

Endometriosis Treatment Satisfaction Questionnaire (ETSQ)

Please rate how satisfied or dissatisfied you've been with the effect of your medication on each of the following during the **past 3 months** by filling in **one circle** for each question.

1 During past 3 months, how satisfied or dissatisfied were you with your medication's effect on endometriosis-related pain before and/or during your periods?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extremely Satisfied	Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Dissatisfied	Extremely Dissatisfied	Not Applicable

2 During the past 3 months, how satisfied or dissatisfied were you with your medication's effect on endometriosis-related pain during and/or after sexual activity?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extremely Satisfied	Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Dissatisfied	Extremely Dissatisfied	Not Applicable

3 During the past 3 months, overall, how satisfied or dissatisfied were you with your medication's effect on endometriosis-related pain?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extremely Satisfied	Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Dissatisfied	Extremely Dissatisfied	Not Applicable

4 During the past 3 months, how satisfied or dissatisfied were you with your medication's effect on the amount of any bleeding or spotting you experienced?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extremely Satisfied	Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Dissatisfied	Extremely Dissatisfied	Not Applicable

5 During the past 3 months, how satisfied or dissatisfied were you with the tolerability (lack of bothersome side effects) of your medication?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extremely Satisfied	Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Dissatisfied	Extremely Dissatisfied	Not Applicable

6 During the past 3 months, overall, how satisfied or dissatisfied were you with your medication?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extremely Satisfied	Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Dissatisfied	Extremely Dissatisfied	Not Applicable

Disclaimer: This tool is for informational purposes only and is not intended to replace regular medical checkups or the advice of your healthcare provider (HCP). Discuss any health concerns or problems with your HCP.

Reference: Deal LS, Williams VS, DiBenedetti DB, Fehnel SE. Development and psychometric evaluation of the Endometriosis Treatment Satisfaction Questionnaire. *Qual Life Res*. 2010;19(6):899–905.