

FORM253
FSGS Novel Therapies (FONT-II)
Treatment Satisfaction Questionnaire for Medication (TSQM)
ALL AGES (Form # 253)

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1. Participant ID Number
PID

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2. Alpha Code
ALPHCD

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3. Visit Number
CPEVENT /
VISIT_NUMBER /
SUBEVENT_NUMBER

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4. Date of Visit (dd/mmm/yyyy)
VISDT

- 5. Date Questionnaire Administered (dd/mmm/yyyy) ___ ___ / ___ ___ ___ / ___ ___ ___ ADMDT
- 6. Is the participant mentally challenged preventing the TSQM questionnaire from being completed? (0 = no, 1 = yes)___MCQUES
If yes, go to Q200.
- 7. What version was used?.....(1 = English, 2 = Spanish, 3 = French)___LANG
- 8. How was the survey administered? ..(1 = Self-administered, 2 = Interview-administered)___QADMIN
- 9. Who completed this questionnaire?.....(1 = participant, 2 = parent/guardian, 3 = other)___QCOMP

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?

TSQM1

- 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?

TSQM2

- 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?

TSQM3

- 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?

TSQM4

- 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?	TSQM5
<input type="checkbox"/> ₁ Extremely Bothersome <input type="checkbox"/> ₂ Very Bothersome <input type="checkbox"/> ₃ Somewhat Bothersome <input type="checkbox"/> ₄ A Little Bothersome <input type="checkbox"/> ₅ Not at All Bothersome	
6. To what extent do the side effects interfere with your <u>physical</u> health and ability to function (i.e., strength, energy levels, etc.)?	TSQM6
<input type="checkbox"/> ₁ A Great Deal <input type="checkbox"/> ₂ Quite a Bit <input type="checkbox"/> ₃ Somewhat <input type="checkbox"/> ₄ Minimally <input type="checkbox"/> ₅ Not at All	
7. To what extent do the side effects interfere with your <u>mental</u> function (i.e., ability to think clearly, stay awake, etc.)?	TSQM7
<input type="checkbox"/> ₁ A Great Deal <input type="checkbox"/> ₂ Quite a Bit <input type="checkbox"/> ₃ Somewhat <input type="checkbox"/> ₄ Minimally <input type="checkbox"/> ₅ Not at All	
8. To what degree have medication side effects affected your overall satisfaction with the medication?	TSQM8
<input type="checkbox"/> ₁ A Great Deal <input type="checkbox"/> ₂ Quite a Bit <input type="checkbox"/> ₃ Somewhat <input type="checkbox"/> ₄ Minimally <input type="checkbox"/> ₅ Not at All	
9. How easy or difficult is it to use the medication in its current form?	TSQM9
<input type="checkbox"/> ₁ Extremely Difficult <input type="checkbox"/> ₂ Very Difficult <input type="checkbox"/> ₃ Difficult <input type="checkbox"/> ₄ Somewhat Easy <input type="checkbox"/> ₅ Easy <input type="checkbox"/> ₆ Very Easy <input type="checkbox"/> ₇ Extremely Easy	
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10. How easy or difficult is it to plan when you will use the medication each time?	TSQM10
<input type="checkbox"/> ₁ Extremely Difficult <input type="checkbox"/> ₂ Very Difficult <input type="checkbox"/> ₃ Difficult <input type="checkbox"/> ₄ Somewhat Easy <input type="checkbox"/> ₅ Easy <input type="checkbox"/> ₆ Very Easy <input type="checkbox"/> ₇ Extremely Easy	
11. How convenient or inconvenient is it to take the medication as instructed?	TSQM11
<input type="checkbox"/> ₁ Extremely Inconvenient <input type="checkbox"/> ₂ Very Inconvenient <input type="checkbox"/> ₃ Inconvenient <input type="checkbox"/> ₄ Somewhat Convenient <input type="checkbox"/> ₅ Convenient <input type="checkbox"/> ₆ Very Convenient <input type="checkbox"/> ₇ Extremely Convenient	
12. Overall, how confident are you that taking this medication is a good thing for you?	TSQM12
<input type="checkbox"/> ₁ Not at All Confident <input type="checkbox"/> ₂ A Little Confident <input type="checkbox"/> ₃ Somewhat Confident <input type="checkbox"/> ₄ Very Confident <input type="checkbox"/> ₅ Extremely Confident	
13. How certain are you that the good things about your medication outweigh the bad things?	TSQM13
<input type="checkbox"/> ₁ Not at All Certain <input type="checkbox"/> ₂ A Little Certain <input type="checkbox"/> ₃ Somewhat Certain <input type="checkbox"/> ₄ Very Certain <input type="checkbox"/> ₅ Extremely Certain	
14. Taking all things into account, how satisfied or dissatisfied are you with this medication?	TSQM14
<input type="checkbox"/> ₁ Extremely Dissatisfied <input type="checkbox"/> ₂ Very Dissatisfied <input type="checkbox"/> ₃ Dissatisfied <input type="checkbox"/> ₄ Somewhat Satisfied <input type="checkbox"/> ₅ Satisfied <input type="checkbox"/> ₆ Very Satisfied <input type="checkbox"/> ₇ Extremely Satisfied	
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200. Date this form reviewed.....(dd/mmm/yyyy)_____/_____/_____

201. Username of person reviewing this form..... _____

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