



Clinical Evaluation

EUGOGO ATLAS

We would appreciate anyone who uses any of these downloads
in studies to acknowledge EUGOGO as their origin.

European Group on Graves' Orbitopathy (EUGOGO)
Secretary Dr. Mario Salvi
Endocrine Unit, Department of Medical Sciences
University of Milan via Sforza 35,
Milan, Italy I-20122

EUGOGO protocol for assessment of Graves' orbitopathy and completion of Case Record Form

Introduction

This protocol has been developed by EUGOGO for the evaluation of patients with Graves' orbitopathy (GO). There are two sets of forms, one for routine clinical use and one for multicentre scientific studies. Both sets assume some background knowledge and experience of GO on behalf of the clinician using them, who can be either an ophthalmologist or endocrinologist with some training in ophthalmology.

The present document sets out the detailed assessment protocol to facilitate both more accurate future comparison, and comparison with others. It should be used in conjunction with the colour atlas which can be downloaded separately for use in clinics, or accessed via the hyperlinks below.

It is hoped that in time this system will be merged with other systems to produce a protocol with worldwide acceptance.

Scoring rules

1. If in doubt, or if features or measurements fall between scores, **always** choose smaller or milder option.
2. Unless otherwise stated, record all dates as mm / yyyy or season / yyyy.
In the northern hemisphere spring = 'sp' i.e. March, April, May; summer = 'su' i.e. June, July, August; autumn = 'au' i.e. September, October, November; winter = 'wi' i.e. December, January, February. Hence onset in mid 2010 would score as su/2010
3. The decision as to whether a patient has "active" GO is based on assessment of symptoms, soft tissue signs and change in severity, and influenced by disease duration. However eyelid swelling, eyelid erythema and conjunctival redness should only be scored if thought to be due to active GO. Hence the wider picture should be taken into account when scoring.

SYMPTOMS

1. **Pain** Pain should only be scored if present for more than a few seconds and more often than just occasionally
2. **Diplopia** Patients who wear **full time** prisms score as "constant" on the subjective diplopia score regardless of whether the diplopia is relieved by prisms.

EXAMINATION

1. **Visual acuity** Record corrected distance acuity ideally using Logmar chart. If Snellen is used, record in decimal format.
2. **Pupil assessment** Test the relative afferent pupil defect (**RAPD**) with distance fixation, and with care to maintain alignment of your light relative to the patient's visual axis (especially in strabismus).
3. **Colour vision** Ideally use HRR plates no.5-10, but otherwise use Ishihara plates. If using either HRR or Ishihara plates, then up to 2 errors still score as 'normal'.
4. **Soft tissue signs** (a - e form part of **Clinical Activity Score**: CAS)
Note that conjunctival redness can change rapidly and should be scored prior to touching the patient.

- a) **eyelid swelling** If swelling varies between upper and lower eyelid of an eye then use the more severe lid to score that eye. Only score swelling thought to be due to active GO; i.e. appearance should have changed with disease, and fat prolapse is not scored as 'swelling'. Note only "moderate" or "severe" scores are recorded as CAS positive: "mild" is negative.

Swelling may be very superficial (plates 1a(i), 1b(i), 1c(i)) or deeper and more like thickened skin (plates 1a(ii), 1b(ii), 1c(ii)). The latter is commoner in younger individuals and harder to distinguish from fatty prolapse, however fat prolapse is less diffuse and individual fat pads are generally distinguishable.

Scoring:

Mild = the patient may be aware of changed appearance, however none of the features defining moderate or severe swelling are present:
CAS negative

Moderate = definite swelling but no lower eyelid festoons and in upper eyelid the skin fold becomes angled fold on 45° downgaze: CAS positive

Severe = lower eyelid festoons OR upper lid fold remains rounded on 45° downgaze: CAS positive

- b) **eyelid erythema** If erythema varies between upper and lower eyelid of an eye then use the more severe lid to score that eye. Only score redness due to active GO, i.e. don't score blepharitis and don't score if whole face is red.
- c) **conjunctival redness** Assess without slit-lamp 1 meter from patient. Only score redness due to active GO. Score as CAS negative if only "equivocal" or "mild".
- d) **chemosis** Use a slit-lamp at 60° midway between limbus and lateral canthus to score patient. Distinguish true chemosis (present >1/3 of vertical aperture or prolapsing anterior to grey line of eyelid = CAS positive) from the redundant folds of conjunctiva (conjunctivochalasis) that are common in older subjects (\leq 1/3 of vertical height of aperture and always behind greyline of eyelid = CAS negative).
- e) **caruncle and plica inflammation** The caruncle is normally yellowish pink and lies medial to plica, which is normally pink. Proptosis makes the caruncle more prominent and may be visible on eyelid closure, unlike the plica.
Score "yes" if caruncle inflamed, but ignore whether visible through closed eyelids or not.
Score "yes" if plica inflamed **or** prolapsed through closed eyelids.
A "yes" for either caruncle or plica = CAS positive.

5. ***Eyelid measurements*** Ask patient to relax, distance fixate in primary gaze, and ensure head in normal position: an imaginary line between the top of the ear and the lateral canthus should be horizontal. If primary distance fixation impossible without head posture, indicate this with * on case record form. If strabismus present then occlude contralateral eye to ensure distance fixation prior to measurement of ***palpebral aperture*** and ***eyelid retraction***. Corneal limbus forms reference point for ***eyelid retraction***, so measurements may be + or – ([click for details](#)). Also measure ***levator function*** plus
- a) ***lagophthalmos*** use pentorch to assess exposure when eyes closed.
- b) ***Bell's phenomenon*** ([click here](#) for method)

6. **Proptosis** ([click here for technique](#)). Optimise reproducibility by using same Hertel instrument, same intercanthal distance (ICD) and ideally same observer on each occasion.
7. **Motility** Motility is assessed without spectacle prisms. Head posture is noted first. Compensatory head posture is noted, but corrected prior to **prism cover test** at distance using a light target. **Torsion, monocular ductions** and the **field of binocular single vision** are also assessed.
Monocular ductions are assessed using an arc or bowl perimeter, preferably by the same examiner. Careful patient positioning reduces errors induced by head tilt or rotation. Uniocular excursions are plotted for each eye along horizontal and vertical axes using subjective responses where possible while verifying foveal fixation.
8. **Cornea**
 - a) **Corneal integrity** is assessed using fluorescein
 - b) Risk of corneal breakdown is also assessed ([click here](#) for details).
9. **Intraocular pressure** applanation tonometry in primary gaze
10. **Optic neuropathy** This is judged on basis of **disc appearance**, plus **acuity**, **afferent pupil defect** and **colour vision**, plus ancillary tests if necessary e.g. visual fields, visual evoked potentials and imaging of orbital apex. Until further data is available, optic neuropathy may be assumed to be present if there is disc swelling, or if two of the other **clinical** features are present. Impaired colour perception carries more weight than other features except disc swelling, and in each instance other causes for the abnormalities should be excluded.
 - a) disc **swelling** or **atrophy** should only be scored if thought due to GO: otherwise score as “**other**” abnormality.

