Levothyroxine** (e.g. Levoxyl, Synthroid, Euthyrox, Unithroid, Eltroxin, Levothyroid, Tyrosint, L Thyroxine, Levo T, Levoxine, Levothyroxine, T4) (1)
- Liothyronine** (e.g. T3, Cytomel, Triostat, Tertroxin, Thybon) (2)
- Desiccated Thyroid Extract** (e.g. Armour Thyroid, Nature-Throid, NP Thyroid, ERFA Thyroid, Westhroid) (3)
- Dietary supplements (4)
- Other treatment (Please specify) (5) _____
- Don't know/Prefer not to say (99)

D6 Have you ever taken Levothyroxine (e.g. Levoxyl, Synthroid, Euthyrox, Unithroid, Eltroxin, Levothyroid, Tyrosint, L Thyroxine, Levo T, Levoxine, Levothyroxine, T4) to treat your hypothyroidism?

- Yes (1)
- No (2)
- Don't know/can't remember (99)

D7 How long did you take Levothyroxine (e.g. Levoxyl, Synthroid, Euthyrox, Unithroid, Eltroxin, Levothyroid, Tyrosint, L Thyroxine, Levo T, Levoxine, Levothyroxine, T4)?

- Less than 1 year (1)
- More than 1 year but less than 2 years (2)
- More than 2 years but less than 5 years (3)
- More than 5 years but less than 10 years (4)
- 10 years or more (5)
- Don't know/can't remember (99)

D8 How long have you been taking Levothyroxine (e.g. Levoxyl, Synthroid, Euthyrox, Unithroid, Eltroxin, Levothyroid, Tyrosint, L Thyroxine, Levo T, Levoxine, Levothyroxine, T4)?

- Less than 1 year (1)
- More than 1 year but less than 2 years (2)
- More than 2 years but less than 5 years (3)
- More than 5 years but less than 10 years (4)
- 10 years or more (5)
- Don't know/can't remember (99)

D9 What is the primary reason why you stopped taking Levothyroxine (e.g. Levoxyl, Synthroid, Euthyrox, Unithroid, Eltroxin, Levothyroid, Tyrosint, L Thyroxine, Levo T, Levoxine, Levothyroxine T4)? (Please select all that apply).

- I wanted to take something more natural (1)
- I needed to change treatments due to a history of thyroid cancer (2)
- Levothyroxine wasn't controlling my symptoms well (3)
- Levothyroxine was interacting with other medications I take (4)
- I was experiencing unpleasant side effects (5)
- To avoid an ingredient in the medication (e.g. gelatine, lactose) (6)
- I was advised by my doctor to do so (7)
- Other (please specify) (8) _____
- Don't know/can't remember (99)

End of Block: Diagnosis and Treatment

Start of Block: Medication

Description **Medication**

M1 In what form do you **currently** take your Levothyroxine (e.g. Levoxyl, Synthroid, Euthyrox, Unithroid, Eltroxin, Levothyroid, Tyrosint, L Thyroxine, Levo T, Levoxine, Levothyroxine, T4)?

- Tablets (1)
- Capsules (2)
- Soft gels (3)
- Liquid (4)
- Don't Know (99)

M2 How many times do you take your Levothyroxine (e.g. Levoxyl, Synthroid, Euthyrox, Unithroid, Eltroxin, Levothyroid, Tyrosint, L Thyroxine, Levo T, Levoxine, Levothyroxine, T4)?

- Once a day (1)
- Twice a day (2)
- Three times per day (3)
- More than three times per day (4)
- Once a week (5)
- Other (Please specify) (6) _____
- Don't know (99)

M28 How many times do you take your Liothyronine (e.g. Cytomel, Triostat, Tertroxin, Thybon)?

- Once a day (1)
- Twice a day (2)
- Three times per day (3)
- More than three times per day (4)
- Other (Please specify) (5) _____

M29 How many times do you take your Desiccated Thyroid Extract (e.g. Armour Thyroid, Nature-Throid, NP Thyroid, ERFA Thyroid, Westhroid)?

