TSQM-9

Abbreviated 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 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.

	ow satisfied or dissatisfied are you with the ability of the medication to prevent or treat your lition?
Cond	ation:
\square_1	Extremely Dissatisfied
\square_2	Very Dissatisfied
\square_3	Dissatisfied
\square_4	Somewhat Satisfied
\square_5	Satisfied
\square_6	Very Satisfied
\square_7	Extremely Satisfied
2. He	ow satisfied or dissatisfied are you with the way the medication relieves your symptoms?
\square_1	Extremely Dissatisfied
\square_2	Very Dissatisfied
\square_3	Dissatisfied
\square_4	Somewhat Satisfied
\square_5	Satisfied
\bigsqcup_{6}	Very Satisfied
\square_7	Extremely Satisfied
2 Ц	ow satisfied or dissatisfied are you with the amount of time it takes the medication to start
	ring?
WOII	
\square_1	Extremely Dissatisfied
\square_2	Very Dissatisfied
\square_3	Dissatisfied
\square_4	Somewhat Satisfied
\square_5	Satisfied
\square_6	Very Satisfied
\square_7	Extremely Satisfied

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4. H	ow easy or difficult is it to use the medication in its current form?
\square_1 \square_2	Extremely Difficult Very Difficult
\square_3	Difficult
\square_4	Somewhat Easy
\square_5	Easy
\Box_6	Very Easy
\square_7	Extremely Easy
5. H	ow easy or difficult is it to plan when you will use the medication each time?
П	Extremely Difficult
\square_2	Very Difficult
\Box_2	Difficult
\Box_4	Somewhat Easy
\square_5	Easy
\Box_6	Very Easy
-	Extremely Easy
— ,	
6. H	ow convenient or inconvenient is it to take the medication as instructed?
\square_1	Extremely Inconvenient
\square_2	Very Inconvenient
\Box_3	Inconvenient
\Box_{4}	Somewhat Convenient
\Box_5	Convenient
\Box_6	Very Convenient
\square_7	Extremely Convenient
7. O	verall, how confident are you that taking this medication is a good thing for you?
_	Not at All Confident
\bigsqcup_{2}	A Little Confident
\bigsqcup_3	Somewhat Confident
∐ ₄	Very Confident
Ц5	Extremely Confident

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8. How certain are you that the good things about your medication outweigh the bad things?		
□ Not at All Certain		
□ ₂ A Little Certain		
□ ₃ Somewhat Certain		
□ ₄ Very Certain		
□ ₅ Extremely Certain		
9. Taking all things into account, how satisfied or dissatisfied are you with this medication?		
\square_1 Extremely Dissatisfied		
\square_2 Very Dissatisfied		
\square_3 Dissatisfied		
□4 Somewhat Satisfied		
\square_5 Satisfied		
\square_6 Very Satisfied		
□ ₇ Extremely Satisfied		
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