THYRDEL

Observational study on the management of hyperthyroidism in France

Initial Questionnaire

Verification of the Patient Eligibility Criteria

Inclusion criteria	Yes	No
Adult patients (age ≥18 years) seen in consultation, diagnosed with hyperthyroidism, whether a first episode or relapse after treatment	1☐	2☐
Patient in whom treatment (medication, surgery, Iodine-131 ...) for hyperthyroidism was initiated within 4 months prior to inclusion	1☐	2☐
Patient having given his/her verbal agreement	1☐	2☐

If one of the answers is negative, the patient cannot be included in the study

Exclusion criteria	Yes	No
Patient enrolled in a clinical trial or having participated in a clinical trial during the last 4 months	1☐	2☐
Patient at significant risk of not being able to be followed up to the next thyroid hormone assay (FT3, FT4 and TSH) (move, disease affecting short-term prognosis ...).	1☐	2☐

If one of the answers is positive, the patient cannot be included in the study

1. **Date of the appointment (dd/mm/yyyy):** |__|__|/|__|__|/|__|__|__|__|

2. **Date of diagnosis of hyperthyroidism or relapse (dd/mm/yyyy):** |__|__|/|__|__|/|__|__|__|__|

General Patient Characteristics

3. **Gender of the patient**: 1☐ Female 2☐ Male

   If female, current pregnancy?: 1☐ Yes 2☐ No

4. **Age of the patient**: |__|__| years

5. **Weight**: |__|__|__| kg

6. **Height**: |__|__|__| cm

7. **Is the patient being treated jointly by another doctor for his/her hyperthyroidism or is joint treatment with another doctor planned?** 1☐ Yes 2☐ No

   If yes, specify by whom: 1☐ General Practitioner 2☐ Specialist, specify: _____

8. **Smoking:** 1☐ Current smoker 2☐ Ex-smoker 3☐ Has never smoked

   If the patient is a "current smoker" please specify the following:

   Number of cigarettes per day: |__|__|

   Length of smoking (*in months OR years*): |__|__|__| months OR |__|__| years

Clinical Data

9. Circumstances of the diagnosis of hyperthyroidism:

1☐ Presence of clinical signs

2☐ Systematic check-up or screening

Doctor having asked for the check-up:

1☐ The study doctor

2☐ A General Practitioner

3☐ Another specialist, **specify**: _____

3☐ Other, specify: _____

10. Etiology of the hyperthyroidism:

1☐ Grave's disease

2☐ Toxic adenoma

3☐ Multinodular goiter

4☐ Thyroiditis, **specify:**_____

5☐ Iatrogenic origin

1☐ amiodarone

2☐ contrast medium

3☐ interferon

4☐ Other, **specify**: _____

6☐ Other, specify _____

11. Functional signs of hyperthyroidism at diagnosis:

1☐ Palpitations

1☐ Asthenia

1☐ Digestive symptoms (rapid transit)

1☐ Thermophobia, polydipsia, excessive sweating

1☐ Sleep disorders

1☐ Other, **specify**: _____

12. Physical signs of hyperthyroidism at diagnosis:

1☐ Heart rhythm disorders, atrial fibrillation or other

1☐ Weight loss |__|__| kg

1☐ Tachycardia: |__|__|__| beats/minute

1☐ Visible goiter

1☐ Other, specify: _____

13. **Is the patient currently experiencing a relapse**? 1☐ Yes 2☐ No

If Yes,

Date of diagnosis of first episode |__|__|/|__|__|__|__|

Number of relapses since the first episode (including the current episode): |__| relapses

Treatment of the last episode (several answers possible)

- Synthetic antithyroid medication 1☐ Yes 2☐ No
  - **If yes:** Name of the antithyroid drug: _____

    Dosage: |__|__| mg/day |__| doses/day

    Length of treatment: |__|__| months
- Radioactive iodine 1☐ Yes 2☐ No
- Surgery 1☐ Yes 2☐ No

