

Please refer to the **medication you have been using until now** to treat your Paroxysmal nocturnal hemoglobinuria (PNH)

## Abbreviated Treatment Satisfaction Questionnaire for Medication (TSQM-9)

Instructions: Please take some time to think about how satisfied or dissatisfied you are with the medication you are taking in this clinical trial. We are interested in what you think about the effectiveness and convenience experienced when using 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?

Extremely Dissatisfied

Very Dissatisfied

Dissatisfied

Somewhat Satisfied

Satisfied

Very Satisfied

Extremely Satisfied

1. How satisfied or dissatisfied are you with the ability of the medication to prevent or treat your condition?

Extremely Dissatisfied

Very Dissatisfied

Dissatisfied

Somewhat Satisfied

Satisfied

Very Satisfied

Extremely Satisfied

1. How satisfied or dissatisfied are you with the ability of the medication to prevent or treat your condition?

Extremely Dissatisfied

Very Dissatisfied

This question is mandatory. Please provide an answer.

OK

Satisfied

Very Satisfied

Extremely Satisfied

1. How satisfied or dissatisfied are you with the ability of the medication to prevent or treat your condition?

Extremely Dissatisfied

Very Dissatisfied

Do you want to quit this questionnaire? If so, all your answers will be saved. Please confirm you want to quit.

CANCELQUIT

Satisfied

Very Satisfied

Extremely Satisfied



1. How satisfied or dissatisfied are you with the ability of the medication to prevent or treat your condition?

Extremely Dissatisfied

### Help

Once you have selected an answer:

- Select the **NEXT** button to proceed to the next screen;
- Select the **PREVIOUS** button to proceed to the previous screen;
- Select the **CLEAR** button to clear your answer.

This question is mandatory. You will not be able to select the **NEXT** button if you did not provide any answer.

You can put the questionnaire on hold by selecting the **QUIT** button at the top of the screen. All your answers will be saved.

To go back to the questionnaire please select the **CLOSE** button.

CLOSE

Very Satisfied

Extremely Satisfied

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

Extremely Dissatisfied

Very Dissatisfied

Dissatisfied

Somewhat Satisfied

Satisfied

Very Satisfied

Extremely Satisfied



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

Extremely Dissatisfied

Very Dissatisfied

Dissatisfied

Somewhat Satisfied

Satisfied

Very Satisfied

Extremely Satisfied

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

Extremely Difficult

Very Difficult

Difficult

Somewhat Easy

Easy

Very Easy

Extremely Easy

5. How easy or difficult is it to plan when you will use the medication each time?

Extremely Difficult

Very Difficult

Difficult

Somewhat Easy

Easy

Very Easy

Extremely Easy

6. How convenient or inconvenient is it to take the medication as instructed?

Extremely Inconvenient

Very Inconvenient

Inconvenient

Somewhat Convenient

Convenient

Very Convenient

Extremely Convenient

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

Not at All Confident

A Little Confident

Somewhat Confident

Very Confident

Extremely Confident



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

Not at All Certain

A Little Certain

Somewhat Certain

Very Certain

Extremely Certain

9. Taking all things into account, how satisfied or dissatisfied are you with this medication?

Extremely Dissatisfied

Very Dissatisfied

Dissatisfied

Somewhat Satisfied

Satisfied

Very Satisfied

Extremely Satisfied

Thank you for completing the questionnaire.

If you want to review or change your answers, please select the **PREVIOUS** button below.

Once you select the **FINISH** button you will no longer be able to review or change your answers.

*Please note: If you are having any severe symptoms, health issues or other concerns, please be sure to discuss these with your doctor or nurse. The answers you provide to the questions are not being directly shared with the members of your healthcare team.*

 STUDYNAME >  1000 >  001 >  >  Questionnaire completed  
Logged as John Doe

Thank you! You have completed all the questionnaires.

EXIT





**Technical information**  
*this screen will not be displayed*

Layout file	<b>F.TSQM9.json (version 1)</b>
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