Slit lamp	Chemosis	No or equivocal	Yes	No or equivocal	Yes
	Caruncle or Plical Inflamm.	No	Yes	No	Yes
Cornea: (SPE=punctate erosions)		Normal SPE ulcer perforation		Normal SPE ulcer perforation	
Intraocular Pressure in primary gaze					
Fundoscopy:	Disc	Normal	atrophy	swollen	other
	Choroidal folds	No	Yes	No	Yes
Any evidence of optic neuropathy		No	equivocal	Yes	No equivocal Yes

specify any additional evidence for DON e.g. visual fields, VEP

6.4 Ocular Co-morbidity influencing GO assessment No Yes (specify)

6.5 Clinical Activity Score

Active lid swelling (mod or severe)	<input type="checkbox"/>	Spontaneous orbital pain	<input type="checkbox"/>
Eyelid erythema	<input type="checkbox"/>	Gaze evoked orbital pain	<input type="checkbox"/>
Definite conjunctival redness	<input type="checkbox"/>		
Chemosis	<input type="checkbox"/>	total CAS	/ 7
Caruncle or plical inflammation	<input type="checkbox"/>		

Active GO? No Yes if yes - *deteriorating* *plateau* *improving* *unsure*

7. GO-QOL visual functioning psychosocial score **TOTAL**

8. MANAGEMENT PLAN

a) THYROID TREATMENT continue same Yes No
 if no i) Change drugs: *specify* ii) plan Radioiodine iii) plan Surgery

b) TREATMENT FOR GO observation intervention (*same or new*), *specify* :
 i) medical intervention *specify* indication
 ii) radiotherapy indication
 iii) surgery *specify* indication
 iv) lubricants *specify*

c) OTHER TREATMENT (*neither eyes, nor thyroid*)
 specify...

d) INVESTIGATIONS

immediate investigations

ASSESSMENTS NEXT VISIT

Orthoptics Refraction Visual fields VEP
 Other.....

e) FOLLOW UP

Signatures of clinicians

GO: FOLLOW UP

name and weight date
record no. (kg)

1. **Thyroid disease** current clinical status hyperthyroid hypothyroid euthyroid

2. **Cigarettes** No Yes - cigs per day

3. **Medication** Thyroxine µg Carbim. / Methimazole mg PTU mg

Other medication

4. **Situation since last assessment (eyes, thyroid etc)**

Thyroid tests: TSH mU/l FT4 pmol/l FT3 pmol/l

5. **Current symptoms (encircle all reported)**

orbital pain gaze evoked pain grittiness / watery / photophobia diplopia blurred vision

6.3 Examination of eyes

RIGHT

LEFT

(Corrected) Visual acuity				
Refraction				
Relative Afferent Pupil Defect			No Yes	No Yes
HRR (...../6)	Colour blind?	 / 5 / 5
OR Ishihara (...../15)		/15/15
Soft tissues	Active Lid swelling	Upper	Unsure Nil or equivocal moderate severe	Unsure Nil or equivocal moderate severe
		Lower	Unsure Nil or equivocal moderate severe	Unsure Nil or equivocal moderate severe
	Lid erythema	Upper	No Yes	No Yes
		Lower	No Yes	No Yes
Conjunctival redness		No or equivocal Yes	No or equivocal Yes	
Lid positions <i>Ref: Upp limbus</i> <i>Ref: Low limbus</i>	Palpebral aperture			
	Upper lid retraction			
	MRD1			
	Lower lid retraction			
	Levator function			
	Bells' phenomenon		Yes No	Yes No
	Lagophthalmos		No Yes	No Yes
	Is cornea exposed?		No slight Yes	No slight Yes
Lateral flare		No slight Yes	No slight Yes	
Proptosis	Inter-canthal Distance			
	Globe Retropulsion	soft reduced firm	soft reduced firm	

Motility (complete if no OD assessment)



Slit lamp	Chemosis	No or equivocal	Yes	No or equivocal	Yes
	Caruncle or Plical Inflamm.	No	Yes	No	Yes
Cornea	<i>(SPE=punctate erosions)</i>	Normal SPE	ulcer perforation	Normal SPE	ulcer perforation
Intraocular Pressure in primary gaze					
Fundoscopy	Disc	Normal	atrophy swollen other	Normal	atrophy swollen other
	Choroidal folds	No	Yes	No	Yes
Any evidence of optic neuropathy		No	equivocal	Yes	No equivocal Yes

specify any additional evidence for DON e.g. visual fields, VEP

6.4 Ocular Co-morbidity influencing GO assessment No Yes (specify)

6.5 Clinical Activity Score

- Active lid swelling (mod or severe)
- Eyelid erythema
- Definite conjunctival redness
- Chemosis
- Caruncle or plical inflammation

total CAS..... / 10

- Spontaneous orbital pain
- Gaze evoked orbital pain
- Increased proptosis ≥ 2 mm
- Motility subjectively or $\geq 8^\circ$ worse
- VA loss ≥ 1 line Snellen

Active GO? No Yes if yes - *deteriorating plateau improving unsure*

1. GO-QOL visual functioning psychosocial score **TOTAL**

2. MANAGEMENT PLAN

a) THYROID TREATMENT continue same Yes No
 if no i) Change drugs: *specify* ii) plan Radioiodine iii) plan Surgery

b) TREATMENT FOR GO observation intervention (*same or new*), *specify* :

i) medical intervention *specify* indication

ii) radiotherapy indication

iii) surgery *specify* indication

iv) lubricants *specify*

c) OTHER TREATMENT (*neither eyes, nor thyroid*)
specify...

d) INVESTIGATIONS

immediate investigations

ASSESSMENTS NEXT VISIT

Orthoptics Refraction Visual fields VEP
 Other.....

e) FOLLOW UP

Signature(s) of clinician(s)

Clinical Activity Score (CAS)

(amended by EUGOGO after Mourits et al)

For initial CAS, only score items 1-7

1. Spontaneous orbital pain.
2. Gaze evoked orbital pain.
3. Eyelid swelling that is considered to be due to active (inflammatory phase) GO.
4. Eyelid erythema.
5. Conjunctival redness that is considered to be due to active (inflammatory phase) GO.
6. Chemosis.
7. Inflammation of caruncle OR plica.

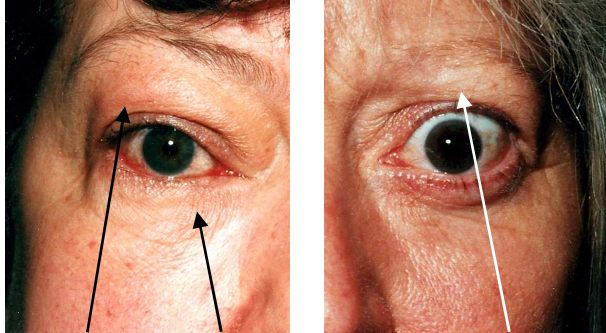
Patients assessed after follow-up can be scored out of 10 by including items 8-10.

8. Increase of ≥ 2 mm in proptosis.
9. Decrease in uniocular ocular excursion in any one direction of $\geq 8^\circ$.
10. Decrease of acuity equivalent to 1 Snellen line.

