

Appendix 1 GO-QOL (Graves' Orbitopathy - Quality of Life Questionnaire)

The following questions are specifically about your Graves' eye disease (Graves' Orbitopathy).

When answering the questions, think about the past week.

Over the past week, to what extent were you limited when carrying out the following activities, as a result of Graves' eye disease?

Check the box that matches your answer. The boxes correspond to the answers above them. Check one box after each question.

	Yes, severely limited	Yes, a bit limited	No, not limited at all
1. Cycling [never learned to ride a bicycle ☐]	☐	☐	☐
2. Driving a car [no driver's license ☐]	☐	☐	☐
3. Moving in and around the house	☐	☐	☐
4. Walking outdoors	☐	☐	☐
5. Reading	☐	☐	☐
6. Watching TV	☐	☐	☐
7. Hobby or pastime, e.g.	☐	☐	☐

	Yes, severely limited	Yes, a bit limited	No, not at all limited
8. In the past week, did you feel limited in doing something you wanted to do because of your Graves' eye disease?	☐	☐	☐

The following questions are about your Graves' eye disease in general.

	Yes, very much	Yes, a bit	No, not at all
9. Do you feel that your appearance has changed due to your Graves' eye disease?	☐	☐	☐
10. Do you feel that you are stared at in the street because of your Graves' eye disease?	☐	☐	☐
11. Do you feel that people react negatively because of your Graves' eye disease?	☐	☐	☐
12. Do you feel that your Graves' eye disease is affecting your self-confidence?	☐	☐	☐
13. Do you feel that your Graves' eye disease affects the ability to make friends?	☐	☐	☐
14. Do you feel that you are socially isolated because of your Graves' eye disease?	☐	☐	☐
15. Do you feel that you appear in photos less often than you used to before you had Graves' eye disease?	☐	☐	☐
16. Do you try to camouflage changes in your appearance as a result of the Graves' eye disease?	☐	☐	☐