# Supplementary File

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This file provides further information related to the study.

# Supplementary Information

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**Table S1.** The original version of ThyCa-QoL questionnaire, translation of ThyCa-QoL questionnaire in English into Indonesian (T1), and a back translation into English (T2)

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| No. | ThyCa-QoL original version | Translation 1 (T1) | Translation 2 (T2) |
| 1. | Have you had a dry mouth? | Apakah Anda pernah mengalami mulut kering? | Have you ever experienced a dry mouth? |
| 2. | Have you had trouble swallowing? | Apakah Anda pernah sulit menelan? | Have you ever found any difficulty swallowing? |
| 3. | Have you been hoarse? | Apakah Anda pernah serak? | Have you ever had a sore throat? |
| 4. | Have you had a weak voice? | Apakah suara Anda pernah hampir hilang? | Have you ever almost lost your voice? |
| 5. | Have you had a lump in your throat? | Apakah pernah ada benjolan di tenggorokan Anda? | Has there been any lump in your throat? |
| 6. | Did the scar in your neck bother you? | Apakah parut di leher Anda mengganggu? | Does the scar in your throat disturb you? |
| 7. | Have you felt chilly? | Apakah Anda pernah kedinginan? | Have you ever felt cold? |
| 8. | Have you had difficulty tolerating heat? | Apakah Anda pernah sulit menoleransi panas? | Have you ever found it difficult to tolerate heat? |
| 9. | Have you had hot flushes? | Apakah Anda pernah sering kepanasan? | Have you ever often felt hot? |
| 10. | Have you had pain in your muscles and/or joints? | Apakah otot dan/atau sendi Anda pernah sakit? | Have you ever felt pain in your muscles and/or joints? |
| 11. | Have you had tingling hands and/or feet? | Apakah tangan dan/atau kaki Anda pernah kesemutan? | Have you ever felt numbness in your arm or leg? |
| 12. | Have you had cramps in your legs? | Apakah kaki Anda pernah kram? | Have you ever suffered from leg cramps? |
| 13. | Have you felt slowed down? | Apakah Anda pernah merasa melambat? | Have you ever felt slow? |
| 14. | Have you gained weight? | Apakah Anda pernah bertambah berat badan? | Have you ever gained weight? |
| 15. | Have you had painful, irritated or dry eyes? | Apakah mata Anda pernah perih, teriritasi, atau kering? | Have your eyes ever been sore, irritated, or dry? |
| 16. | Have you had skin problems (e.g. itchy, dry)? | Apakah Anda pernah mengalami gangguan kulit (misalnya gatal, kering)? | Have you ever had a skin disorder (such as itchiness or dryness)? |
| 17. | Have you suffered from palpitations? | Apakah Anda pernah menderita palpitasi? | Have you ever suffered from palpitations? |
| 18. | Have you had headaches? | Apakah Anda pernah sakit kepala? | Have you ever had a headache? |
| 19. | Have you had abrupt attacks from tiredness? | Apakah Anda pernah mengalami serangan mendadak karena lelah? | Have you ever experienced a sudden heart attack due to exhaustion? |
| 20. | Have you had troubles with thinking? | Apakah Anda pernah sulit berpikir? | Have you ever found it difficult to think? |
| 21. | Have you had attention problems? | Apakah Anda pernah sulit memusatkan perhatian? | Have you ever found it difficult to focus your attention? |
| 22. | Have you felt restless or agitated? | Apakah Anda pernah merasa tidak tenang dan gelisah? | Have you ever felt restless and nervous? |
| 23. | Have you felt anxious? | Apakah Anda pernah merasa cemas? | Have you ever felt anxious? |
| 24. | To what extent were you interested in sex? | Sejauh apa Anda tertarik pada seks? | How much are you interested in sex? |
|  | 1=not at all; 2=a little; 3=quite a bit; 4=very much | 1=tidak sama sekali; 2=sedikit; 3=cukup sedikit; 4=sangat banyak | 1=not at all; 2=a little; 3=quite a bit; 4=completely |

ThyCa-QoL=thyroid cancer-quality of life

**Table S2.** Revised ThyCa-QoL questionnaire (T3) from the T1 translation results after comparing the original version and T2 and transcultural validation results (T4)