- Once a day (1)
- Twice a day (2)
- Three times per day (3)
- More than three times per day (4)
- Other (Please specify) (5) _____

M25 Do you **currently** take alternate doses of your Levothyroxine medication (e.g. Levoxyl, Synthroid, Euthyrox, Unithroid, Eltroxin, Levothyroid, Tyrosint, L Thyroxine, Levo T, Levoxine, Levothyroxine, T4)?

For example, you might take 100 micrograms (mcg) on one day and 75 micrograms (mcg) the next day.

- Yes (1)
- No (2)
- Don't Know/can't remember (99)

M26 What is the total dose you are **supposed to take** each day you have your Levothyroxine (e.g. Levoxyl, Synthroid, Euthyrox, Unithroid, Eltroxin, Levothyroid, Tyrosint, L Thyroxine, Levo T, Levoxine, Levothyroxine, T4)?

(If you only take your dose once a week, please provide the weekly dosage).

- Dose (enter number below in micrograms) (1) _____
- Don't know/can't remember (99)

M27 You said that you take alternate doses when you have your Levothyroxine.

What are the two doses you are **supposed to take** each time you have your Levothyroxine (e.g. Levoxyl, Synthroid, Euthyrox, Unithroid, Eltroxin, Levothyroid, Tyrosint, L Thyroxine, Levo T, Levoxine, Levothyroxine, T4)?

- First dose (enter number below in micrograms) (1)

- Second dose (enter number below in micrograms) (2)

- Don't Know/can't remember (99)

M14 What is the total dose you are **supposed to take** each day you have your Liothyronine (e.g. Cytomel, Triostat, Tertroxin, Thybon)?

- Less than 5 micrograms (1)
- 5-20 micrograms (2)
- 21-60 micrograms (3)
- 61-120 micrograms (4)
- More than 121 micrograms (5)

M15 What is the total number of grains/tablets you are **supposed to take** each day you have your Dessicated Thyroid Extract (e.g. Armour Thyroid, Nature-Throid, NP Thyroid, ERFA Thyroid, Westhroid)?

- Don't Know/can't remember (99)
- Less than 1 grain/tablet (1)
- 1 -2 grains/tablets (2)
- 2.25 - 3 grains/tablets (3)
- 3.25 grains/tablets or more (4)

M17 In the **past 12 months**, how many times has the dose of your hypothyroidism medication been adjusted?

- Never (1)
- Once (2)
- Twice (3)
- Three times (4)
- Four times (5)
- Five times or more (6)
- Don't know/can't remember (99)

M18 Thinking about taking your **hypothyroidism medication** in the **past 12 months**, how burdensome (if at all) have any of the following been?

Please select one option from each row. Select 'This does not apply to me' if you do not need to follow the guideline. Some statements may or may not apply to you. Select 'Not burdensome at all' if you do need to follow the guideline but do not find it burdensome.

	This does not apply to me (98)	Not burdensome at all (1)	Slightly burdensome (2)	Moderately burdensome (3)	Extremely burdensome (4)
Making sure that I take the correct dose at the right time (M18a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making sure that I take the dose on an empty stomach (M18b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making sure that I avoid drinking anything other than water for 30 minutes before and after taking my medication (M18c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making sure that I do not take any other medications that could interfere with my hypothyroidism medication (M18d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needing to alternate doses in order to get the right amount of levothyroxine (M18e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needing to split tablets in order to get the right dose (M18f)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

M19 Still thinking about taking your **hypothyroidism medication** in the **past 12 months**, how burdensome (if at all) have any of the following been? Please select one option from each row. Select 'This does not apply to me' if you do not need to follow the guideline. Some statements may or may not apply to you. Select 'Not burdensome at all' if you do need to follow the guideline but do not find it burdensome.

