

TSQM *(Version II)*

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 the 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 symptoms?

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

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

- ₁ Yes
- ₀ No

4. How dissatisfied are you by side effects that interfere with your physical health and ability to function (e.g., strength, energy levels)?

- ₁ Extremely Dissatisfied
- ₂ Very Dissatisfied
- ₃ Somewhat Dissatisfied
- ₄ Slightly Dissatisfied
- ₅ Not at all Dissatisfied
- ₍₅₎ Not Applicable

5. How dissatisfied are you by side effects that interfere with your mental function (e.g., ability to think clearly, stay awake)?

- ₁ Extremely Dissatisfied
- ₂ Very Dissatisfied
- ₃ Somewhat Dissatisfied
- ₄ Slightly Dissatisfied
- ₅ Not at all Dissatisfied
- ₍₅₎ Not Applicable

6. How dissatisfied are you by side effects that interfere with your mood or emotions (e.g., anxiety/fear, sadness, irritation/anger)?

- ₁ Extremely Dissatisfied
- ₂ Very Dissatisfied
- ₃ Somewhat Dissatisfied
- ₄ Slightly Dissatisfied
- ₅ Not at all Dissatisfied
- ₍₅₎ Not Applicable

7. How satisfied or dissatisfied are you with how easy the medication is to use?

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

8. How satisfied or dissatisfied are you with how easy it is to plan when you will use the medication each time?

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

9. How satisfied or dissatisfied are you by how often you are expected to use/take the medication?

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

10. How satisfied are you that the good things about this medication outweigh the bad things?

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

11. 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