TSQM-9

Treatment Satisfaction Questionnaire for Medication 9

Instructions: Please take some time to think about your level of satisfaction or dissatisfaction with the medication you are being asked to assess. 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 select 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?

- \Box_1 Extremely Dissatisfied
- \square_2 Very Dissatisfied
- \square_3 Dissatisfied
- \Box_4 Somewhat Satisfied
- \Box_5 Satisfied
- \square_6 Very Satisfied
- \square_7 Extremely Satisfied

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

- \Box_1 Extremely Dissatisfied
- \square_2 Very Dissatisfied
- \square_3 Dissatisfied
- \square_4 Somewhat Satisfied
- \Box_5 Satisfied
- \square_6 Very Satisfied
- \square_7 Extremely Satisfied

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

- \square_1 Extremely Dissatisfied
- \square_2 Very Dissatisfied
- \square_3 Dissatisfied
- \square_4 Somewhat Satisfied
- \Box_5 Satisfied
- \square_6 Very Satisfied
- \square_7 Extremely Satisfied

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

- \Box_1 Extremely Difficult
- \square_2 Very Difficult
- \square_3 Difficult
- \Box_4 Somewhat Easy
- \Box_5 Easy
- \square_6 Very Easy
- \square_7 Extremely Easy
- 5. How easy or difficult is it to plan when you will use the medication each time?
- \Box_1 Extremely Difficult
- \square_2 Very Difficult
- \square_3 Difficult
- \Box_4 Somewhat Easy
- \square_5 Easy
- \square_6 Very Easy
- \square_7 Extremely Easy
- 6. How convenient or inconvenient is it to take the medication as instructed?
- \Box_1 Extremely Inconvenient
- \square_2 Very Inconvenient
- \square_3 Inconvenient
- \square_4 Somewhat Convenient
- \Box_5 Convenient
- \square_6 Very Convenient
- \square_7 Extremely Convenient

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

- \Box_1 Not at All Confident
- \square_2 A Little Confident
- \square_3 Somewhat Confident
- \Box_4 Very Confident
- □₅ Extremely Confident

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

- \Box_1 Not at All Certain
- \square_2 A Little Certain
- \square_3 Somewhat Certain
- \Box_4 Very Certain
- \Box_5 Extremely Certain

not use on reproduce with the or reproduce w 9. Taking all things into account, how satisfied or dissatisfied are you with this medication?

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- \Box_1 Extremely Dissatisfied
- \square_2 Very Dissatisfied
- \square_3 Dissatisfied
- \Box_4 Somewhat Satisfied
- \Box_5 Satisfied
- \square_6 Very Satisfied
- \square_7 Extremely Satisfied

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