

TSQM (Version 1.4)

Treatment Satisfaction Questionnaire for Medication

Instructions: Please take some time to think about your level of satisfaction or dissatisfaction with the medication you are taking in this clinical trial. We are interested in your evaluation of the effectiveness, side effects, and convenience of the medication *over the last two to three weeks, or since you last used it*. For each question, please place a single check mark next to the response that most closely corresponds to your own experiences.

1. How satisfied or dissatisfied are you with the ability of the medication to prevent or treat your condition?

- ₁ Extremely Dissatisfied
- ₂ Very Dissatisfied
- ₃ Dissatisfied
- ₄ Somewhat Satisfied
- ₅ Satisfied
- ₆ Very Satisfied
- ₇ Extremely Satisfied

2. How satisfied or dissatisfied are you with the way the medication relieves your symptoms?

- ₁ Extremely Dissatisfied
- ₂ Very Dissatisfied
- ₃ Dissatisfied
- ₄ Somewhat Satisfied
- ₅ Satisfied
- ₆ Very Satisfied
- ₇ Extremely Satisfied

3. How satisfied or dissatisfied are you with the amount of time it takes the medication to start working?

- ₁ Extremely Dissatisfied
- ₂ Very Dissatisfied
- ₃ Dissatisfied
- ₄ Somewhat Satisfied
- ₅ Satisfied
- ₆ Very Satisfied
- ₇ Extremely Satisfied

4. As a result of taking this medication, do you experience any side effects at all?

- ₁ Yes
- ₀ No (if No, then please skip to Question 9)

5. How bothersome are the side effects of the medication you take to treat your condition?

- ₁ Extremely Bothersome
- ₂ Very Bothersome
- ₃ Somewhat Bothersome
- ₄ A Little Bothersome
- ₅ Not at All Bothersome

6. To what extent do the side effects interfere with your physical health and ability to function (i.e., strength, energy levels, etc.)?

- ₁ A Great Deal
- ₂ Quite a Bit
- ₃ Somewhat
- ₄ Minimally
- ₅ Not at All

7. To what extent do the side effects interfere with your mental function (i.e., ability to think clearly, stay awake, etc.)?

- ₁ A Great Deal
- ₂ Quite a Bit
- ₃ Somewhat
- ₄ Minimally
- ₅ Not at All

8. To what degree have medication side effects affected your overall satisfaction with the medication?

- ₁ A Great Deal
- ₂ Quite a Bit
- ₃ Somewhat
- ₄ Minimally
- ₅ Not at All

9. How easy or difficult is it to use the medication in its current form?

- ₁ Extremely Difficult
- ₂ Very Difficult
- ₃ Difficult
- ₄ Somewhat Easy
- ₅ Easy
- ₆ Very Easy
- ₇ Extremely Easy

10. How easy or difficult is it to plan when you will use the medication each time?

- ₁ Extremely Difficult
- ₂ Very Difficult
- ₃ Difficult
- ₄ Somewhat Easy
- ₅ Easy
- ₆ Very Easy
- ₇ Extremely Easy

11. How convenient or inconvenient is it to take the medication as instructed?

- ₁ Extremely Inconvenient
- ₂ Very Inconvenient
- ₃ Inconvenient
- ₄ Somewhat Convenient
- ₅ Convenient
- ₆ Very Convenient
- ₇ Extremely Convenient

12. Overall, how confident are you that taking this medication is a good thing for you?

- ₁ Not at All Confident
- ₂ A Little Confident
- ₃ Somewhat Confident
- ₄ Very Confident
- ₅ Extremely Confident

13. How certain are you that the good things about your medication outweigh the bad things?

- ₁ Not at All Certain
- ₂ A Little Certain
- ₃ Somewhat Certain
- ₄ Very Certain
- ₅ Extremely Certain

14. Taking all things into account, how satisfied or dissatisfied are you with this medication?

- ₁ Extremely Dissatisfied
- ₂ Very Dissatisfied
- ₃ Dissatisfied
- ₄ Somewhat Satisfied
- ₅ Satisfied
- ₆ Very Satisfied
- ₇ Extremely Satisfied