3-month Follow-up Questionnaire

Date of the visit or phone call (dd/mm/yyyy) **|___|___|/|___|___|/|_2_|_0_|___|___|**

Patient treatments

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

1☐ **Synthetic antithyroid medication**

Was the treatment prescribed while waiting for radical treatment (surgery or radiotherapy)?

1☐ Yes 2☐ No

Please complete the table below. Each line corresponds to a change in dosage or synthetic antithyroid medication since the start of treatment.

Name of treatment	Dosage (mg/day) and number of doses/day	Date started	Date stopped
	|__|__|__| mg |__| doses/d	|__|__|/|__|__|/|__|__|__|__|	|__|__|/|__|__|/|__|__|__|__| OR 1☐Ongoing
	|__|__|__| mg |__| doses/d	|__|__|/|__|__|/|__|__|__|__|	|__|__|/|__|__|/|__|__|__|__| OR 1☐Ongoing
	|__|__|__| mg |__| doses/d	|__|__|/|__|__|/|__|__|__|__|	|__|__|/|__|__|/|__|__|__|__| OR 1☐Ongoing
	|__|__|__| mg |__| doses/d	|__|__|/|__|__|/|__|__|__|__|	|__|__|/|__|__|/|__|__|__|__| OR 1☐Ongoing
	|__|__|__| mg |__| doses/d	|__|__|/|__|__|/|__|__|__|__|	|__|__|/|__|__|/|__|__|__|__| OR 1☐Ongoing

If the treatment was stopped prematurely since the last visit, please indicate the stop date:
|__|__|/|__|__|/|__|__|__|__|

And the reason for stopping:

1 ☐ Inefficacy
1 ☐ Safety problem, **specify** _____
1 ☐ Non-compliance
1 ☐ Other, **specify**_____

1 ☐ **Thyroid hormones**

- Name of treatment /_____/
- Current dosage |__|__|__| µg/day

1 ☐ **Surgery**

1 ☐ Scheduled Date: |__|__|/|__|__|/|__|__|__|__|

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

Specify the type of surgery:

1 ☐ Thyroidectomy
1 ☐ Total
2 ☐ Partial

1 ☐ **Radioactive iodine**

1 ☐ Scheduled Date: |__|__|/|__|__|/|__|__|__|__|

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

1 ☐ **Other treatments for the patient's hyperthyroidism, Specify:**

1 ☐ Beta-blockers
1 ☐ Anxiolytics
1 ☐ Corticosteroids
1 ☐ Potassium perchlorate
1 ☐ Lugol
1 ☐ Other(s), specify: ----------

Biological assays performed since the start of treatment

Please indicate in the table below all the assays performed in the framework of the patient's hyperthyroidism if the results are available.

