Epidemiology of thyroid dysfunction disorders in Jordan

Interview with subjects who do not have currently hypothyroidism or hyperthyroidism

(No current history of subclinical, biochemical or over hypo- or hyperthyroidism)

Participant code:

Participant Name:
Date of Birth:
Code

1. Participant ID
2. Patients lives in Karak Amman Irbid

Health center where the interview was conducted اسم المركز الصحي**: .....**

5. دخل الاسرة الشهري **Income in JD: <400 400-999 1000-1999 >2000 Not reported**

6. Age .....

7. Interview made by…….

8.Signature:…… …….

9. Date ……/….. …. 10.**Time:**……..

11. Marital status 1 – Single 2 – Married 3 – Divorced 4 – Widowed

12. Living status 1– Living with husband 2 – Living with other family members
3– Living with others 4 – Living alone

13. Literacy 1- Can read and write 2- Cannot read and write

14. Education 1- Illiterate 2- 1st – 9th class

3- 10th -12th class 4- College

5- University 6- Postgraduate

15. Employment status 1- Employed a- Full time b- Part time

2- Unemployed 3- Housewife 4- Retired

Job……

No current history of hypothyroidism or hyperthyroidism (subclinical, biochemical or overt)

16. Type of health Insurance

1.Ministry of Health 2.Military 3. UNORWA 4. Royal Court 4. Private 5. None

17. Family history of thyroid disorders

1-Yes 2-No

If yes, please specify: Condition: Age at diagnosis

Hypothyroidism history Relation Age at diagnosis

1.

2.

3.

Hyperthyroidism history Relation Age at diagnosis

1.

2.

3.

Other thyroid disorders

Condition Relation Age at diagnosis

1.

2.

3.

18. Medical conditions

18.A. History of autoimmune disorders:

Autoimmune diseases include multiple sclerosis, myasthenia gravis, scleroderma, polymyositis, vasculitis, lupus, Sjögren's disease, idiopathic thrombocytopenic purpura (ITP), type 1 or juvenile diabetes, Crohn's disease and Graves' disease.

18.a.1.Personal history:

☐ Yes ☐ No

If yes, please give details:

18.a.2.Family history:

☐ Yes ☐ No

If yes, please give details:

18.B. Other comorbidities:

No current history of hypothyroidism or hyperthyroidism (subclinical, biochemical or overt)

18.1 Ischemic Heart disease 1- Yes 2- No
18.1.1 If yes, duration: 1. ≤6months 2.>6months

18.2 Other Heart problems 1- Yes 2- No
18.2.1 If yes, duration: 1. ≤6months 2.>6months

18.3 High blood pressure 1- Yes 2- No
18.3.1 If yes, duration: 1. ≤6months 2.>6months

18.9 Others chronic illnesses 1- Yes 2- No

……

……

……

19. Medications history:
A.Use of thyroxine: Current Previously No history
If current or previously please provide duration and reason for administration

B. History of amoidarone use: Current Previously No history
If current or previously please provide duration and reason for administration

C. History of Lithium use: Current Previously No history
If current or previously please provide duration and reason for administration

D. History of Cholestyramine use: Current Previously No history
If current or previously please provide duration and reason for administration

E. Do you currently take any herbal remedies or dietary supplements specifically to benefit your thyroid? Yes No
If yes, please list.

20. Other medications with duration

20.2.1.aDrug **20.2.1.b. Duration**

20.2.2.aDrug **20.2.2.b Duration**

20.2.3.a.Drug **20.2.3.b Duration**

20.2.4.aDrug **20.2.4.b Duration**

20.2.5.aDrug **20.2.5.b Duration**

21.a History of enlargement or asymmetry on the front of your neck? ☐Yes ☐No

21.b.Confirmed history: Goitre Nodule Multiple nodules

21.C: If yes, treatment was:

No current history of hypothyroidism or hyperthyroidism (subclinical, biochemical or overt)

22. Have you been informed by a health care professional or through laboratory result that you have abnormal thyroid function test

A. Yes B. No

22.1 If yes, please give details

……

23. Has any physician informed you that you need to measure your thyroid hormones regularly?

A. Yes B. No

23.1 If yes, please specify

reason……

25. Has any health professional informed you that you have high cholesterol level? A. Yes B. No

25.1 If yes, do you currently take medication for high cholesterol level?

A.Yes B. No

For females:

26.1. Parity (Complete+Abortions): P …….+…….. 2. Number of all pregnancies

26.2Has the woman reached the menopause? 1- Yes 2- No

26.2.1 If yes, age at menopause:…….

26.3Hormonal replacement therapy: ☐Current ☐Ex-user ☐No

26.3.1.If current, type of HRT ……

26.3.2 duration of use …….

26.3.3.If an ex-user, type of HRT ……

26.3.4 duration of use …….

26.4.Have you ever received Oral contraceptive pills?