EYELID SWELLING

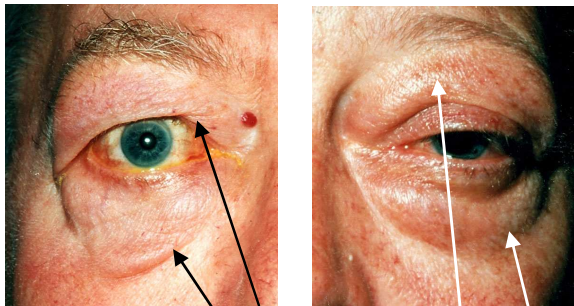
HOW TO SCORE

MILD eyelid swelling

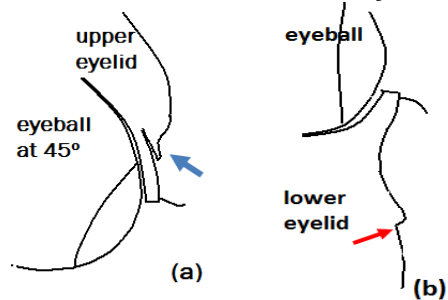


Patient may be aware of changed appearance, but appearance is similar to these photographs. CAS negative

MODERATE eyelid swelling



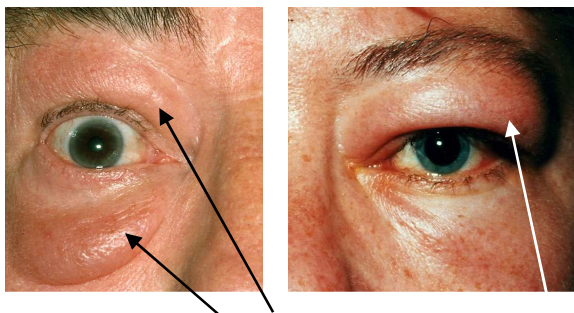
cross-sections of eyelids



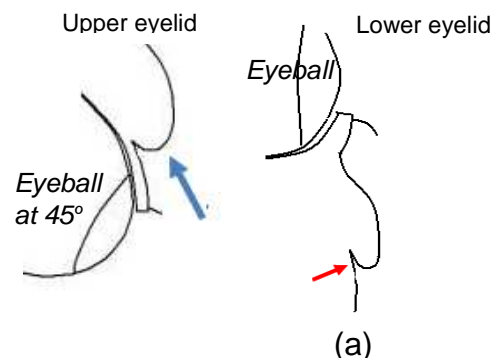
There is definite subcutaneous fluid (black arrows) or skin thickening (white arrows), (a) When patient to looks down at 45°, the skin fold in the central upper eyelid forms as angle (blue arrow).

(b) Swelling in lower eyelid, does not fold skin to form festoon (red arrow).

SEVERE eyelid swelling



cross-sections of eyelids



There is **tense** subcutaneous fluid (black arrows) or thickened skin (white arrows).

(a) When patient to looks down at 45°, the skin fold in the central upper eyelid remains rounded (blue arrow).

(b) Swelling in lower eyelid folds skin to form festoon (red arrow).

EYELID ERYTHEMA

HOW TO SCORE

Note: If patient only shows preseptal erythema, then exclude blepharitis.

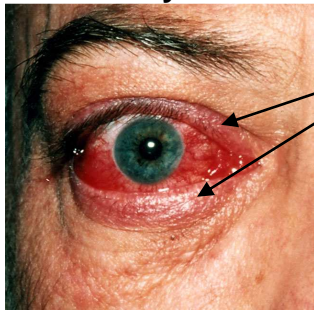
Redness must exceed generalised facial redness to score

No erythema



This degree of redness may be normal: score as "no"
= CAS negative

Definite erythema



pretarsal erythema

preseptal erythema



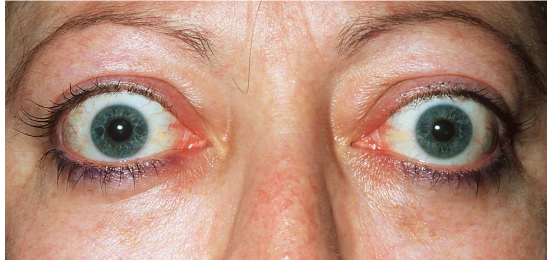
Pretarsal or preseptal erythema suggests **active** GO.
Score either as "yes" = CAS positive.

CONJUNCTIVAL REDNESS

HOW TO SCORE

Examine patient from 1 metre without prior drops or handling eyelids

NO redness



normal appearance

Score as "no" = CAS negative

MILD / EQUIVOCAL redness

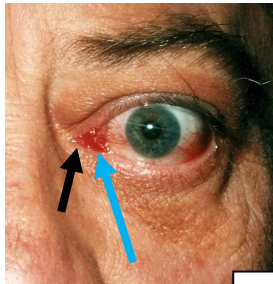


equivocal redness

Unless redness is more obvious than this, score as "no" = CAS negative

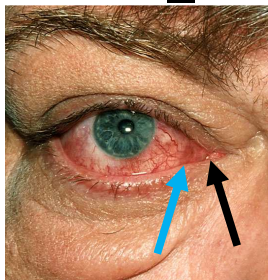
DEFINITE redness can be subdivided if helpful into moderate or severe. Both score "yes" = CAS positive.

MODERATE < 50% redness excluding plica and caruncle



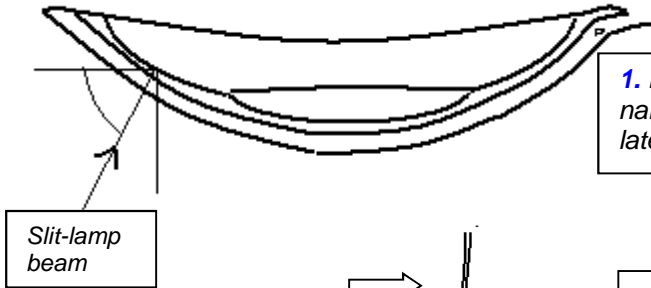
Key: plica =  ; caruncle = 

SEVERE \geq 50% redness excluding plica and caruncle



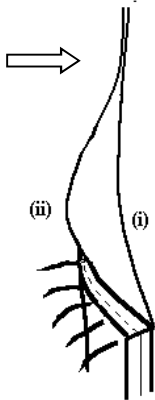
CHEMOSIS: HOW TO SCORE

Method: examine on slit-lamp

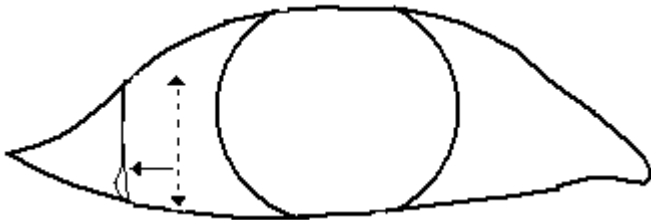


1. Patient adopts primary gaze. Use vertical narrow slit-lamp beam at 60°, midway between lateral canthus and limbus.

Cross sectional slit-lamp view



2. Assess where sclera (i) separates from conjunctiva (ii): see arrow
 Note whether chemosis prolapses in front of "grey" line (this is the line formed by the orifices of the meibomian glands as shown as a **dotted line** in this diagram), or not

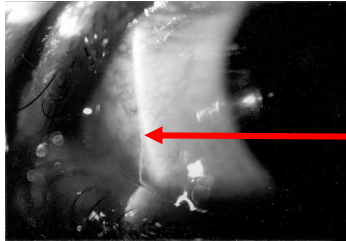


3. Assess whether separation point of sclera and conjunctiva (horizontal arrow) is higher than a third of the total height of the palpebral aperture (broken arrow)

Mild chemosis (<1/3 total palpebral aperture height) is hard to distinguish from conjunctival folds common in elderly patients and known as conjunctivochalasis.

