Injection – Treatment Acceptance Questionnaire (I-TAQ)

Instructions

This questionnaire asks about how acceptable you find the study treatment which you take as an injection. **Please only think about the study treatment you take as an injection** when you answer each question and not any other treatments you may be taking. For each question, please mark the response that most closely corresponds to your own experiences. There are no right or wrong answers. If you are not sure about any of the questions, mark the response which you think is most appropriate. **Please think back over the past four weeks when answering every question.**

1 Over the past four weeks, how **confident** were you that the injection treatment **treated your condition**?

☐ Not at all confident ☐ A little confident ☐ Somewhat confident ☐ Quite Confident ☐ Very confident

2 Over the past four weeks, how **effective** was the injection treatment at treating your condition?

☐ Not at all effective ☐ A little effective ☐ Somewhat effective ☐ Quite effective ☐ Very effective

3 Over the past four weeks, did you experience any **side effects** including **injection site side effects (such as redness, bruising or swelling)** from the injection treatment?

☐ No
Please go to Question 8

☐ Yes
Please continue to question 4

4 Over the past four weeks, how acceptable or unacceptable did you find the side effects of the injection treatment?

☐ Very Unacceptable ☐ Unacceptable ☐ Neither acceptable nor unacceptable ☐ Acceptable ☐ Very acceptable

5 Over the past four weeks, did the side effects of the medication interfere with your physical activity (e.g. lifting things, walking, jogging, etc.)?

☐ No, not at all ☐ Yes, a little ☐ Yes, somewhat ☐ Yes, quite a bit ☐ Yes, very much

6 Over the past four weeks, did the side effects of the medication interfere with your leisure and free time activities (e.g. gardening, reading, dancing, visiting friends, etc.)?

☐ No, not at all ☐ Yes, a little ☐ Yes, somewhat ☐ Yes, quite a bit ☐ Yes, very much

7 Over the past four weeks, did the side effects of the medication interfere with your daily activities (e.g. shopping, working, house work, yard work etc.)?

☐ No, not at all ☐ Yes, a little ☐ Yes, somewhat ☐ Yes, quite a bit ☐ Yes, very much

8 Over the past four weeks, how **confident** did you feel in your ability to **give yourself the injection treatment?**

☐ Not at all confident ☐ A little confident ☐ Somewhat confident ☐ Quite confident ☐ Very confident

9 Over the past four weeks, how easy or difficult was it to **give yourself the injection treatment?**

☐ Very difficult	☐ Difficult	☐ Neither easy nor difficult	☐ Easy	☐ Very easy

10 Over the past four weeks, how acceptable or unacceptable did you find **giving yourself the injection treatment?**

☐ Very unacceptable	☐ Unacceptable	☐ Neither acceptable nor unacceptable	☐ Acceptable	☐ Very acceptable

11 Over the past four weeks, did you experience any **pain** when injecting your treatment?

☐ No	☐ Yes
Please go to Question 13	**Please continue to question 12**

12 Over the past four weeks, how acceptable or unacceptable did you find the **pain** you experienced when injecting your treatment?

☐ Very unacceptable	☐ Unacceptable	☐ Neither acceptable nor unacceptable	☐ Acceptable	☐ Very acceptable

13 Over the past four weeks, how acceptable or unacceptable did you find the **way you had to store the injection treatment?**

☐ Very unacceptable	☐ Unacceptable	☐ Neither acceptable nor unacceptable	☐ Acceptable	☐ Very acceptable

14 Over the past four weeks, how acceptable or unacceptable did you find **the time it took to prepare your injection treatment?**

☐ Very unacceptable	☐ Unacceptable	☐ Neither acceptable nor unacceptable	☐ Acceptable	☐ Very acceptable

15 Over the past four weeks, how acceptable or unacceptable did you find **the time it took to give yourself the injection treatment**?

☐ Very unacceptable	☐ Unacceptable	☐ Neither acceptable nor unacceptable	☐ Acceptable	☐ Very acceptable

16 Over the past four weeks, how acceptable or unacceptable did you find **the number of times** you had to give yourself the injection treatment?

☐ Very unacceptable	☐ Unacceptable	☐ Neither acceptable nor unacceptable	☐ Acceptable	☐ Very acceptable

17 Over the past four weeks, how easy or difficult was it to **remember** to **give yourself the injection treatment?**

☐	☐	☐	☐	☐
Very difficult	Difficult	Neither easy nor difficult	Easy	Very easy

18 Over the past four weeks, how easy or difficult was it **to fit in taking the injection into your daily life**?

☐	☐	☐	☐	☐
Very difficult	Difficult	Neither easy nor difficult	Easy	Very easy

19 Over the past four weeks, how **convenient or inconvenient** did you find taking the injection treatment?

☐	☐	☐	☐	☐
Very inconvenient	Inconvenient	Neither convenient nor inconvenient	Convenient	Very convenient

20 After this study, would you **choose to continue** using the injection treatment to treat your condition?

☐	☐	☐	☐	☐
Definitely not	Probably not	I don't know	Yes probably	Yes definitely

21 Thinking about all aspects of your injection treatment over the past four weeks, how **acceptable or unacceptable** did you find the treatment?

☐	☐	☐	☐	☐
Very unacceptable	Unacceptable	Neither acceptable nor unacceptable	Acceptable	Very acceptable

For the next question, please think about **all treatments** you are currently taking including the study injection and **any tablets or pills**.

Please mark the response that most closely corresponds to your own experiences. There are no right or wrong answers. If you are not sure about which response to choose, mark the one which you think is most appropriate.

22 Overall, over the past four weeks, how **acceptable or unacceptable** did you find taking **all of your treatments**, including the study injection and **any other pills or tablets**?

☐	☐	☐	☐	☐
Very unacceptable	Unacceptable	Neither acceptable nor unacceptable	Acceptable	Very acceptable