

Supplementary Table S1. Items of the Treatment Satisfaction Questionnaire for Medication (TSQM-9)

Item No.	Questionnaire Item
1	How satisfied or dissatisfied are you with the ability of the medication to prevent or treat your condition?
2	How satisfied or dissatisfied are you with the way the medication relieves your symptoms?
3	How satisfied or dissatisfied are you with the amount of time it takes the medication to start working?
4	How easy or difficult is it to use the medication in its current form?
5	How easy or difficult is it to plan when you will use the medication each time?
6	How convenient or inconvenient is it to take the medication as instructed?
7	Overall, how confident are you that taking this medication is a good thing for you?
8	How certain are you that the good things about your medication outweigh the bad things?
9	Taking all things into account, how satisfied or dissatisfied are you with this medication?