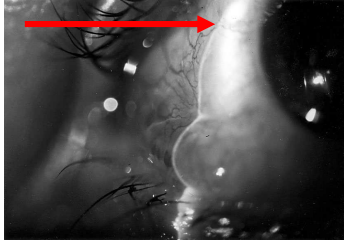
SCORING (slit lamp view)

NO chemosis



1. Conjunctiva and sclera separate $\leq 1/3$ of total height of palpebral aperture (arrow)
 2. Chemosis does not prolapse in front of grey line: Score is "no"
 CAS negative

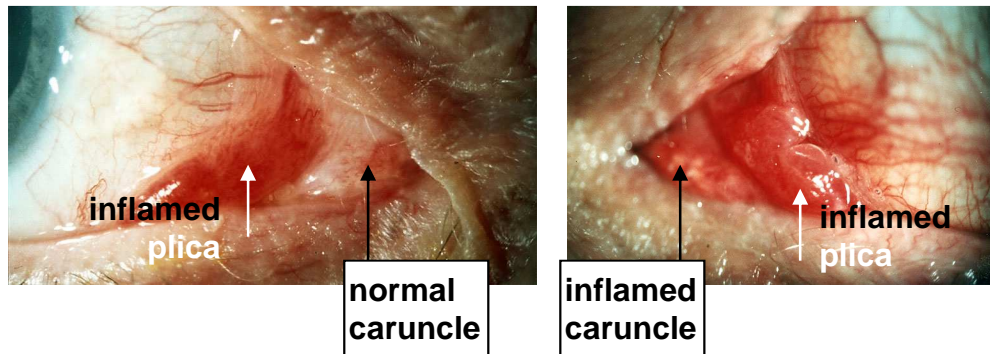
DEFINITE chemosis



1. Conjunctiva and sclera separate $> 1/3$ of total height of palpebral aperture (arrow) **OR**
 2. Conjunctiva prolapses in front of greyline: Score is "yes"
 CAS positive

CARUNCLE AND PLICAL INFLAMMATION: HOW TO SCORE

Caruncle is normally yellowish pink and lies medial to plica, which is normally pink. Proptosis can prolapse caruncle forwards – this is not the same as inflamed



SCORING

prominent or prolapsed caruncle, but **not** inflamed
 plica prolapses through closed eyelids
 inflamed plica OR caruncle

score "no"
 score "yes"
 score "yes"

Yes = CAS positive

RELATIVE AFFERENT PUPIL DEFECT HOW TO ASSESS

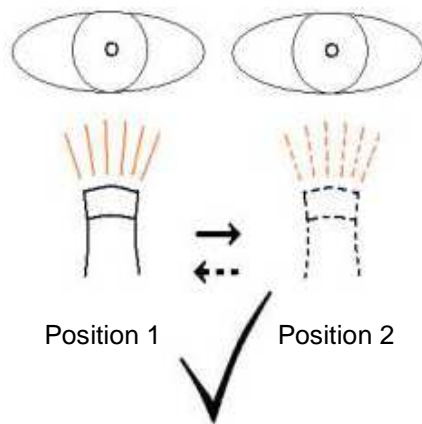
Method:

To compare the right and left afferent pathways, the amount of light that falls on the fovea of each eye must be the same.

To achieve this, ensure that the light source has the same relationship to the each visual axis, and is held in this position for the same length of time (A).

Take especial care if manifest strabismus is present (B), and adjust method if only one pupil can constrict (C).

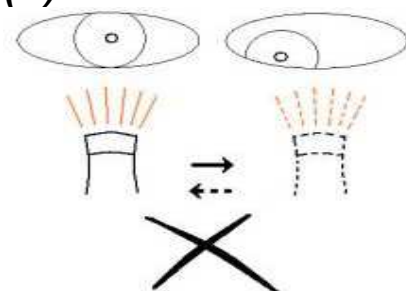
(A)



1. Ask the patient to fixate in the **distance** and hold the light source for 3 seconds in position 1. Assess the degree of contraction and how long it sustains.
2. Move the light source to position 2. and hold for 3 seconds. Assess the degree of contraction and how long it sustains. Compare with what you remember from the other eye.
3. Move light source back to position 1 and hold for 3 seconds. Assess the degree of contraction and how long it sustains. Compare with what you remember from the other eye.

Repeat the swing from side to side until you are sure whether one side contracts less or sustains for less time (+ RAPD), or whether the pupil reflexes are equal in these respects (- RAPD).

(B)



Unequal stimulation of foveas may produce an artefact. Adjust light source position to avoid this.

(C)

What do you do if only one pupil is able to respond?

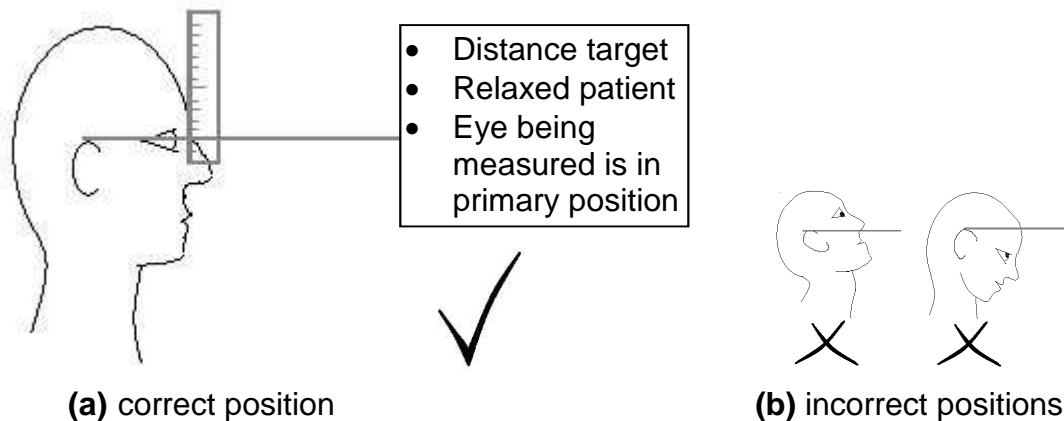
In this situation the afferent can still be assessed by the same swinging light method. Instead of examining each pupil as you direct the light towards it, you examine the **working** pupil throughout the test. Then compare the **direct** response from that eye with the **consensual** response from that eye. This consensual response tells you what the other afferent pathway is like: hence allows comparison between the two eyes

EYELID MEASUREMENTS

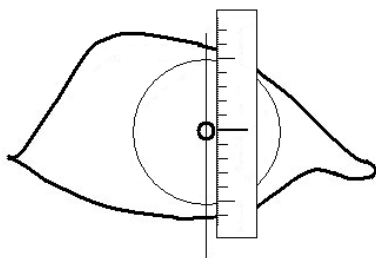
HOW TO ASSESS

Method:

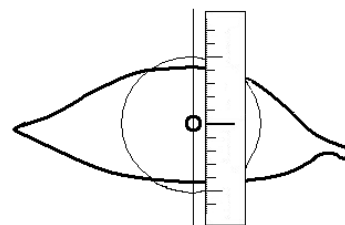
1. Ensure patient's head positioned as in **(a)** not **(b)**.
2. Use distance target at their eye level for fixation. If strabismus makes this impossible then record with *.



