



**Form 13:
TSQM**

Visit Date: ___ / ___ / ___ (DD/MMM/YYYY)

Participant ID: ___ - ___ Initials: _____

Visit: V2 – Baseline V6 – Month 12 V10 – Month 24 V14 – Month 36 V15 – Early withdrawal

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 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 currently experience any side effects at all?
 - 1 Yes
 - 2 No

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

- 1 Extremely Dissatisfied
- 2 Very Dissatisfied
- 3 Dissatisfied
- 4 Somewhat Satisfied
- 5 Satisfied
- 6 Very Satisfied
- 7 Extremely Satisfied
- NA No side effects

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

- 1 Extremely Dissatisfied
- 2 Very Dissatisfied
- 3 Dissatisfied
- 4 Somewhat Satisfied
- 5 Satisfied
- 6 Very Satisfied
- 7 Extremely Satisfied
- NA No side effects

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

- 1 Extremely Dissatisfied
- 2 Very Dissatisfied
- 3 Dissatisfied
- 4 Somewhat Satisfied
- 5 Satisfied
- 6 Very Satisfied
- 7 Extremely Satisfied
- NA No side effects

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

- 1 Extremely Dissatisfied
- 2 Very Dissatisfied
- 3 Dissatisfied
- 4 Somewhat Satisfied
- 5 Satisfied
- 6 Very Satisfied
- 7 Extremely Satisfied
- NA No side effects

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

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

10. How easy or difficult is it 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

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

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

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

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

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

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

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

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