	This does not apply to me (98)	Not burdensome at all (1)	Slightly burdensome (2)	Moderately burdensome (3)	Extremely burdensome (4)
Keeping track of my different hypothyroidism medications (M19a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having difficulty taking my medication because it tastes bad/does not look appealing (M19b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experiencing problems getting prescriptions from my doctor (M19c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making sure that I am getting blood tests done to make sure I am taking the right dose (M19d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting used to taking a different dose of my medication (M19e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

M20 How often do you **typically miss or skip** taking a dose of your **hypothyroidism medication**?

- Most days (1)
- A few times per week (2)
- Once a week (3)
- A few times per month (4)
- Once a month (5)
- A few times per year (6)
- Never (7)

M21 Why have you missed or skipped taking your medication? (Please select all that apply).

- I forgot (1)
- My routine was disrupted / I did not have the medication with me (2)
- I could not meet the food/drink requirements (3)
- I experienced unpleasant side effects (4)
- I wanted to avoid an ingredient in the medication (e.g. gelatine, lactose) (5)
- I didn't have any symptoms (6)
- I was afraid the medication would interact with other medication I had to take (7)
- I didn't think that the medication was working (8)
- I was feeling too ill to take it (9)
- I had concerns due to pregnancy (10)
- I ran out of medication (11)
- I needed additional information or support to take my medication (12)
- I could not afford the medication (13)
- Other (please specify) (14) _____

M22 How often do you **typically take more** of your **hypothyroidism medication** than what you have been prescribed?

- Most days (1)
- A few times per week (2)
- Once a week (3)
- A few times per month (4)
- Once a month (5)
- A few times per year (6)
- Never (7)

M23 Why have you taken more of your hypothyroidism medication than what you have been prescribed? (Please select all that apply)

- I missed a dose and had to take more later (1)
- I forgot that I had already taken a dose and took it again (2)
- I felt like I needed to take more to control my symptoms (3)
- I had difficulty knowing how much to take (4)
- Other (please specify) (5) _____

M24 To what extent, if at all, do you agree or disagree with the following statements? (Please select one option from each row).

	Strongly agree (1)	Tend to agree (2)	Neither agree nor disagree (3)	Tend to disagree (4)	Strongly disagree (5)
My hypothyroidism medication controls my symptoms well (M24a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My hypothyroidism medication is convenient to take (M24b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Medication

Start of Block: Treatment Expectations

Description **Treatment Expectations**

T1 When you first started taking levothyroxine for hypothyroidism, did you expect that your overall health would...

- Improve significantly (1)
- Improve slightly (2)
- Be about the same (3)
- I did not have any expectations (4)
- Don't know/can't remember (99)

T2 After you started taking levothyroxine for hypothyroidism, when did you expect the treatment to start working?

- Immediately (1)
- Within 1 - 3 months (2)
- Within 4 - 12 months (3)
- Within 13 months - 2 years (4)
- I did not have any expectations (5)
- Don't know/can't remember (99)

T3 How concerned were you about weight gain before starting treatment for hypothyroidism?

- Very concerned (1)
- Moderately concerned (2)
- A little concerned (3)
- Not at all concerned (4)
- Don't know/can't remember (99)

T4 How concerned are you about weight gain now?

- Very concerned (1)
- Moderately concerned (2)
- A little concerned (3)
- Not at all concerned (4)

T5A Thinking about your treatment for hypothyroidism, how did the introduction of $\{D5/ChoiceDescription/2\}$ make you feel?

- Very satisfied compared to before (1)
- A little more satisfied than before (2)
- Neither satisfied nor dissatisfied (3)
- A little less satisfied than before (4)
- Very dissatisfied compared to before (5)
- Don't know (99)

T5B Thinking about your treatment for hypothyroidism, how did the introduction of $\{D5/ChoiceDescription/2\}$ or $\{D5/ChoiceDescription/3\}$ make you feel?

- Very satisfied compared to before (1)
- A little more satisfied than before (2)
- Neither satisfied nor dissatisfied (3)
- A little less satisfied than before (4)
- Very dissatisfied compared to before (5)
- Don't know (99)

T5C Thinking about your treatment for hypothyroidism, how did the introduction of $\{D5/ChoiceDescription/3\}$ make you feel?

