**Supporting Information\_Key Survey Items**

1. Imagine 100 patients with the same size and type of thyroid cancer as you. How many of these patients do you think will have their thyroid cancer come back within the next 10 years (that is, have cancer recurrence)?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5 or less | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 95 ormore |
| ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |

1. Imagine 100 patients with the same size and type of thyroid cancer as you. How many of these patients do you think will die in the next 10 years?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5 or less | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 95 or more |
| ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |

1. Now we would like to ask you a series of questions about your experience with worry.

During the **past month**, how much does each of the following worry you…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all | A little | Somewhat | Quite a bit | Very much |
| 1. …thyroid cancer coming back?
 | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. …death from thyroid cancer?
 | ❑ | ❑ | ❑ | ❑ | ❑ |

1. Quality of Life

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In general… | Excellent | Very good | Good | Fair | Poor |
| a. Would you say your health is……………... | ❑ | ❑ | ❑ | ❑ | ❑ |
| b. Would you say your quality of life is……… | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. How would you rate your physical health?
 | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. How would you rate your mental health, including your mood and your ability to think?.........................................................
 | ❑ | ❑ | ❑ | ❑ | ❑ |
| In general… | Excellent | Very good | Good | Fair | Poor |
| 1. How would you rate your satisfaction with your social activities and relationships?
 | ❑ | ❑ | ❑ | ❑ | ❑ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Very good | Good | Fair | Poor |
| 1. **In general**, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)
 | ❑ | ❑ | ❑ | ❑ | ❑ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Completely | Mostly | Moderately | A little | Not at all |
| 1. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?
 | ❑ | ❑ | ❑ | ❑ | ❑ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often | Always |
| 1. **In the past 7 days**, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?
 | ❑ | ❑ | ❑ | ❑ | ❑ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | None | Mild | Moderate | Severe | Very severe |
| 1. How would you rate your fatigue **on average**?
 | ❑ | ❑ | ❑ | ❑ | ❑ |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | No pain |  |  |  |  |  |  |  |  Worst imaginable pain |
| 1. How would you rate your pain **on average**?
 | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |  ❑ |