

Treatment Satisfaction Questionnaire for Medication – modified for Bipolar Depression (TSQM-mBD)

Instructions: Please think about your level of satisfaction or dissatisfaction with your medication(s) during the past two weeks.

For each question, please select the one response that best describes your own experiences.

1. How satisfied or dissatisfied have you been with the way your current medication(s) relieved your symptoms during the past two weeks?

Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
▼	▼	▼	▼	▼
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How satisfied or dissatisfied have you been with the side effects of your current medication(s) that affect your physical health and ability to function (for example: sleepiness, weight gain, tremor) during the past two weeks?

Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
▼	▼	▼	▼	▼
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How satisfied or dissatisfied have you been with the side effects of your current medication(s) that affect your mental function (for example: dizziness, confusion, trouble concentrating) during the past two weeks?

Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
▼	▼	▼	▼	▼
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Overall, how satisfied or dissatisfied have you been with your current medication(s) during the past two weeks?

Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
▼	▼	▼	▼	▼
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You may want to take this questionnaire to your healthcare provider and talk about your treatment plan.