

The HIVTSQ

Background

The HIV Treatment Satisfaction Questionnaire (HIVTSQ) was designed specifically to measure satisfaction with medication for people infected with HIV (Woodcock and Bradley, 2001; 2006). The HIVTSQ was based on the format of the eight-item Diabetes Treatment Satisfaction Questionnaire (DTSQ) (Bradley and Lewis, 1990; Bradley 1994), used extensively with people with Type 1 and Type 2 diabetes (e.g. Bradley and Speight, 2002; DAFNE Study Group, 2002; Witthaus et al 2001). The original HIVTSQ (Woodcock and Bradley, 2001) is now referred to as the status version (HIVTSQs) in order to distinguish it from the HIVTSQ change version (HIVTSQc). The change version of the DTSQ (DTSQc) was developed to overcome ceiling effects (i.e. where respondents score maximum or near-maximum satisfaction at baseline and can show little or no improvement at follow-up). Such ceiling effects are common with satisfaction measures in general (Bradley 1999). The DTSQ has been found to be valuable in improving sensitivity to change (Bradley et al 2000; Howorka et al 2000). Following this work on the DTSQc, the HIVTSQc has also been developed to overcome potential ceiling effects (Woodcock and Bradley, 2006). Translations of the HIVTSQs and the HIVTSQc are available in several languages.

HIVTSQs and HIVTSQc: Choosing which version to use and when

People may use just the HIVTSQs without the HIVTSQc. Although the HIVTSQs has proved sensitive to change (e.g. Jordan et al), the HIVTSQc enhances that sensitivity by allowing those who were satisfied at baseline to express even greater satisfaction at follow-up (Woodcock and Bradley, 2006). Whether or not you use the HIVTSQc, you should always use the HIVTSQs at least once during your study, preferably at the beginning. This will anchor your findings on the HIVTSQc, if you do go on to use the change version as well as the status version. The HIVTSQc will tell you how people's satisfaction has changed; it doesn't tell you whether it was high or low to start with, or where it is at endpoint. We recommend that you use the HIVTSQs at baseline and endpoint (and at one or more interim points in a 12-month trial) and the HIVTSQc (if used) at one follow-up only.

1. HIVTSQs

1.1 *Using the HIVTSQs*

We recommend use of the HIVTSQs at follow-up to provide a 'difference' score for comparison with earlier studies that used the HIVTSQs alone. However, if you use the HIVTSQs *and* the HIVTSQc at follow-up, it is important to administer the HIVTSQs before the HIVTSQc.

If you are having a long gap between baseline and endpoint (e.g. a year or more), you may wish to repeat the HIVTSQs in order to have a picture of how satisfied people are during that period. The HIVTSQs can usefully be given at intervals throughout a treatment period and when steady increases in HIVTSQs scores are seen, this provides evidence that scores are determined by experience and are not simply an initially hopeful response to a new treatment, which subsequently declines.

1.2 *Scoring the HIVTSQs – Scoring instructions are available to Licensees*

2. HIVTSQc

2.1 *Choosing the HIVTSQc*

If you have a study with a series of follow-ups over a long period (say 2 years), we recommend that you use the HIVTSQc just once. It is possible that one year is as long a gap as can be managed before there is too great a risk of the patient forgetting what the experience of the previous treatment was like. Thus, it is recommended that the HIVTSQc is used at 12 months in a study that is of 12 months duration or longer. The status version, HIVTSQs, can nevertheless be used at any later time point.

Please state clearly in your protocol when you plan to administer the HIVTSQs and the HIVTSQc.

2.2 *Scoring the HIVTSQc – Scoring instructions are available to Licensees*

2.3 *Wording of the HIVTSQc instructions*

The wording at the beginning of the instructions needs to relate to the particular intervention in your study. Thus it may need to be changed to be suitable for your particular study. We have produced a wording for the beginning of the introduction that is as generic as possible to minimise the need for changes, but you may need to adapt the wording to be suitable for the study duration and type of intervention. The wording has been based on the study design in which it is most commonly used (i.e. a randomised controlled trial). It may therefore need to be changed for use in an observational type of study. Please note that the last two sentences beginning “Please answer each question...”, are the same for all occasions. These latter sentences should not be changed.

