The HIV Treatment Satisfaction Questionnaire (HIVTSQ) is designed to measure treatment satisfaction in people living with HIV. The original 10-item HIVTSQ (Woodcock & Bradley, 2001, 2006) included two five-item subscales (Figure 1a) combinable into a 10-item scale. Given the dramatic changes in HIV treatment over the last 15 years, including recent developments in injectable treatment, the HIVTSQ was reviewed in qualitative interviews which suggested two new items concerning discomfort/pain and ease/difficulty (Figure 1c). This poster reports on psychometric evaluation of the revised HIVTSQ.

**METHOD**

Datasets from two studies were available for psychometric evaluation. Study 1 employed a survey design, with participants from the UK (N=128) and the US (N=127) recruited via the internet by Opinion Health, who completed mailed questionnaires or telephone interviews. Study 2 included participants’ (N=302) data from two time-points from the LATTE-2 trial (NCT02120352: evaluating injectable treatment). All participants were HIV positive. Analyses of the original 10 items and with the additional two items included exploratory factor analysis (EFA) using SPSS and confirmatory factor analysis (CFA) using Mplus.

**RESULTS**

The underlying factor structure of the 12-item HIVTSQ was examined using EFA and Study 1 (separately in UK and US data). All analyses revealed one-factor solutions. In order to see whether the new items alone were affecting the factor structure, analyses were also conducted excluding the two new items. A one-factor structure (Figure 1b) was again revealed, suggesting that changes in treatments and patient experience have not influenced the pattern of responses. While the addition of the new items that the questionnaire is now best scored as a single scale.

**CONCLUSIONS**

The revised HIVTSQ includes 12 items. Items 1-11 are included in the scale score. Item 12 (discomfort/pain) is a stand-alone item. The high correlation between discomfort/pain and side effects suggests that discomfort/pain is regarded as a side effect. However inclusion of this item will ensure that this aspect of treatment is taken into account: this is important now that intramuscular injectable treatments are available. The subscales seen previously with the 10-item version were no longer apparent in either study, with lifestyle factors now loading together with control and side effects when either the original 10 items or the revised 12 items were analysed. This is perhaps a reflection of the development of new treatments that are better at controlling the condition and result in lifestyle factors becoming more salient. The original 10 items continue to work well, enabling comparisons with results from previous studies using the 10-item HIVTSQ. The one-factor model of the HIVTSQ is an up-to-date appropriate measure of treatment satisfaction for individuals living with HIV.

**REFERENCES**


**ENQUIRIES**

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**ACKNOWLEDGEMENTS**

This research was funded by GSK/ViiV Healthcare.