

| Question 3: What type of cancer were you diagnosed with? | | |
|---|-----|-----|
| Anaplastic | 1 | 0% |
| Don't know | 9 | 1% |
| Follicular | 125 | 14% |
| Medullary | 9 | 1% |
| Papillary | 765 | 84% |
| | 909 | |

| Received radioactive iodine dose: | | |
|--|-----|-----|
| No | 31 | 3% |
| Yes | 883 | 97% |
| | 914 | |

| How many doses have you received? | | |
|--|-----|-----|
| Median: 1 | | |
| 1 | 530 | 60% |
| 2 | 223 | 25% |
| 3 | 81 | 9% |
| 4 or more | 47 | 5% |
| | 881 | |

Median dose: 125 millicuries

| Treated where? | | |
|-----------------------|-----|-----|
| Inpatient | 394 | 45% |
| Outpatient | 489 | 55% |
| | 883 | |

| How many days were you in the hospital? | | |
|--|-----|-----|
| 0 | 3 | 1% |
| 1 | 92 | 23% |
| 2 | 110 | 28% |
| 3 | 141 | 36% |
| 4 or more | 47 | 12% |
| | 393 | |

Do you think your hospital stay was

| | | |
|--------------------|-----|-----|
| Far too short | 13 | 3% |
| A little too short | 50 | 13% |
| About right | 274 | 70% |
| A little too long | 48 | 12% |
| Far too long | 9 | 2% |
| | 394 | |

Did you receive a detailed explanation of the risks

| | | |
|-----|-----|-----|
| No | 44 | 9% |
| Yes | 445 | 91% |
| | 489 | |

After your outpatient treatment, where did you go?

| | | |
|-----------------------|-----|-----|
| Directly home | 420 | 86% |
| Other, please specify | 47 | 10% |
| To a hotel or motel | 22 | 4% |
| | 489 | |

Did you use public transportation?

| | | |
|-----|-----|-----|
| No | 413 | 98% |
| Yes | 7 | 2% |
| | 420 | |

Were you concerned about posing risks to family members?

| | | |
|-----|-----|-----|
| No | 65 | 15% |
| Yes | 355 | 85% |
| | 420 | |

Did you experience nausea?

| | | |
|-----|-----|-----|
| No | 475 | 54% |
| Yes | 401 | 46% |
| | 876 | |

Did you vomit within the first 24 hours after treatment?

| | | |
|-----|-----|-----|
| No | 801 | 92% |
| Yes | 74 | 8% |

If yes, do you believe that event caused a radiation risk?

| | | |
|-------|-----|-----|
| No | 301 | 87% |
| Yes | 45 | 13% |
| Total | 346 | |