3. If strabismus present, occlude the contralateral visual axis before measuring.
4. Record the relaxed positions of mid pupil aperture and eyelid retraction in mm using transparent ruler.
(Note that in diagram (c) the measured aperture is not the maximal lid aperture as patient has lateral flare.)



- (c)** upper eyelid recorded as +1mm
lower eyelid recorded as +1mm
palpebral aperture = 12 mm

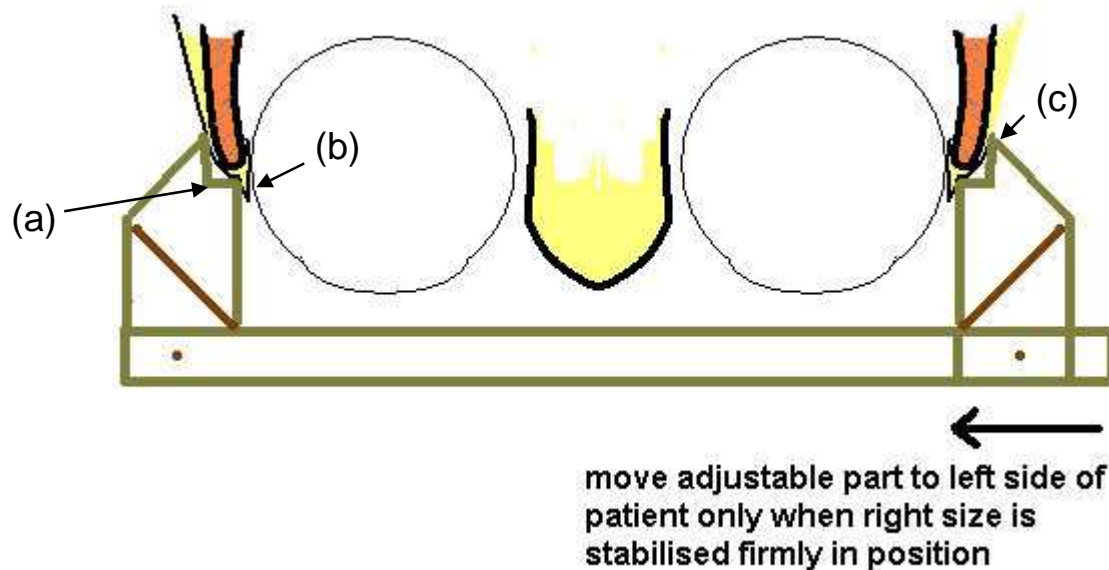


- (d)** upper eyelid recorded as -1mm
lower eyelid recorded as - 1mm
palpebral aperture = 8 mm

PROPTOSIS (EXOPHTHALMOMETRY) HOW TO ASSESS.

Method:

1. Choose a Hertel exophthalmometer with a snug mechanism and preferably a square angle where it sits against the orbital rim (a)
2. Open it wider than required.
3. Sit opposite the patient and at the same level.
4. Keep the patient relaxed, avoiding breath holding and excessive eyelid retraction.



5. Position left foot of Hertel against the patient's right lateral orbital rim, at level of lateral canthus (b).
It should sit outside lateral canthus, but as medially as possible without distorting eyeball. Avoid pressing hard as it is painful.
6. Slide right foot medially into identical position on left orbital rim (c).
7. Ask patient to fix their right eye gaze on your left eye while you occlude the patient's left visual axis with your right thumb. Adjust rotation to view corneal apex and record position.
8. Hold instrument stationary while you adjust your head, and use your right eye and left thumb to record the left eye similarly.
9. Record intercanthal distance.

CORNEA RISK OF ULCERATION

1. Lagophthalmos

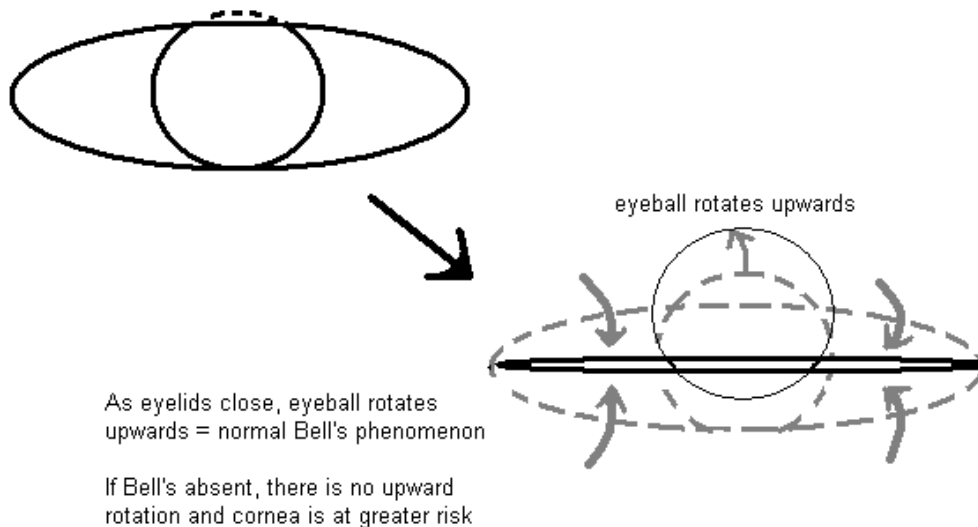
Method:

- a. Ask patient to close their eyes as if asleep
- b. Use pen torch to see whether sclera or cornea is still visible

(Note: A patient whose cornea is still visible is at high risk from ulceration.)

2. Bells phenomenon

Normal Bell's phenomenon



Assessing Bell's phenomenon

Method: The observer holds the upper eyelid high and then asks the patient to attempt gentle closure while assessing whether upward rotation takes place.

If there is no upward rotation, then Bell's phenomenon is absent.

(Note: Absent Bell's phenomenon is found in 10% normal subjects, but can be due to inferior rectus tethering.)

It is a strong risk factor for corneal ulceration if the eyelids do not close fully.)

Graves' Ophthalmopathy – Quality Of Life questionnaire

GO-QOL

Versie NL1.2

3 versie: juli 1999

(aangepast van 1e versie: British Journal of Ophthalmology 1998;82:773-779)
(aangepast naar aanleiding van Engelse vertaling, juli 1999)

Afdeling Klinische Epidemiologie & Biostatistiek
Afdeling Endocrinologie
Academisch Medisch Centrum
Amsterdam

correspondentieadres:
Mw. Drs. C.B. Terwee
Afdeling Klinische Epidemiologie & Biostatistiek
Academisch Medisch Centrum
Postbus 22660
1100 DD Amsterdam
Tel: 020-5666880
Fax: 020-6912683
e-mail: c.b.terwee@amc.uva.nl

Instructions for users of the GO-QOL

About the GO-QOL

- The GO-QOL is a disease-specific quality of life questionnaire, especially designed to measure health-related quality of life (HRQL) of patients with Graves' ophthalmopathy (GO).
- The GO-QOL measures two different aspects of HRQL: (1) visual functioning as a consequence of double vision and decreased visual acuity (question 1-8) and (2) psychosocial functioning as a consequence of a changed appearance (question 9-16).

