

HIV Treatment Satisfaction Questionnaire (change): HIVTSQc

For the past few weeks/months you have been taking part in an HIV treatment study. At the start of the study you may have had a change of treatment. Today we would like to know how your experience of your current treatment has changed from your experience of treatment before the study began. Please answer each question by circling a number on each of the scales to indicate the extent to which you have experienced changes. If you have experienced no change, please circle '0'.

1. How satisfied are you with your current treatment?
- | | | | | | | | | |
|-------------------------|---|---|---|---|----|----|----|-------------------------|
| much more satisfied now | 3 | 2 | 1 | 0 | -1 | -2 | -3 | much less satisfied now |
|-------------------------|---|---|---|---|----|----|----|-------------------------|
2. How well controlled do you feel your HIV has been recently?
- | | | | | | | | | |
|----------------------------|---|---|---|---|----|----|----|-------------------------------|
| much better controlled now | 3 | 2 | 1 | 0 | -1 | -2 | -3 | much less well controlled now |
|----------------------------|---|---|---|---|----|----|----|-------------------------------|
3. How satisfied are you with any side effects of your present treatment?
- | | | | | | | | | |
|-------------------------|---|---|---|---|----|----|----|-------------------------|
| much more satisfied now | 3 | 2 | 1 | 0 | -1 | -2 | -3 | much less satisfied now |
|-------------------------|---|---|---|---|----|----|----|-------------------------|

**Please make sure that you have circled one number on each of the scales.
Thank you for taking the time to complete this questionnaire.**