<table>
<tr><th>Assay</th><th>Date of the assays (dd/mm/yyyy)</th><th>Assay results</th><th>Maximum normal value</th></tr>
<tr><td rowspan="6">TSH</td><td>|__|__|/|__|__|/|__|__|__|__|</td><td>|__|,|__|__| mU/l</td><td></td></tr>
<tr><td>|__|__|/|__|__|/|__|__|__|__|</td><td>|__|,|__|__| mU/l</td><td></td></tr>
<tr><td>|__|__|/|__|__|/|__|__|__|__|</td><td>|__|,|__|__| mU/l</td><td></td></tr>
<tr><td>|__|__|/|__|__|/|__|__|__|__|</td><td>|__|,|__|__| mU/l</td><td></td></tr>
<tr><td>|__|__|/|__|__|/|__|__|__|__|</td><td>|__|,|__|__| mU/l</td><td></td></tr>
<tr><td>|__|__|/|__|__|/|__|__|__|__|</td><td>|__|,|__|__| mU/l</td><td></td></tr>
<tr><td rowspan="6">Free T4</td><td>|__|__|/|__|__|/|__|__|__|__|</td><td>|__|__|,|__|__| ng/l
|__|__|,|__| pmol/l</td><td>|__|__|,|__|__| ng/l
|__|__|,|__| pmol/l</td></tr>
<tr><td>|__|__|/|__|__|/|__|__|__|__|</td><td>|__|__|,|__|__| ng/l
|__|__|,|__| pmol/l</td><td>|__|__|,|__|__| ng/l
|__|__|,|__| pmol/l</td></tr>
<tr><td>|__|__|/|__|__|/|__|__|__|__|</td><td>|__|__|,|__|__| ng/l
|__|__|,|__| pmol/l</td><td>|__|__|,|__|__| ng/l
|__|__|,|__| pmol/l</td></tr>
<tr><td>|__|__|/|__|__|/|__|__|__|__|</td><td>|__|__|,|__|__| ng/l
|__|__|,|__| pmol/l</td><td>|__|__|,|__|__| ng/l
|__|__|,|__| pmol/l</td></tr>
<tr><td>|__|__|/|__|__|/|__|__|__|__|</td><td>|__|__|,|__|__| ng/l
|__|__|,|__| pmol/l</td><td>|__|__|,|__|__| ng/l
|__|__|,|__| pmol/l</td></tr>
<tr><td>|__|__|/|__|__|/|__|__|__|__|</td><td>|__|__|,|__|__| ng/l
|__|__|,|__| pmol/l</td><td>|__|__|,|__|__| ng/l
|__|__|,|__| pmol/l</td></tr>
<tr><td rowspan="6">Free T3</td><td>|__|__|/|__|__|/|__|__|__|__|</td><td>|__|__|,|__|__| ng/l
|__|__|,|__| pmol/l</td><td>|__|__|,|__|__| ng/l
|__|__|,|__| pmol/l</td></tr>
<tr><td>|__|__|/|__|__|/|__|__|__|__|</td><td>|__|__|,|__|__| ng/l
|__|__|,|__| pmol/l</td><td>|__|__|,|__|__| ng/l
|__|__|,|__| pmol/l</td></tr>
<tr><td>|__|__|/|__|__|/|__|__|__|__|</td><td>|__|__|,|__|__| ng/l
|__|__|,|__| pmol/l</td><td>|__|__|,|__|__| ng/l
|__|__|,|__| pmol/l</td></tr>
<tr><td>|__|__|/|__|__|/|__|__|__|__|</td><td>|__|__|,|__|__| ng/l
|__|__|,|__| pmol/l</td><td>|__|__|,|__|__| ng/l
|__|__|,|__| pmol/l</td></tr>
<tr><td>|__|__|/|__|__|/|__|__|__|__|</td><td>|__|__|,|__|__| ng/l
|__|__|,|__| pmol/l</td><td>|__|__|,|__|__| ng/l
|__|__|,|__| pmol/l</td></tr>
<tr><td>|__|__|/|__|__|/|__|__|__|__|</td><td>|__|__|,|__| ng/l</td><td>|__|__|,|__| ng/l</td></tr>
</table>

Assay	Date of the assays (dd/mm/yyyy)	Assay results	Maximum normal value
		|__|__|,|__| pmol/l	|__|__|,|__| pmol/l
Leukocytes	|__|__|/|__|__|/|__|__|__|__|	|__|__|__|__| /mm^3	
	|__|__|/|__|__|/|__|__|__|__|	|__|__|__|__| /mm^3	
	|__|__|/|__|__|/|__|__|__|__|	|__|__|__|__| /mm^3	
	|__|__|/|__|__|/|__|__|__|__|	|__|__|__|__| /mm^3	
	|__|__|/|___|_|/|__|__|__|__|	|__|__|__|__| /mm^3	
	|__|__|/|__|__|/|__|__|__|__|	|__|__|__|__| /mm^3	

After these treatments, do you consider your patient as euthyroid? 1☐ Yes 2☐ No

If **No**, why?

- 1☐ Persistence of clinical signs
- 1☐ Abnormal laboratory results
- 1☐ Other, **specify** _____