Use of the GO-QOL

- The GO-QOL is a self-administered questionnaire that patients should complete by themselves.
- If the GO-QOL is administered in an interview session or if patients need help from others, questions and answering options should be read to them in a neutral way to ensure that the answers reflect the patient's opinion.

Use of the GO-QOL in different languages

- The GO-QOL is available in a Dutch and (UK) English version.
- Users of the GO-QOL are advised to use the GO-QOL in its present form and layout. Please do not change the sequence of the questions and keep the questions together on the same pages as they are, because changes in the layout or sequence of the questions may affect the validity and reliability of the questionnaire.
- When using the English version of the GO-QOL, the only thing that users may want to adjust is the name of the disease: In general, the name "thyroid eye disease" is used in the UK, while "Graves eye disease" is common in the US. Local circumstances may be different and users of the GO-QOL are advised to check this and adjust the questionnaire on this point if necessary.

Scoring of the GO-QOL

- The 16 questions can be summarized into two subscales, called "visual functioning" and "appearance" as described above. Answers should be scored 1 to 3 points for each question from left to right (thus the answer "no" always scores 3 points). The questions 1 to 8 and questions 9 to 16 should then be added up to two raw scores from 8 to 24 points, and then transformed to two total scores from 0-100 by the following formula:
total score = (raw score – 8)/16 * 100.
For both total scores holds that higher scores indicate better health.
- For questions 1 and 2 the answers "no drivers' license" or "never learned to ride a bike" (English version) are scored as a missing value.
- When there are missing values for some items, total scores can be calculated for the remaining completed items. The transformation should then be adjusted to:
total score = (raw score – #)/2*# * 100 where # is the number of completed items.
However, when more than half of the items within a subscale are missing. A total score should not be calculated but results in a missing value.
- The scoring and way of handling missing data is in accordance with the scoring of the SF-36 Health Survey.

Validity and reliability of the GO-QOL

- The GO-QOL was validated in three different Dutch GO populations.^{1,2,3} Validity, reliability, and responsiveness were assessed and the results were promising. A validation of the English version of the GO-QOL is currently underway. However, validation is an ongoing process and we would like to encourage the users of the GO-QOL to make their data available to the authors of the GO-QOL for further validation of the questionnaire in different patient samples.

The authors of the GO-QOL are open for any suggestions or questions you may have about the GO-QOL. Please, do not hesitate to contact us at any time.

On behalf of all co-authors,

Ms. Caroline B Terwee.

References

¹ Terwee CB, Gerding MN, Dekker FW, Prummel MF, Wiersinga WM. Development of a disease-specific quality of life questionnaire for patients with Graves' ophthalmopathy: the GO-QOL. *Br J Ophthalmol* 1998;82:773-779.

² Terwee CB, Gerding MN, Dekker FW, Prummel MF, van der Pol JP, Wiersinga WM. Test-retest reliability of the GO-QOL: A disease-specific quality of life questionnaire for patients with Graves' ophthalmopathy. *J Clin Epidemiol* 1999.

³ Terwee CB et al. Measuring changes in quality of life over time in patients with Graves' ophthalmopathy. Submitted for publication.

De hierna volgende vragen gaan speciaal over uw **oogziekte van Graves**.
Denk bij het beantwoorden van de vragen aan **de afgelopen week**

In hoeverre was u **de afgelopen week** als gevolg van de **oogziekte van Graves** beperkt in het uitvoeren van de volgende activiteiten?

Zet een kruis in het hokje dat past bij uw antwoord. De hokjes komen overeen met de antwoorden die erboven staan. Eén hokje aankruisen achter iedere vraag.

	Ja, ernstig beperkt	Ja, een beetje beperkt	Nee, helemaal niet beperkt	
1. Fietsen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Geen rijbewijs
2. Autorijden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Verplaatsen in en om het huis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Buiten wandelen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Lezen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. T.V. kijken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Hobby of liefhebberij, nl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Ja, ernstig belemmerd	Ja, een beetje belemmerd	Nee, helemaal niet belemmerd	
8. Voelde u zich de afgelopen week door uw oogziekte van Graves belemmerd in iets wat u had willen doen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

De hierna volgende vragen gaan over uw oogziekte van Graves in het algemeen.

	Ja, heel erg	Ja, een beetje	Nee, helemaal niet
9. Heeft u het gevoel dat u van uiterlijk veranderd bent door uw oogziekte van Graves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Heeft u het gevoel op straat te worden nagestaard vanwege uw oogziekte van Graves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Heeft u het gevoel dat mensen vervelend reageren vanwege uw oogziekte van Graves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Heeft u het gevoel dat uw oogziekte van Graves invloed heeft op uw zelfvertrouwen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Heeft u het gevoel dat uw oogziekte van Graves invloed heeft op het sluiten van vriendschappen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Heeft u het gevoel dat u in een sociaal isolement zit vanwege uw oogziekte van Graves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Heeft u het gevoel dat u minder vaak op foto's staat dan vroeger, voordat u de oogziekte van Graves had?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Probeert u veranderingen in uw uiterlijk als gevolg van de oogziekte van Graves te camoufleren?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



EUropean Group of Graves' Orbitopathy

GO-QOL English version

The following 15 questions deal specifically with your thyroid eye disease.

Please focus on the past week while answering these questions.

The boxes correspond with the answers above them. Tick the box that matches your answer. Please tick only one box for each question.

Q 1-7 During the past week, to what extent were you limited in carrying out the following activities because of your thyroid eye disease?

	Yes, seriously limited	Yes, a little limited	No, not at all limited
1. Driving [no drivers' licence <input type="checkbox"/>]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Moving around in the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Walking outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Hobby or pastime ie.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes, severely hindered	Yes, a little hindered	No, not at all hindered
7. During the past week, did you feel hindered from something that you wanted to do because of your thyroid eye disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q 8-15 The following questions deal with your thyroid eye disease in general

	Yes, very much so	Yes, a little	No, not at all
8. Do you feel that your appearance has changed because of your thyroid eye disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you feel that you are stared at in the streets because of your thyroid eye disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes, very much so	Yes, a little	No, not at all
10. Do you feel that people react unpleasantly because of your thyroid eye disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you feel that your thyroid eye disease has an influence on your self-confidence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you feel socially isolated because of your thyroid eye disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you feel that your thyroid eye disease has an influence on making friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you feel that you appear less often on photos than before you had thyroid eye disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you try to mask changes in your appearance caused by your thyroid eye disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GO-QUOL FRAGEBOGEN Deutsche Version

Die folgenden Fragen beziehen sich ausschließlich auf Ihre Augenerkrankung (endokrine Orbitopathie).

Bitte beziehen Sie sich in der Beantwortung dieser Fragen ausschliesslich auf die vergangene Woche.

In welchem Ausmaß waren während der letzten Woche die unten beschriebenen Tätigkeiten wegen der endokrinen Orbitopathie eingeschränkt?