- Very satisfied compared to before (1)
- A little more satisfied than before (2)
- Neither satisfied nor dissatisfied (3)
- A little less satisfied than before (4)
- Very dissatisfied compared to before (5)
- Don't know (99)

End of Block: Treatment Expectations

Start of Block: Other conditions and medications

Description **Other conditions and medications**

C1 Do you have a current diagnosis of any of the following conditions? (Please select all that apply).

- No long-term condition (17)
- Autoimmune disease (other than thyroid) (1)
- Heart disease (e.g. angina, coronary artery disease, congenital heart disease) (2)
- Lung disease (e.g. asthma, COPD) (3)
- Diabetes (4)
- Joint problem (e.g. arthritis or other rheumatic disease) (5)
- Osteoporosis (6)
- Bone/muscle disease (e.g. fibromyalgia) (7)
- Gastrointestinal (GI) disease (e.g. irritable bowel syndrome, celiac disease) (8)
- Mental health condition (e.g. depression, anxiety) (9)
- Cancer (10)
- Chronic pain (e.g. back pain) (11)
- Fatigue syndrome (e.g. chronic fatigue, myalgic encephalomyelitis) (12)
- Adrenal disease (e.g. adrenal fatigue, Addison's disease) (13)
- Food allergy (e.g. gluten intolerance) (14)
- Sleep apnoea (15)
- Other long-term condition (16)

C2 Do you take prescribed medications for any condition other than hypothyroidism?

- Yes (1)
- No (2)

C3 In addition to hypothyroidism, how many conditions do you take prescribed medicine for?

▼ 1 (1) ... Over 10 (11)

End of Block: Other conditions and medications

Start of Block: Health Status

Description **Health Status**

H1 In a **typical** week, how many hours do you spend doing physical activity, which is enough to raise your breathing rate? (This may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places, but should NOT include housework or physical activity that may be part of your job).

- None (1)
- Less than 1 hour a week (2)
- 1 to 3 hours a week (3)
- 3 to 6 hours a week (4)
- 6 to 10 hours a week (5)
- 10 to 15 hours a week (6)
- More than 15 hours a week (7)

H2 Given your age and height, would you say that you are about the right weight, too heavy, or too light?

- I am about the right weight (2)
- I am too heavy (3)
- I am too light (1)
- Don't know (99)

H3 During the **past 4 weeks**, how much have you been bothered by any of the following problems?

	Not bothered at all/Not applicable (0)	Bothered a little (1)	Bothered a lot (2)
Stomach pain (H3a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory problems (H3b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight loss (H3c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menstrual cramps or other problems with your periods (H3d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sensitivity to the cold (H3e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shaking, usually of the hands (H3f)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches (H3g)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry/itchy skin (H3h)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flushing or sweating a lot (H3i)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest pain (H3j)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pins and needles in the fingers and hands (H3k)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood swings (H3l)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling your heart pound or race (H3m)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H4 You mentioned that you were bothered by the following problems during the **past 4 weeks**. What do you think is the **main cause or causes** of each of these problems?

	My hypothyroidism or side effects from my hypothyroidism medication (1)	Another condition or its medication (2)	Ageing (3)	Lifestyle (e.g. diet, exercise, work) (4)	Short term illness (e.g. cold/flu/allergies) (5)	Other (6)	Don't know (99)
Stomach pain (H4a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory problems (H4b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight loss (H4c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menstrual cramps or other problems with your periods (H4d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to the cold (H4e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shaking, usually of the hands (H4f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headaches (H4g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry/itchy skin (H4h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flushing or sweating a lot (H4i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chest pain
(H4j)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Pins and
needles in
the fingers
and hands
(H4k)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Mood
swings
(H4l)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Feeling
your heart
pound or
race (H4m)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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H5 During the **past 4 weeks**, how much have you been bothered by any of the following problems?

