Appendix A. OPSAT-QTM

The following questions ask about how <u>satisfied or dissatisfied</u> you are with <u>the medication</u> you have been taking for <u>osteoporosis or osteopenia</u>. Please answer each question by marking an "X" in the box that most closely represents the way you feel. There are no right or wrong answers.

Please indicate how satisfied or dissatisfied you are with the following...

	Very Dissatisfied	Dissatisfied	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied
1. How often you have to take the medication							
2. The convenience of taking the medication							
3. How easy it is to take the medication							
4. How easy it is to remember to take the medication							
5. How well the medication fits into your overall medication schedule							
6. The amount of time required to take the medication, including staying upright							
7. How well the medication gives you confidence to participate in your daily home and/or work activities							
8. How well the medication gives you confidence to be as physically active as you'd like to be							
9. Overall, how satisfied are you with your medication?							
10. How satisfied would you be to continue taking the medication?							

How **bothered** are you by the following **side effects** that you may or may not experience after taking your osteoporosis/osteopenia medication? If you have never experienced the side effect from the medication, please answer "Not at All Bothered."

	Not at All Bothered	Slightly Bothered	Moderately Bothered	Quite a Bit Bothered	Extremely Bothered
11. Heartburn or acid reflux					
12. Stomach upset other than heartburn or acid reflux (such as diarrhea, nausea, vomiting, or stomach pain)					
13. Any other side effects you think are related to your osteoporosis medication					

<u>During the past 4 weeks</u>, on approximately **how many days** did you experience the following **side effects** associated with your osteoporosis/osteopenia medication?"

	0 Days	1 Day	2 Days	3 Days	More than 3 Days
14. Heartburn or acid reflux					
15. Stomach upset other than heartburn or acid reflux (such as diarrhea, nausea, vomiting, or stomach pain)					
16. Any other side effects you think are related to your osteoporosis medication					

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