Bitte kreuzen sie jeweils das entsprechende Kästchen an. Die Kästchen entsprechen den unten aufgeführten Antwortmöglichkeiten. Bitte geben Sie pro Frage nur eine Antwort.

	Ja, sehr eingeschränkt	Ja, ein bisschen eingeschränkt	Nein, überhaupt nicht eingeschränkt
Fahrradfahren Ich kann nicht Fahrradfahren <input type="checkbox"/>			
Autofahren Ich habe keinen Führerschein <input type="checkbox"/>			
Bewegung innerhalb der häuslichen Umgebung			
Bewegung außerhalb der häuslichen Umgebung			
Lesen			
Fernsehen			
Hobbies/Freizeitbeschäftigungen (welche ?.....)			
	Ja, sehr	Ja, ein bisschen	Nein, überhaupt nicht
Konnten Sie im Lauf der vergangenen Woche wegen der endokrinen Orbitopathie etwas nicht machen, das Sie gern getan hätten?			
Die folgenden Fragen beziehen sich auf die endokrine Orbitopathie im Allgemeinen			
	Ja, sehr	Ja, ein wenig	Nein, gar nicht
Haben Sie den Eindruck, dass sich Ihr Aussehen durch die endokrine Orbitopathie verändert hat?			
Haben Sie den Eindruck, auf der Straße wegen Ihres durch die endokrine Orbitopathie veränderten Aussehens angestarrt zu werden?			
Haben Sie den Eindruck, dass andere Menschen auf Sie wegen Ihrer endokrinen Orbitopathie unangenehm reagieren?			
Glauben Sie, daß die endokrine Orbitopathie Ihr Selbstvertrauen beeinflusst?			
Haben Sie das Gefühl, durch die endokrine Orbitopathie sozial isoliert zu			

sein?			
Glauben Sie, daß die endokrine Orbitopathie Ihre Fähigkeit, neue Freunde kennenzulernen, beeinflußt?			
Haben Sie den Eindruck, daß Sie wegen der endokrinen Orbitopathie weniger häufig auf Fotografien abgebildet sind als früher?			
Versuchen Sie, Veränderungen in Ihrem Aussehen, die durch die endokrine Orbitopathie verursacht wurden, zu verbergen?			

GO-QUOL QUESTIONNAIRE- French version

Les questions suivantes ne concernent que la maladie de vos yeux (ophtalmopathie thyroïdienne)

Vos réponses doivent être en rapport avec les symptômes de votre maladie durant la dernière semaine.

Pendant la dernière semaine combien vos activités décrites ci-dessous ont été limitées due à l'ophtalmopathie thyroïdienne?

Cochez le symbole ✓ dans la cage correspondante à votre réponse. Les cages correspondent aux réponses décrites ci-dessus. Mettez un seul ✓ à chaque question.

- | | Qui,
très
limitées | Qui,
peu
limitées | Non,
pas
limitées du tout |
|--|--------------------------|-------------------------|---------------------------------|
| 1. Vélo [Je ne suis pas cycliste | | | |
| 2. Conduire [Je ne conduis pas] | | | |
| 3. Marche à la maison | | | |
| 4. Marche à l' extérieur | | | |
| 5. Lire | | | |
| 6. Regarder la télévision | | | |
| 7. Loisir favoris/divertissements
par exemple | | | |

- | | Qui,
beaucoup | Qui,
peu | Non,
pas du tout |
|--|------------------|-------------|---------------------|
| 8. Pendant la dernière semaine
avez-vous senti des difficultés
pour satisfaire une envie à cause
de l' ophtalmopathie thyroïdienne? | | | |

Les questions suivantes concernent l' ophtalmopathie thyroïdienne en général.

- | | Qui,
trop | Qui,
peu | Non,
pas du tout |
|--|--------------|-------------|---------------------|
| 9. Est-ce que vous avez l' impression
que votre aspect extérieur
a changé à cause de l' ophtalmopathie
thyroïdienne? | | | |
| 10. Avez-vous l'impression qu'on vous
regarde instamment dans la rue à cause
de l' ophtalmopathie thyroïdienne? | | | |
| 11. Avez-vous l' impression que les gens
expriment des sentiments négatifs à
cause de l' ophtalmopathie thyroïdienne? | | | |
| 12. Croyez-vous que l' ophtalmopathie thyroïdienne
influence sur votre estime de soi? | | | |
| 13. Avez-vous l'impression d'être socialement
isolé à cause de l' ophtalmopathie
thyroïdienne? | | | |
| 14. Croyez-vous que, l' ophtalmopathie thyroïdienne
joue un rôle sur votre capacité de se faire des
nouveaux amis? | | | |
| 15. Evitez-vous de vous faire photographier
par rapport à votre disposition précédemment
l' ophtalmopathie thyroïdienne? | | | |
| 16. Essayez-vous de "camoufler" votre
aspect extérieur à cause de l'
ophtalmopathie thyroïdienne | | | |

GO-QOL QUESTIONNAIRE Greek translation

Οι ερωτήσεις που ακολουθούν αφορούν μόνο την πάθηση των ματιών σας (θυρεοειδική οφθαλμοπάθεια).

Οι απαντήσεις σας θα πρέπει να έχουν σχέση με τα συμπτώματα της πάθησης κατά την διάρκεια της τελευταίας εβδομάδας.

Στη διάρκεια της τελευταίας εβδομάδας, ποσο περιορίστηκαν οι δραστηριότητες που περιγράφονται πιο κάτω σας λόγω της θυρεοειδικής οφθαλμοπάθειας;

Βάλτε το σύμβολο ✓ στο τετραγωνό πλαίσιο που ταιριάζει με την απάντησή σας. Τα τετραγωνα πλαίσια αντιστοιχούν στις απαντήσεις που γράφονται από πάνω. Απαντήστε με ένα μόνο ✓ για κάθε ερώτηση.

	Ναι πολυ περιορισμενες	Ναι λιγο περιορισμενες	Οχι καθολου περιορισμενες
1. Ποδηλατο [δεν ειμαι ποδηλατης] <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Οδηγηση [δεν οδηγω <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Περπατημα μεσα στο σπιτι	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Περπατημα σε εξωτερικους χωρους	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Διαβασμα	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Παρακολουθηση τηλεορασης	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Χομπυ / διασκεδαση π.χ.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Ναι, πολυ	Ναι, λιγο	Οχι, καθολου
8. Κατα τη διαρκεια της τελευταιας εβδομαδας αισθανθηκατε δυσκολιες στο να εκπληρωσετε καποια επιθυμια σας λογω της θυρεοειδικής οφθαλμοπαθειας;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Οι παρακατω ερωτησεις αφορουν γενικα την θυρεοειδικη οφθαλμοπαθεια σας

	Ναι παρα πολυ	Ναι, λιγο	Οχι, καθολου
9 Αισθανεσθε οτι η εμφανιση σας εχει αλλαξει λογω της θυρεοειδικής οφθαλμοπαθειας;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Αισθανεσθε οτι το κοινο στους δρομους σας κοιταει επιμονα λογω της θυρεοειδικής οφθαλμοπαθειας;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Αισθανεσθε οτι το κοινο έχει αρνητικά συναισθήματα απέναντι σας λογω της θυρεοειδικής οφθαλμοπαθειας;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Πιστευετε οτι η θυρεοειδική οφθαλμοπαθεια επηρεάζει την αυτοπεποίθησή σας;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Αισθανεσθε καινωνικα απομονωμενος λογω της θυρεοειδικής οφθαλμοπαθειας;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Πιστευετε οτι η θυρεοειδικη οφθαλμοπαθεια επηρεάζει την ικανοτητα σας να δημιουργησετε καινουργιες φιλιες;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Αποφευγετε να φωτογραφίζεστε σε σχέση με τη διάθεση που είχατε πριν την θυρεοειδική οφθαλμοπαθεια;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Προσπαθειτε να "καμουφλαρετε" την εμφανιση σας λογω της θυρεοειδικής οφθαλμοπαθειας;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EUGOGO (European Group Graves'Orbitopathy)
GO-QUOL QUESTIONNAIRE-Italian version

Le domande che seguono si riferiscono solamente alla malattia dei Suoi occhi (Orbitopatia Tiroide Correlata = OTC).