	Not bothered at all/Not applicable (0)	Bothered a little (1)	Bothered a lot (2)
Weight gain (H5n)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritability (H5o)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation, loose bowels, or diarrhoea (H5p)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slow speech, movements, or thoughts (H5q)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having low energy (H5r)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low mood or depression (H5s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety (H5t)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble sleeping (H5u)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty concentrating (H5v)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervousness (H5w)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back pain (H5x)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry hair/nails (H5y)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling restless (H5z)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H6 You mentioned that you were bothered by the following problems during the past 4 weeks . What do you think is the main cause or causes of each of these problems?	My hypothyroidism or side effects from my hypothyroidism medication (1)	Another condition or its medication (2)	Ageing (3)	Lifestyle (e.g. diet, exercise, work) (4)	Short term illness (e.g. cold/flu/allergies) (5)	Other (6)	Don't know (99)
Weight gain (H6n)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritability (H6o)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constipation, loose bowels, or diarrhea (H6p)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slow speech, movements, or thoughts (H6q)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling tired or having low energy (H6r)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low mood or depression (H6s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety (H6t)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble sleeping (H6u)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty concentrating (H6v)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervousness (H6w)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Back pain
(H6x)

Dry hair/nails
(H6y)

Feeling
restless
(H6z)

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H7 During the **past 4 weeks**, how much have you been bothered by any of the following problems?

	Not bothered at all/Not applicable (0)	Bothered a little (1)	Bothered a lot (2)
Pain in your arms, legs, or joints (knees, hips, etc.) (H7a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hoarse/croaky voice (H7b)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Thinning hair (H7c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness (H7d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puffy face/bags under eyes (H7e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low sex drive (H7f)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fainting spells (H7g)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing loss (H7h)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle weakness/cramps/aches (H7i)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath (H7j)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea, gas, or indigestion (H7k)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain or problems during sexual intercourse (H7l)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H8 You mentioned that you were bothered by the following problems during the **past 4 weeks**. What do you think is the **main cause or causes** of each of these problems?

	My hypothyroidism or side effects from my hypothyroidism medication (1)	Another condition or its medication (2)	Ageing (3)	Lifestyle (e.g. diet, exercise, work) (4)	Short term illness (e.g. cold/flu/allergies) (5)	Other (6)	Don't know (99)
Pain in your arms, legs, or joints (knees, hips, etc.) (H8a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoarse/croaky voice (H8b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinning hair (H8c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness (H8d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puffy face/bags under eyes (H8e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low sex drive (H8f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fainting spells (H8g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing loss (H8h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle weakness/cramps/aches (H8i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath (H8j)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea, gas, or indigestion (H8k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain or problems during sexual intercourse (H8l)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

End of Block: Health Status

Start of Block: Healthcare Staff

S5 Have you been seen by healthcare staff in the past 12 months about your hypothyroidism?

- Yes (1)
- No (2)

Description

Healthcare Staff

Thinking about the care you have received for your hypothyroidism over the **past 12 months from the healthcare staff who you primarily see for your thyroid...**

S1

Do you have confidence and trust in the healthcare staff treating your hypothyroidism?

- Yes, always (1)
- Yes, sometimes (2)
- No (3)

S2

Do the healthcare staff that you see for your hypothyroidism know enough about the condition?

- Yes, definitely (1)
- Yes, to some extent (2)
- No (3)

S3

Do you have enough time to talk and interact with healthcare staff about your hypothyroidism?

- Yes, definitely (1)
- Yes, to some extent (2)
- No (3)

S4

Do healthcare staff talk to you about your care and treatment in a way that you can understand?

- Yes, definitely (1)
- Yes, to some extent (2)
- No (3)

End of Block: Healthcare Staff

Start of Block: Managing your condition

Description **Managing your condition**

Thinking about managing your condition over the **past 12 months...**

SM1 Have you been given enough information about when and how to take your hypothyroidism medication?

- Yes, enough information (1)
- Some, but not enough information (2)
- Little or no information (3)
- I did not need any information (4)

SM2 Have you been given enough information about the side effects of your hypothyroidism medication and any interactions with other medications and supplements?