|  |  |  |
| --- | --- | --- |
| No. | ThyCa-QoL revision (T3) | Transcultural validation results (T4) |
| 1. | Apakah mulut Anda pernah kering? | Apakah mulut Anda pernah terasa kering? |
| 2. | Apakah Anda pernah sulit menelan? | Apakah Anda pernah kesulitan menelan? |
| 3. | Apakah suara Anda pernah serak? | Apakah suara Anda pernah serak? |
| 4. | Apakah suara Anda pernah hampir hilang? | Apakah suara Anda pernah hampir hilang? |
| 5. | Apakah pernah ada benjolan di tenggorokan Anda? | Apakah pernah terasa benjolan di leher Anda? |
| 6. | Apakah bekas luka di leher Anda mengganggu? | Apakah bekas operasi di leher terasa mengganggu? |
| 7. | Apakah Anda merasa badan kedinginan? | Apakah Anda pernah merasa kedinginan? |
| 8. | Apakah Anda kesulitan menoleransi panas? | Apakah Anda tidak tahan udara panas? |
| 9. | Apakah Anda sering merasa kepanasan? | Apakah Anda sering merasa kepanasan? |
| 10. | Apakah otot atau sendi Anda terasa sakit? | Apakah otot atau sendi Anda terasa sakit? |
| 11. | Apakah tangan dan kaki Anda merasa kesemutan? | Apakah tangan atau kaki Anda terasa kesemutan? |
| 12. | Apakah kaki Anda terasa kram? | Apakah kaki Anda pernah terasa kram? |
| 13. | Apakah Anda merasa seperti tubuh melambat? | Apakah Anda pernah merasa tubuh seperti lambat? |
| 14. | Apakah Anda mengalami penambahan berat badan? | Apakah Anda merasa tambah gemuk? |
| 15. | Apakah mata Anda pernah terasa perih, iritasi, atau kering? | Apakah mata Anda terasa perih, merah, atau kering? |
| 16. | Apakah Anda pernah mengalami gangguan kulit (misalnya gatal, kering)? | Apakah kulit Anda iritasi, gatal, atau kering? |
| 17. | Apakah Anda pernah menderita palpitasi? | Apakah Anda pernah mengalami berdebar-debar? |
| 18. | Apakah Anda pernah merasakan sakit kepala? | Apakah Anda pernah merasa sakit kepala? |
| 19. | Apakah Anda pernah mengalami serangan lemas mendadak? | Apakah Anda mengalami lemas mendadak? |
| 20. | Apakah Anda pernah merasa sulit berpikir? | Apakah Anda merasa kesulitan berpikir? |
| 21. | Apakah Anda pernah sulit memusatkan perhatian? | Apakah Anda merasa sulit berkonsentrasi? |
| 22. | Apakah Anda pernah merasa tidak tenang dan gelisah? | Apakah Anda merasa tidak tenang atau gelisah? |
| 23. | Apakah Anda pernah merasa cemas? | Apakah Anda pernah merasa cemas? |
| 24. | Sejauh mana Anda tertarik pada seks? |   |
|  | 1=tidak sama sekali; 2=sedikit; 3=cukup sedikit; 4=sangat banyak | 0=tidak dirasakan sama sekali; 1=sedikit dirasakan (kadang-kadang); 2=dirasakan; 3=cukup sering dirasakan; 4=selalu dirasakan |

ThyCa-QoL=thyroid cancer-quality of life

**Table S3.** ThyCa-QoL-ID questionnaire after validation test

|  |  |
| --- | --- |
| No. | Apakah mulut Anda pernah terasa kering? |
| 1. | Apakah Anda pernah kesulitan menelan? |
| 2. | Apakah suara Anda pernah serak? |
| 3. | Apakah suara Anda pernah hampir hilang? |
| 4. | Apakah pernah terasa benjolan di leher Anda? |
| 5. | Apakah bekas operasi di leher terasa mengganggu? |
| 6. | Apakah Anda pernah merasa kedinginan? |
| 7. | Apakah Anda tidak tahan udara panas? |
| 8. | Apakah Anda sering merasa kepanasan? |
| 9. | Apakah otot atau sendi Anda terasa sakit? |
| 10. | Apakah tangan atau kaki Anda terasa kesemutan? |
| 11. | Apakah kaki Anda pernah terasa keram? |
| 12. | Apakah Anda pernah merasa tubuh seperti lambat? |
| 13. | Apakah Anda merasa tambah gemuk? |
| 14. | Apakah mata Anda terasa perih, merah, atau kering? |
| 15. | Apakah kulit Anda iritasi, gatal, atau kering?  |
| 16. | Apakah Anda pernah mengalami berdebar-debar? |
| 17. | Apakah Anda pernah merasa sakit kepala? |
| 18. | Apakah Anda mengalami lemas mendadak? |
| 19. | Apakah Anda merasa kesulitan berpikir? |
| 20. | Apakah Anda merasa sulit berkonsentrasi? |
| 21. | Apakah Anda merasa tidak tenang atau gelisah? |
| 22. | Apakah Anda pernah merasa cemas? |
|  | Keterangan:0=tidak dirasakan sama sekali; 1=sedikit (kadang-kadang) dirasakan; 2=dirasakan; 3=cukup sering dirasakan; 4=selalu dirasakan |

ThyCa-QoL-ID=thyroid cancer-quality of life-Indonesian version