☐Current ☐Ex-user☐No

26.4.1 If current,type of OCPs …….

18.13.2 duration……

26.4.2.If an ex-user, duration of use ……

26.4.3.type of OCPs ……

26.4.4. duration ……

26.5.Have you breastfed your baby? ☐ Yes☐ No ☐Not Applicable

27. Have you ever had thyroid disease or abnormal thyroid blood test during any pregnancy (either ended by delivery, termination or abortion)? ☐ Yes ☐ No

If yes, please give details below:

27.1 Treatment

……

27..2Did it resolve after pregnancy? ……

27.3 Did it occur again in other pregnancies?

No current history of hypothyroidism or hyperthyroidism (subclinical, biochemical or overt)

27.3.a. If yes, in how many pregnancies did you have it?
…….
27.4 Details:

……

…….……

28. . Have you ever had postpartum thyroid disorder?
☐Yes ☐ No
28.1 Treatment
……
28..2. Did it resolve? ……
28.3 Did it occur again after other pregnancies?
28.3.a. If yes, in how many pregnancies did you have it?
…….
28.4 Details:

……

…….……

28.5 If yes, is blood thyroid hormones level normal between pregnancies?
…….

<u>Smoking</u>
29. Do you smoke tobacco or Narjeela? 1. Yes 2. No

29.1 If yes, how many cigarettes do you smoke daily?

29.2 If you are not a current smoker, did you smoke before? 1- Yes 2. No

29.3 Duration of smoking…….
29.4 Average number of smoked cigarettes per day?
…….
29.5 If you smoke Narjeelah, how many times on average do you smoke it per week?……

29.6 If you smoke Najreelah before, for how long did you smoke it and what was the average number per week: Duration..... Average per week.....
30. Do you drink alcohol? 1- Yes 2- No
30.1 If yes, please give
details:……

Mental Health:
31. Do you have any recent life events affecting your psychology or mode?
☐Yes ☐No
31.1 If yes, please specify ……
31.2 duration……..
33. Do you have any recent medical problem affecting your psychology or mode? ☐Yes ☐No
33.1 If yes, please specify condition ……33.2 duration
34. Are you under severe financial constraints ☐Yes ☐No
34.1 If yes, please specify duration …….

36. Have you been told by a physician that you have depression?

No current history of hypothyroidism or hyperthyroidism (subclinical, biochemical or overt)

☐Yes ☐No

36.1 If yes please specify**:** Condition: …….

36.2 Duration ……..,

36.3Was this a reaction to medical disease or life condition?

☐Yes ☐No

36.4.If yes, please give details

……

37. Treatment for depression: 1- Currently 2. Previously 3. Never

38. Have you been told by a physician that you suffer from anxiety?

☐Yes ☐No

38.1 If yes please specify**:** Condition: …….

38.2Duration ……..

38.2 Was this a reaction to medical disease or life condition ☐Yes ☐No

38.3 If yes, please give details

…….

39. Have you suffered from any traumatic recent events? 1-Yes 2-No

No current history of hypothyroidism or hyperthyroidism (subclinical, biochemical or overt)

Thyroid Assessment Questionnaire

1. Do you *currently* have any of these symptoms?

Palpitations (rapid or forceful heart beat): ○ Yes ○ No

Poor concentration: ○ Yes ○ No

Memory loss: ○ Yes ○ No

Difficulty sleeping: ○ Yes ○ No

Excessive need for sleep: ○ Yes ○ No

Fatigue: ○ Yes ○ No

Weak muscles: ○ Yes ○ No

Sore muscles: ○ Yes ○ No

Agitation/anxiety: ○ Yes ○ No

Depression: ○ Yes ○ No

Dry skin: ○ Yes ○ No

Itchy skin: ○ Yes ○ No

Unusual hair loss: ○ Yes ○ No

Dry hair: ○ Yes ○ No

Cracking nails: ○ Yes ○ No

Infrequent bowel movements or hard stools: ○ Yes ○ No

Frequent bowel movements or loose stools: ○ Yes ○ No

Unexplained weight gain: ○ Yes ○ No

Unexplained weight loss: ○ Yes ○ No

Persistent pain or swelling at the front of the neck: ○ Yes ○ No

Hoarseness: ○ Yes ○ No

Sensation of a lump in the throat: ○ Yes ○ No

Eye pain or double vision: ○ Yes ○ No

Swelling or protrusion of eyes: ○ Yes ○ No

Change in facial appearance: ○ Yes ○ No

Sweating: ○ Yes ○ No

Difficulty tolerating cold: ○ Yes ○ No

Difficulty tolerating heat: ○ Yes ○ No

Hand tremor: ○ Yes ○ No

For Women Before Menopause Only

A. Loss of menstrual periods: ○ Yes ○ No

Irregular periods: ○ Yes ○ No

Excessive menstrual flow: ○ Yes ○ No

No current history of hypothyroidism or hyperthyroidism (subclinical, biochemical or overt)

Please tick one box

	Not at all	**Same as usual**	**More than a year ago**
1. Do your routine daily tasks make you feel tired?	☐	☐	☐
2. Do you tend to feel tired?	☐	☐	☐
3. Are you disinclined to carry out your daily tasks?	☐	☐	☐
4. Do you find it difficult to remember recent events?	☐	☐	☐
5. Do you find it hard to do mental arithmetic?	☐	☐	☐
6. Have you noticed that your skin has become dry?	☐	☐	☐
7. Have you noticed a tendency not to perspire?	☐	☐	☐
8. Do you wear extra clothes or have more bed clothing, because you are sensitive to the cold?	☐	☐	☐
9. Are you constipated (that is, are your bowel motions harder or infrequent)?	☐	☐	☐
10. Has your weight increased (or are your clothes tight)?	☐	☐	☐
11. Has your hair become dry in texture?	☐	☐	☐
12. Is your voice hoarse or husky?	☐	☐	☐
13. Do you experience pins and needles or tingling sensations?	☐	☐	☐
14. Do you have pain in your muscles?	☐	☐	☐
15. Do you find it hard to hear what people say?	☐	☐	☐