- Yes, enough information (1)
- Some, but not enough information (2)
- Little or no information (3)
- I did not need any information (4)

SM3 Are you involved enough in decisions about your condition and treatment?

- Yes, definitely (1)
- Yes, to some extent (2)
- No, but I would like this (3)
- I do not want or need to be (4)

End of Block: Managing your condition

Start of Block: Overall Satisfaction

Description **Overall Satisfaction**

O1 How satisfied are you with the overall care and treatment you have received for your hypothyroidism?

- Very satisfied (1)
- Slightly satisfied (2)
- Neither satisfied nor dissatisfied (3)
- Slightly dissatisfied (4)
- Very dissatisfied (5)
- Don't know (99)

End of Block: Overall Satisfaction

Start of Block: Quality of Life

Description **Quality of Life**

*The care you received may have been impacted by the Coronavirus pandemic. Please answer based on your **typical** experience or according to date ranges mentioned in the question text, excluding any instances where your care may be atypical due to the pandemic.*

Thinking about how your **hypothyroidism** has affected your day-to-day life in the **past 12 months**...

Q1 To what extent, if at all, do you agree or disagree with each of the following statements? (Please select one option from each row).

	Strongly agree (1)	Tend to agree (2)	Neither agree nor disagree (3)	Tend to disagree (4)	Strongly disagree (5)	Don't know/can't recall (99)	This does not apply to me (98)
My hypothyroidism has affected everyday activities that people my age usually do (e.g. exercise, household chores, etc.) (Q1a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing treatment or medications for my hypothyroidism has had a significant impact on my day-to-day life (Q1b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My hypothyroidism has negatively impacted on my holiday/vacation/travel plans (Q1c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been unable to work/had to change my job or working pattern because of my hypothyroidism (Q1d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My hypothyroidism has had a negative impact on my financial situation (Q1e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q2 Still thinking about the **past 12 months**...

To what extent, if at all, do you agree or disagree with each of the following statements? (Please select one option from each row)

	Strongly agree (1)	Tend to agree (2)	Neither agree nor disagree (3)	Tend to disagree (4)	Strongly disagree (5)	Don't know/can't recall (99)	This does not apply to me (98)
My hypothyroidism has created problems with my partner, close friends or relatives (Q2a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My hypothyroidism has had a negative impact on my social life (Q2b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My hypothyroidism has negatively impacted on my confidence and self-esteem (Q2c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Quality of Life

Start of Block: Personality

Description

Personality

We are interested in exploring whether there is any relationship between hypothyroidism and certain personality traits.

Below are a number of statements that people often use to describe themselves. Please read each statement and then choose the most appropriate answer.

There are no right or wrong answers: Your own impression is the only thing that matters.

*Some statements may be affected by social distancing measures due to the Coronavirus pandemic. Please answer based on your **typical** experience, not based on measures you may have needed to take due to the pandemic.*

P1 I make contact easily when I meet people

- False (0)
- Rather false (1)
- Neutral (2)
- Rather true (3)
- True (4)

P2 I often make a fuss about unimportant things

- False (0)
- Rather false (1)
- Neutral (2)
- Rather true (3)
- True (4)

P3 I often talk to strangers

- False (0)
- Rather false (1)
- Neutral (2)
- Rather true (3)
- True (4)

P4 I often feel unhappy

- False (0)
- Rather false (1)
- Neutral (2)
- Rather true (3)
- True (4)

P5 I am often irritated

- False (0)
- Rather false (1)
- Neutral (2)
- Rather true (3)
- True (4)

P6 I often feel inhibited in social interactions

- False (0)
- Rather false (1)
- Neutral (2)
- Rather true (3)
- True (4)

P7 I take a gloomy view of things

- False (0)
- Rather false (1)
- Neutral (2)
- Rather true (3)
- True (4)

P8 I find it hard to start a conversation

- False (0)
- Rather false (1)
- Neutral (2)
- Rather true (3)
- True (4)