Complications of hyperthyroidism

14. **Presence of ophthalmopathy:** 1☐ Yes 2☐ No
    - If yes, does it require management by an ophthalmologist 1☐ Yes 2☐ No

15. **Presence of a heart condition requiring special management due to hyperthyroidism:** 1☐ Yes 2☐ No

If yes, specify: 1☐ Decompensation of pre-existing heart disease

1☐ Atrial fibrillation

1☐ Other: Specify _ _____

Additional thyroid tests

16. Thyroid hormone assays having led to the diagnosis of hyperthyroidism

Assay	Assay carried out	Date of the assay (dd/mm/yyyy)	Assay results	Maximum normal value
TSH	1☐ Yes 2☐ No	|__|__|/|__|__|/|__|__|__|__|	|__|,|__||__| mu/l	
Free T4	1☐ Yes 2☐ No	|__|__|/|__|__|/|__|__|__|__|	|__|__|,|__|__| ng/l |__|__|,|__| pmol/l	|__|__|,|__|__| ng/l |__|__|,|__| pmol/l
Free T3	1☐ Yes 2☐ No	|__|__|/|__|__|/|__|__|__|__|	|__|__|,|__| ng/l |__|__|,|__| pmol/l	|__|__|,|__| ng/l |__|__|,|__| pmol/l

17. Does the patient have or will he/she be given a prescription to carry out laboratory and/or radiological tests during the initial management of his/her hyperthyroidism or relapse?

1☐ Yes 2☐ No

If yes, specify which:

- Assay of anti-TSH receptor antibodies 1☐ Yes 2☐ No

Date of the assay (dd/mm/yyyy)	Assay results	Interpretation of the assay
|__|__|/|__|__|/|__|__|__|__|	|__|__|__| mU/l |__|__|__| µU/ml	☐ positive ☐ negative

- Assay of anti-TPO antibodies 1☐ Yes 2☐ No

Date of the assay (dd/mm/yyyy)	Assay results	Interpretation of the assay
|__|__|/|__|__|/|__|__|__|__|	|__|__|__| UI/ml	☐ positive ☐ negative

- Blood count 1☐ Yes 2☐ No
- Scintigraphy of thyroid 1☐ Yes 2☐ No
- Thyroid ultrasound 1☐ Yes 2☐ No
- Other(s), **specify:** _____

Treatments

18. **Treatment of hyperthyroidism**

Please tick all treatments (there may be several answers):

1☐ **Synthetic antithyroid medication**

Please fill in the following table

Name of treatment	Dosage (tabs/day) or (mg/day)	Date treatment started (dd/mm/yyyy)	Scheduled length of treatment (months)
	|__|__| doses/day |__|__|__| mg/day	|__|__|/|__|__|/|__|__|__|__|	|__|__|

- What was the treatment prescribed for?

1☐ Conservative treatment

2☐ Preparation for surgery

3☐ Preparation for treatment by radioactive iodine

4☐ Intermediate treatment after treatment with radioactive iodine

5☐ Other: **specify**_____

1☐ **Radioactive iodine?**

1☐ Scheduled 2☐ Already performed Date performed: |__|__|/|__|__|/|__|__|__|__|

1☐ **Surgery?**

1☐ Scheduled 2☐ Already performed Date performed: |__|__|/|__|__|/|__|__|__|__|

19. Other treatments

1☐ Beta-blockers

1☐ Anxiolytics

1☐ Corticosteroids

1☐ Potassium perchlorate

1☐ Lugol

1☐ Other(s), **specify**: ----------

20. What were the deciding factors for the choice of treatment at diagnosis or relapse? (*there may be several answers*)

1☐ Etiology of hyperthyroidism

1☐ Age of the patient

1☐ Patient who finds it difficult to take long-term treatments

1☐ Presence of complications

1☐ Surgery refused

1☐ Size of goiter

1☐ Other(s), **specify**: ----------