

Name_____

Symptom Checklist Scale: 0-5 where 0 = no symptom, 5 = severe symptom

	DATE →						
	CHANGE OR EVENT →	BASELINE					COMMENT
✓	SKIN & NAILS						
	Hair falling out						
	Nails splitting, peeling						
	Skin dry, flaking, itching						
✓	WEIGHT - UNINTENDED CHANGE						
	Weight gain or loss >5 lbs						
	Change in Appetite, digestion						
✓	ACTIVITY, ENERGY, FATIGUE						
	Unable to complete work or chores						
	Fall asleep during day						
	Sleep problems at night						
	Unable to engage in my usual activities						
	(Specify activity miles, blocks, time)						
	Energy level decreased						
✓	COGNITIVE						
	Difficulty focusing						
	Difficulty starting task or work						
	Difficulty staying on task						
	Difficulty conversing, remaining engaged						
	Memory problems						
✓	OTHER PHYSICAL SIGNS						
	Hot flashes, sweating						
	Always cold, icy hands, feet						
	Muscle Aches						
	Palpitations						
	Heart rate increased/lowered						
	Increased Blood Pressure						
	Increased Cholesterol, A1c						
	Short of Breath						
✓	THYROID HORMONE DOSE						
	Levothyroxine (T4)						
	Liothyronine (T3)						
	Desiccated Thyroid (NDT)						
✓	LAB RESULTS						
	TSH						
	Free T4						
	Free T3						
	Thyroglobulin (Tg)						
	Tg antibodies (TgAb)						

Name_____

Personalized Symptom Checklist Scale: 0-5 where 0 = no symptom, 5 = severe symptom

	DATE →						
	CHANGE OR EVENT →	BASELINE					COMMENT
✓	SKIN & NAILS						
✓	WEIGHT - UNINTENDED CHANGE						
✓	ACTIVITY, ENERGY, FATIGUE						
✓	COGNITIVE						
✓	OTHER PHYSICAL SIGNS						
✓	THYROID HORMONE DOSE						
	Levothyroxine (T4)						
	Liothyronine (T3)						
	Desiccated Thyroid (NDT)						
✓	LAB RESULTS						
	TSH						
	Free T4						
	Free T3						
	Thyroglobulin (Tg)						
	Tg antibodies (TgAb)						

Risk Factors for Decreased Quality of Life in Thyroid Cancer Survivors: Initial Findings from the North American Thyroid Cancer Survivorship Study

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4684649/>

<i>City of Hope QoL measures</i>
<i>To what extent are the following a problem:</i>
Fatigue
Appetite changes
Aches or pain
Sleep changes
Constipation
Menstrual changes or fertility
Weight gain
Tolerance to cold or heat
Dry skin or hair changes
Voice changes
Motor skills/coordination
Swelling/fluid retention
Rate overall physical health
<i>Total physical well-being</i>
How difficult is it to cope?
How good is QoL?
How much happiness?
Do you feel like you are in control?
How satisfying is your life?
How is your ability to concentrate or remember things?
How useful do you feel?
Has illness caused changes in appearance?
Has illness changed self-concept?
<i>How distressing were the following?</i>
Initial diagnosis
Surgeries
Time since my treatment was completed
Ablation
Scanning

Thyroid testing
Withdrawal from thyroid hormone
How much anxiety do you have?
How much depression do you have?
<i>To what extent are you fearful of:</i>
Future diagnostic tests
A second cancer
Recurrence of your cancer
Spreading/metastasis
<i>Total psychological well-being</i>
How distressing has illness been for your family?
Amount of support you receive from others sufficient?
Interfering with your personal relationships?
Is sexuality impacted by illness?
<i>To what degree has illness interfered with your employment?</i>
Motivation to work
Time away from work
Productivity
Quality of work
Driving
Chores/home
Preparing meals
Leisure activities
How much isolation do you feel?
How much financial burden have you incurred?
<i>Total social well-being</i>
Importance of religious activities (praying, going to church)?
How important are spiritual activities such as meditation?
How much has your spiritual life changed?
How much uncertainty do you feel about your future?
To what extent has illness made positive changes in your life?
To what extent has illness given you purpose in your life?
How hopeful do you feel?
<i>Total spiritual well-being</i>
<i>Total QoL</i>