P9 I am often in a bad mood

- False (0)
- Rather false (1)
- Neutral (2)
- Rather true (3)
- True (4)

P10 I am a closed kind of person

- False (0)
- Rather false (1)
- Neutral (2)
- Rather true (3)
- True (4)

P11 I would rather keep other people at a distance

- False (0)
- Rather false (1)
- Neutral (2)
- Rather true (3)
- True (4)

P12 I often find myself worrying about something

- False (0)
- Rather false (1)
- Neutral (2)
- Rather true (3)
- True (4)

P13 I am often down in the dumps

- False (0)
- Rather false (1)
- Neutral (2)
- Rather true (3)
- True (4)

P14 When socializing, I don't find the right things to talk about

- False (0)
- Rather false (1)
- Neutral (2)
- Rather true (3)
- True (4)

End of Block: Personality

Start of Block: Information about Hypothyroidism

Q135

Information

We are interested in exploring your views on topics that often appear within patient forums.

*Some statements may be affected by social distancing measures due to the Coronavirus pandemic. Please answer based on your **typical** experience, not based on measures you may have needed to take due to the pandemic.*

I1 Please indicate whether you think the following statements are true or false. Please answer based on your own opinion. Note that the following statements **ARE NOT** medical statements. You should always follow the advice of your doctor. Experts have varying opinions about the statements that follow. We would like to hear yours.

	True (1)	False (2)	Don't know (99)
Untreated hypothyroidism can cause daily fluctuations of symptoms (I1a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A patient with a normal thyroid blood test does not need to be treated with thyroid hormones (even if they have positive thyroid antibodies and symptoms) (I1b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's safe to be slightly over-treated with thyroid hormones (e.g. having a TSH below the normal range) (I1c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Body temperature is the best method for diagnosing hypothyroidism (I1d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most patients with untreated hypothyroidism also have problems with their adrenal glands (I1e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q124

The correct answers to the questions that you were asked about on the previous page are below.

TITLE	ANSWER	Untreated hypothyroidism can cause daily fluctuations of symptoms	FALSE	A
patient with a normal thyroid blood test does not need to be treated with thyroid hormones (even if they have positive thyroid antibodies and symptoms)	TRUE	It's safe to be slightly over-treated with thyroid hormones (e.g. having a TSH below the normal range)	FALSE	Body temperature is the best method for diagnosing
hypothyroidism	FALSE	Most patients with untreated hypothyroidism also have problems with their adrenal glands	FALSE	

I2 Please indicate whether you think the following statements are true or false. Please answer based on your own opinion. Note that the following statements **ARE NOT** medical statements. You should always follow the advice of your doctor. Experts have varying opinions about the statements that follow. We would like to hear yours.

	True (1)	False (2)	Don't know (99)
Hypothyroid patients need to take iodine supplements even if they are already taking thyroid hormone (I2a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having untreated hypothyroidism weakens the immune system and makes people prone to infection (I2b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypothyroid patients can lose weight if adequately treated (I2c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You can manage your hypothyroidism without medication, just by watching what you eat (I2d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypothyroidism is an infectious disease (I2e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q125

The correct answers to the questions that you were asked about on the previous page are below.

TITLE	ANSWER	
Hypothyroid patients need to take iodine supplements even if they are already taking thyroid hormone	FALSE	Having untreated hypothyroidism weakens the immune system and makes people prone to infection
FALSE		Hypothyroid patients can lose weight if adequately treated
TRUE		You can manage your hypothyroidism without medication, just by watching what you eat
FALSE		Hypothyroidism is an infectious disease
FALSE		

I3 To what extent do you use social media and the internet to find out information about your **hypothyroidism**?

- Daily (1)
- Once or twice a week (2)
- Once a month (3)
- Less than once a month (4)
- Never (5)

End of Block: Information about Hypothyroidism

Start of Block: About you 2

Description **About you**

Q123 How old are you?

- 18-30 years (1)
- 31-40 years (2)
- 41-50 years (3)
- 51-60 years (4)
- 61-70 years (5)
- 71-80 years (6)
- 81 years or over (7)

A5 Please indicate your household status.

