TREATMENT SATISFACTION QUESTIONNAIRE - GERD

Please read this first:

On the following pages are statements patients make about medications they have received for heartburn, (a burning feeling rising from the stomach or chest to the neck). Please read carefully, keeping in mind the medication you are currently receiving. We are interested in your feelings, both positive and negative, about the medication you are currently receiving.

Think about the medication that you have taken for your heartburn over the past two weeks. How strongly do you AGREE or DISAGREE with each of the following statements?

Check the box below your response.

	Very Strongly Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	Very Strongly Disagree
1. My medication allows me to sleep through the night without symptoms.	☐	☐	☐	☐	☐	☐
2. My medication allows me to do everything I want to do.	☐	☐	☐	☐	☐	☐
3. It would be ideal if I could take my medication only when I expect to have symptoms.	☐	☐	☐	☐	☐	☐
4. I am comfortable requesting specific medication from my physician.	☐	☐	☐	☐	☐	☐
5. My medication provides me enough symptom relief.	☐	☐	☐	☐	☐	☐
6. I am satisfied with the amount of money I pay for my medication.	☐	☐	☐	☐	☐	☐
7. I would strongly recommend my medication to other people with the same symptoms.	☐	☐	☐	☐	☐	☐
8. If my medication would cost twice as much, it would still be worth taking it.	☐	☐	☐	☐	☐	☐
9. My medication relieves all of my symptoms.	☐	☐	☐	☐	☐	☐
10. I expect immediate relief from my medication.	☐	☐	☐	☐	☐	☐
11. I worry about the long-term use of my medication.	☐	☐	☐	☐	☐	☐
12. I have control over my symptoms.	☐	☐	☐	☐	☐	☐

SAMPLE

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13. I am dissatisfied with the medication I am receiving for my symptoms.	☐	☐	☐	☐	☐	☐
14. My doctor knows about possible problems with my medication.	☐	☐	☐	☐	☐	☐
15. My medication gives me complete relief.	☐	☐	☐	☐	☐	☐
16. I am satisfied with the speed of relief from my medication.	☐	☐	☐	☐	☐	☐
17. I prefer a medication that I don't have to take every day.	☐	☐	☐	☐	☐	☐
18. My symptoms are completely under control.	☐	☐	☐	☐	☐	☐
19. I feel that my medication is the best one available for me.	☐	☐	☐	☐	☐	☐
20. My medication is too expensive for the relief that I get from it.	☐	☐	☐	☐	☐	☐
21. I prefer to take my medication only when I have symptoms.	☐	☐	☐	☐	☐	☐
22. I expect my medication to relieve all of my symptoms.	☐	☐	☐	☐	☐	☐
23. My medicine provides immediate symptom relief.	☐	☐	☐	☐	☐	☐
24. I am satisfied with the medication I have received for my symptoms.	☐	☐	☐	☐	☐	☐
25. I prefer taking my medication every day.	☐	☐	☐	☐	☐	☐
26. My medication allows me to eat or drink anything I want.	☐	☐	☐	☐	☐	☐
27. I worry about the side effects I have with my medication.	☐	☐	☐	☐	☐	☐
28. I am satisfied with the overall medical care I have received for my symptoms.	☐	☐	☐	☐	☐	☐

PLEASE CHECK THAT ALL QUESTIONS HAVE BEEN ANSWERED!

THANK YOU FOR YOUR CO-OPERATION.

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