

HIV Treatment Satisfaction Questionnaire (HIVTSQs)

The following questions are concerned with your **medical** treatment for HIV and your experience over the past few weeks. Please answer each question by circling a number on each of the scales.

1. How satisfied are you with your current treatment?

very satisfied 6 5 4 3 2 1 0 very dissatisfied

2. How well controlled do you feel your HIV has been recently?

very well controlled 6 5 4 3 2 1 0 very poorly controlled

3. How satisfied are you with any side effects of your present treatment?

very satisfied 6 5 4 3 2 1 0 very dissatisfied

For information only

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

This copy is for information only - for use, please contact Professor Bradley

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