- Married/in a civil partnership/living with a partner (1)
- Single/divorced/widowed and living alone (2)
- Single/divorced/widowed and living with others (e.g. my parents, my children, and/or other adults) (3)
- Other (Please specify) (4) _____
- Prefer not to say (5)

A6 Which statement best describes your employment status? If you are retired, disabled, or a student and are also working, then please choose the option 'Working (full time or part time)'.

- Working (full time, part time) (1)
- On maternity/parental leave (2)
- Not working - looking for work (3)
- Not working - retired (4)
- Not working - disabled/ on long-term sickness (5)
- Not working - Other (6)
- Full time carer (7)
- Student (8)
- Prefer not to say (9)
- Other (Please specify (10) _____

A7 Which of these best describes your ethnic background?

- White (1)
- Mixed/multiple ethnic groups (2)
- Asian (3)
- Black/African/Afro-Caribbean (4)
- Middle Eastern/Arab (5)
- Latino (descended from Latin America) (6)
- Native American/Pacific Islander (7)
- Other (Please specify (8) _____
- Prefer not to say (9)

A8 How many years of education have you obtained? (Please include all education from primary/elementary through any secondary, vocational, university, and post-graduate education).

- Under 4 years (1)
- 4-8 years (2)
- 9-12 years (3)
- 13-16 years (4)
- 17-20 years (5)
- Over 20 years (6)
- Prefer not to say (7)

A9 How would you rate your household economic status (e.g. income, living conditions) compared to your country's average?

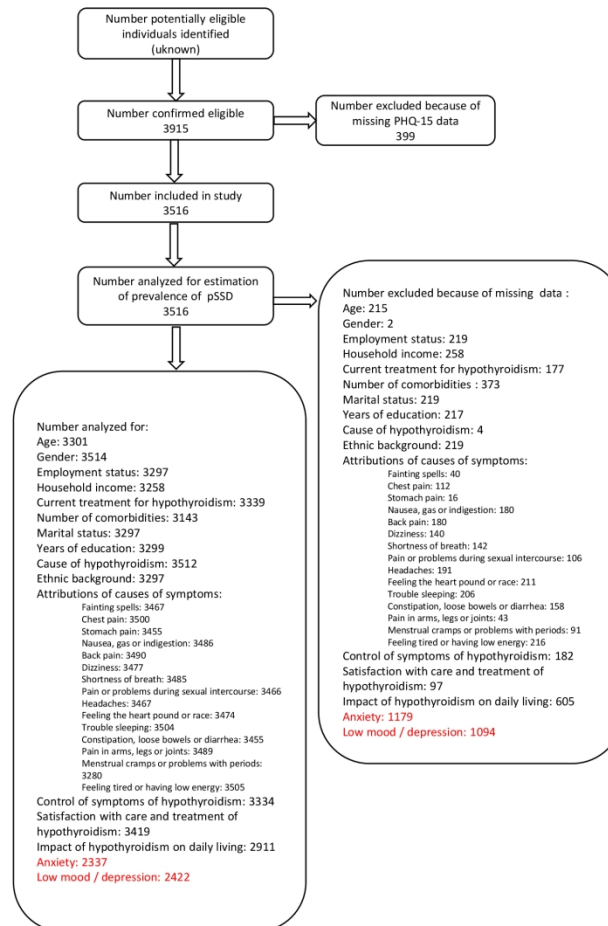
- Well above average (1)
- Above average (2)
- Average (3)
- Below average (4)
- Well below average (5)
- Don't know (6)
- Prefer not to say (7)

End of Block: About you 2

Start of Block: Optional Feedback

E1 If you would like to share any additional thoughts or feedback about your hypothyroidism treatment and care, please enter your comments in the box below.

Otherwise, please click to the next page in order to submit your responses and complete this survey.



Supplementary Figure 1

Flow diagram showing number potentially eligible individuals identified, number confirmed eligible, number included in the study, and number analyzed.

190x338mm (200 x 200 DPI)