Le risposte alle domande da 1 a 8 devono essere riferite ad eventuali limitazioni o difficoltà createLe dell'OTC nell'ultima settimana, le altre domande invece riguardano l'OTC in maniera generica pertanto le risposte non devono essere riferite all'ultima settimana.

Metta il simbolo √ nel quadratino che meglio si adatta alla Sua risposta.

Risponda con un solo √ per ogni domanda.

I quadratini si riferiscono alla risposta scritta al di sopra.

- | | Si, molto | Si, poco | No, per niente |
|--|------------------|-----------------|-----------------------|
| 1. Ha riscontrato limitazioni nell'uso della bicicletta?
(non uso mai la bicicletta) | | | |
| 2. Ha riscontrato limitazioni nella guida dell'auto?
(non guido automobili) | | | |
| 3. Ha avuto difficoltà a camminare dentro casa? | | | |
| 4. Ha avuto difficoltà a camminare per strada? | | | |
| 5. Ha avuto difficoltà nella lettura? | | | |
| 6. Ha avuto difficoltà a guardare la televisione? | | | |
| 7. Ha riscontrato limitazioni per ciò che concerne
hobby e tempo libero?
(esempi:.....
.....
.....) | | | |
| 8. Ha avuto difficoltà a soddisfare un Suo desiderio a
causa dell' OTC? | | | |
| 9. Pensa che il Suo aspetto sia cambiato a causa dell'OTC? | | | |
| 10. Pensa di attirare l'attenzione della gente per strada
a causa del suo aspetto? | | | |
| 11. Pensa che a causa dell'OTC il prossimo nutra verso
di Lei sentimenti negativi? | | | |
| 12. Pensa che a causa dell'OTC sia diminuito il senso
di fiducia in se stessa/o? | | | |
| 13. Si sente socialmente esclusa/o a causa dell'OTC? | | | |
| 14. Pensa che l'OTC influenzi la Sua capacità a crearsi
nuove amicizie? | | | |
| 15. Evita di farsi fotografare? (Ovvero il Suo desiderio
di farsi fotografare è diminuito rispetto al periodo
precedente l'OTC). | | | |
| 16. Tenta di camuffare il Suo aspetto da quando è
insorta l'OTC? | | | |

Опросник, оценивающий качество жизни пациентов GO-QOL (GO-Quality-of-Life – качество жизни при офтальмопатии Грейвса), состоит из двух подшкал. Первая предназначена для оценки зрительных функций (8 вопросов относительно степени ограничения зрительных способностей и/или диплопии), а вторая подшкала – для оценки внешнего вида (8 вопросов о психологических проблемах, возникающих в связи с изменением внешности).

Опросник GO-QOL

	Да, значительные ограничения	Да, незначительные ограничения	Нет ограничений
1. Катание на велосипеде (никогда не умел кататься <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Вождение автомобиля (нет водительских прав <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Прогулки вокруг дома	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Прогулки вне дома (по городу)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Чтение	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Просмотр телепередач	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Хобби и развлечения	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Были ли у Вас какие-либо затруднения, связанные с офтальмопатией на протяжении последней недели?	Значительные затруднения <input type="checkbox"/>	Некоторые затруднения <input type="checkbox"/>	Не было <input type="checkbox"/>
	Да, в значительной степени	Да, в некоторой степени	Совсем нет
9. Ощущаете ли Вы, что Ваша внешность изменилась вследствие офтальмопатии?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Обращают ли на Вас внимание на улице в связи с офтальмопатией?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Есть ли у Вас ощущение, что Вы отталкиваете действующе на людей в связи с офтальмопатией?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ощущаете ли Вы неуверенность в себе в связи с офтальмопатией?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Ощущаете ли Вы себя социально изолированным в связи с офтальмопатией?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Ощущаете ли Вы, что офтальмопатия мешает Вам приобретать друзей?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Ощущаете ли Вы, что после начала офтальмопатии Вы реже стали фотографироваться?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Пытаетесь ли Вы скрыть изменения внешности, связанные с офтальмопатией?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

При расчете исходят из того, что значительные ограничения соответствуют 1, незначительные – 2, отсутствие ограничения – 3. Полученные в двух опросниках (вопросы 1 – 8 и 9 – 16) значения складываются, в результате в каждом получается по промежуточному баллу от 8 до 24. Окончательный бал

рассчитывается по формуле: $(\text{промежуточный балл} - 8) / 16 \times 100$. Он может варьировать от 0 до 100, при этом чем он больше, тем лучше состояние пациента.

Spørgeskema vedrørende livskvalitet hos patienter med Graves' øjensygdom

Spørgsmålene i dette spørgeskema drejer sig udelukkende om de gener du har fra øjnene. Ved besvarelsen skal du lægge vægt på hvordan disse gener har påvirket dig den sidste uges tid.

Har du inden for den seneste uge oplevet, at dine gener fra øjnene har medført begrænsninger i en eller flere af nedenstående aktiviteter?

	Ja meget begrænset	Ja lidt begrænset	Nej slet ikke
1) Cykling (hvis du aldrig har lært at cykle, kryds her <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Bilkørsel (hvis du ikke har kørekort, kryds her <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Gå omkring indendørs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Gå omkring udendørs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Læsning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Se TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Hobby / fritidsaktivitet Angiv hvilken-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ja meget hæmmet	Ja lidt hæmmet	Nej slet ikke
8) Har du indenfor den sidste uge været hæmmet i at gøre noget på grund af din øjensygdom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

De næste spørgsmål omhandler nogle generelle forhold vedrørende din øjensygdom

	Ja rigtigt meget	Ja lidt	Nej slet ikke
9) Føler du, at dit udseende har ændret sig på grund af din øjensygdom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Føler du, at folk på gaden kigger på dig på grund af din øjensygdom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Føler du, at folk reagerer negativt overfor dig på grund af din øjensygdom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Føler du, at din øjensygdom påvirker din selvtillid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Føler du dig socialt isoleret på grund af din øjensygdom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Føler du, at din øjensygdom påvirker din evne til at få venner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Mener du, at du optræder sjældnere på fotos nu, end før du fik din øjensygdom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Forsøger du at skjule de ændringer af dit udseende, som din øjensygdom har medført?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>