**The following questions are about your personal information**

1. **Sex** 
   1. M
   2. F
2. **Age** 
   1. 20-30
   2. 31-40
   3. 41-50
   4. 51-60
   5. 61-70
   6. 70+
3. **Years of practicing medicine**
   1. 0-10
   2. 10-20
   3. 20-30
   4. 30-40
   5. 40+
4. **Specialty**
   1. Endocrinology
   2. Internal Medicine
   3. Pediatric Endocrinology
   4. Nuclear Medicine
   5. Surgery
   6. Other, please specify, [optional]
5. **Are you a member of**
   1. ETA
   2. ATA
   3. LATS
   4. AOTA
   5. None of the above
6. **Where do you practice?** 
   1. Academic/university centre
   2. Regional hospital
   3. Private clinic
7. **Do you treat thyroid patients on a regular basis (daily or weekly)?** 
   1. Yes
   2. No
8. **Country of residence**

**The following questions are about selenium status and supplements in your country of residence**

1. **In your country of residence, what is the selenium status (serum or plasma Se concentration) of the general population?**
   1. <50 mcg/L
   2. 50-100 mcg/L
   3. 101-150 mcg/L
   4. 151-200 mcg/L
   5. >200 mcg/L
   6. More than one of the above intervals due to geographical variation
   7. Don’t know
2. **In your country of residence, are selenium supplements available in tablets?**
   1. As a sole component supplement tablet
   2. Contained in multivitamin tablets
   3. Both of the above
   4. None of the above
   5. Don’t know
3. **In your country of residence are selenium supplements in tablets available as**
   1. Organic selenium compounds (e.g. selenomethionine or selenium-enriched yeast)
   2. Inorganic selenium compounds (e.g. sodium selenite)
   3. Both of the above
   4. Don’t know

**The following questions are about your general use of selenium supplements in thyroid patients**

1. **Do you use selenium supplements in patients with thyroid disease?**
   1. Never
   2. Only in the setting of a clinical trial
   3. Rarely/Occasionally
   4. Frequently/Always

**[Respondents answering never or only in the setting of a clinical trial are terminated at this junction]**

1. **Do you ask about the use of dietary supplements containing selenium before recommending selenium supplementation?**
   1. Generally
   2. Occasionally
   3. Never
2. **Does the selenium status of the general population influence your decision to recommend selenium supplementation in a given patient?**
   1. Yes, generally
   2. Yes, occasionally
   3. No
   4. Don’t know
3. **Do you measure selenium status in a given patient before recommending selenium supplementation?**
   1. Generally
   2. Occasionally
   3. Never
4. **Does the iodine status of the general population in your country of residence influence your decision to recommend selenium supplementation in a given patient? (Choose one or more options)**
   1. Yes, and iodine deficiency would make my decision to recommend selenium supplementation more likely
   2. Yes, and iodine deficiency would make my decision to recommend selenium supplementation less likely
   3. Yes, and adequate iodine intake would make my decision to recommend selenium supplementation more likely
   4. Yes, and adequate iodine intake would make my decision to recommend selenium supplementation less likely
   5. Yes, and iodine excess would make my decision to recommend selenium supplementation more likely
   6. Yes, and iodine excess would make my decision to recommend selenium supplementation less likely
   7. No, the iodine status of the general population does not influence my decision to recommend selenium supplementation
   8. Don’t know
5. **What type of selenium compound do you generally prefer when recommending selenium supplementation?**
   1. Organic selenium compound (e.g. selenomethionine or selenium-enriched yeast)
   2. Inorganic selenium compound (e.g. sodium selenite)
   3. Different types depending on the indication, e.g. inorganic selenium compounds in Graves’ ophthalmopathy
   4. Different types depending on the price of the compound
   5. No preference
   6. Don’t know
6. **In your country of residence, when you recommend selenium supplementation, do you also make a prescription?**
   1. Yes always, selenium supplementation is exclusively a prescription drug in my country of residence
   2. Yes sometimes, in my country of residence, selenium supplementation is a prescription drug when administered in high doses
   3. Yes sometimes, when I strongly recommend selenium supplementation I back up my recommendation with a prescription.
   4. No, selenium supplementation is only sold as an over the counter medicine in my country of residence
   5. Don’t know

**The following questions are about the use of selenium supplementation in patients with Graves’ hyperthyroidism but no ophthalmopathy.**

1. **Do you think that the available evidence warrants the use of selenium supplementation in Graves’ hyperthyroidism without ophthalmopathy?** 
   1. Yes, and I recommend it routinely
   2. No, and I never recommend it
   3. No, but I think it is effective and I recommend it routinely
   4. No, but I recommend it occasionally
   5. Other, please specify
   6. Don’t know
2. **In a patient with Graves’ hyperthyroidism but no ophthalmopathy, receiving antithyroid medication (methimazole or PTU), do you recommend selenium supplementation?**
   1. Never
   2. Sometimes
   3. Frequently
   4. Always
3. **[If recommended sometimes, frequently or always] Do you suggest Se supplementation for this patient group to: (Choose one or more options)**
   1. Induce disease remission
   2. Reduce the risk of relapse
   3. Reduce the dose of antithyroid medication
   4. Reduce TSH receptor autoantibody concentrations
   5. Improve thyroid texture (morphology)
   6. Improve quality of life
   7. Other, please specify
   8. Don’t know
4. **[If recommended sometimes, frequently or always] Which daily amount of Se supplementation do you recommend for this patient group? (Choose one option)**
   1. <100 mcg/day
   2. 100 mcg/day
   3. 200 mcg/day
   4. >200 mcg/day
   5. Don’t know
5. **[If recommended sometimes, frequently or always] For how long would you recommend this patient to take Se supplementation? (Choose one option)**
   1. Weeks to months, and then re-evaluate
   2. Years, and then re-evaluate
   3. As long as antithyroid medication is needed
   4. Indefinitely
   5. Other, please specify (optional)
   6. Don’t know

**The following questions are about the use of selenium supplementation in patients with Graves’ ophthalmopathy.**

* 1. **Do you think that the available evidence warrants the use of selenium supplementation in Graves’ ophthalmopathy?**
  2. Yes, and I recommend it routinely
  3. No, and I never recommend it
  4. No, but I think it is effective and I recommend it routinely
  5. No, but I recommend it occasionally
  6. Other, please specify
  7. Don’t know

1. **In a patient with Graves’ ophthalmopathy, do you recommend selenium supplementation?**
   1. Never
   2. Sometimes
   3. Frequently
   4. Always
2. **[If recommended sometimes, frequently or always] Do you recommend Se supplementation for this patient group:** 
   1. Induce disease remission
   2. As an alternative to doing nothing in patients with mild ocular involvement
   3. As an alternative to other treatment modalities in patients with moderate to severe ocular involvement
   4. As a supplement to other treatment modalities in patients with moderate to severe ocular involvement
   5. Improve quality of life
   6. Other, please specify
   7. Don’t know
3. **[If recommended sometimes, frequently or always] Which daily amount of Se supplementation do you recommend for this patient group?**
   1. <100 mcg/day
   2. 100 mcg/day
   3. 200 mcg/day
   4. >200 mcg/day
   5. Other, please specify (optional)
   6. Don’t know
4. **[If recommended sometimes, frequently or always] For how long would you recommend this patient to take Se supplementation?** 
   1. Weeks to months, and then re-evaluate
   2. Years, and then re-evaluate
   3. Indefinitely
   4. Other, please specify
   5. don’t know