Please include in your protocol the details, in English, of any change to the wording of the HIVTSQc instructions for your particular study. If a run-in treatment period is included and involves a change of treatment for at least some people, the comparison is probably best made with treatment prior to commencement of the study. For crossover studies we would recommend that you make one comparison at the very end of the study, asking participants to compare their current treatment with the previous treatment¹.

Availability

For permission to use the HIVTSQs and/or HIVTSQc and to ensure that you have the most up-to-date versions, please contact:

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¹ **Example for a crossover design:**

For the past N* weeks you have used either X** or Y**. Today we would like to know how your experience of this treatment for HIV (including medication and diet) has changed from your experience of the previous treatment, which you used in the N weeks before you changed to the treatment you are using now. Please answer...etc.

Where:

*N = the number of weeks/months in each treatment period

**X and Y = the two treatments being compared

Selected references

HIVTSQs and background references to the DTSQs

- Bradley C (1994) The Diabetes Treatment Satisfaction Questionnaire: DTSQ. In Bradley C (Ed) *Handbook of Psychology and Diabetes: a guide to psychological measurement in diabetes research and practice*. Abingdon: Routledge ISBN 9783718655625, formerly published by Harwood Academic Publishers ISBN 3-7186-5562-4: p. 111-132.
- Bradley C and Lewis KS (1990) Measures of psychological well-being and treatment satisfaction developed from the responses of people with tablet-treated diabetes. *Diabetic Medicine* **7**, 445-451.
- Bradley C & Speight J (2002) Patient perceptions of diabetes and diabetes therapy: assessing quality of life. *Diabetes Metabolism Research and Reviews* **18**: S64-S69.
- Jordan J, Cahn P, Goebel F, Matheron S, Bradley C and Woodcock A (2005) Abacavair Compared to Protease Inhibitors as Part of HAART Regimens for Treatment of HIV Infection: Patient Satisfaction and Implications for Adherence. *AIDS PATIENT CARE and STDs*, **19**, 1, 9-18.
- DAFNE Study Group* (2002) Training in flexible, intensive insulin management to enable dietary freedom in people with type 1 diabetes: the dose adjustment for normal eating (DAFNE) randomised controlled trial. *British Medical Journal*, **325**, 746-749 (full 6 page version: <http://bmj.com/cgi/content/full/325/7367/746>).
- Witthaus E, Stewart J and Bradley C (2001) Treatment satisfaction and psychological well-being with insulin glargine compared with NPH in patients with Type 1 diabetes. *Diabetic Medicine* **18**, 619-625.
- Woodcock A and Bradley C (2001) Validation of the HIV Treatment Satisfaction Questionnaire (HIVTSQ). *Quality of Life Research*, **10**, 517-531.
- Woodcock A and Bradley C (2006) Validation of the Revised 10-Item HIV Treatment Satisfaction Questionnaire Status Version and New Change Version. *Value in Health* **9**, 5, 320-333.

HIVTSQc and background references to the DTSQc

- Bradley C (1999) The Diabetes Treatment Satisfaction Questionnaire (DTSQ): change version for use alongside status version provides appropriate solution where ceiling effects occur. *Diabetes Care*, **22**, 3, 530-2.
- Bradley C, Plowright R, Stewart J and Witthaus E (2000) Diabetes Treatment Satisfaction Questionnaire (change) in English and German evaluated in insulin glargine trials. *Diabetologia* **43**, suppl 1, A196.
- Howorka K, Pumprla J, Schlusche C, Wagner-Nosiska D, Schabmann A and Bradley C (2000) Dealing with ceiling baseline treatment satisfaction level in patients with diabetes under flexible, functional insulin treatment: assessment of improvements in treatment satisfaction with a new insulin analogue. *Quality of Life Research* **9**: 915-930.
- Woodcock A and Bradley C (2006) Validation of the Revised 10-Item HIV Treatment Satisfaction Questionnaire Status Version and New Change Version. *Value in Health* **9**, 5, 320-333.