

Changing Thyroid Medications: A Questionnaire for Patients

Physicians may recommend changes in thyroid hormone prescriptions for their patients. TFA is trying to gather information on patients' experiences with such changes. Therefore, if you have been asked to change your thyroid hormone preparation we would appreciate your answering the following questionnaire which can be mailed to TFA at your convenience.

Please answer the following questions:

- 1) I changed my thyroid hormone prescription on _____ (date)
- 2) I was asked to change my prescription by my (check all that apply)
 Doctor Nurse Pharmacist Other _____
- 3) Reason for changing medication (check all that apply)
 Cost Insurance company requirement Other _____
- 4) What was the brand of medication before the change? _____
- 5) What brand were you switched to? _____
- 6) Follow-up thyroid testing result (please check one):
 TSH higher (hypothyroidism) TSH lower (hyperthyroidism)
 No change in TSH No follow-up testing done I do not know
- 7) Symptomatic results on new treatment (please check one)
 Felt better (explain) _____
 Felt worse (explain) _____
- 8) Overall satisfaction with medication change (please check one)
 satisfied/improved
 satisfied/no change in how I feel
 unsatisfied
- 9) If unsatisfied with the medication change please give reasons _____

Preliminary results of this survey will be available in the next TFA newsletter. In addition we will have a discussion of the survey results on [TFA's home page](#) on the Internet as soon as we have a significant number of responses.

Thank you for your help.

Sincerely,
Lawrence C. Wood, M.D.
Medical Director

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Patient Rx Questionnaire
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