SIMPLICITY Trial - Patient Satisfaction Questionnaire

Thank you for taking the time to complete this questionnaire. We will use the information you provide to assess the quality of the service you receive from the treatment clinic and staff.

	Plea	se cir	cle yoı	ır ansv	ver:						
How satisfied were you with the level of care and support you received while on the hepatitis C treatment program?	Very dissatisfied								Very satisfied		
	0	1	2	3	4	5	6	7	8	9	10
Overall, did the treatment service staff meet your needs?	None met									All	met
	0	1	2	3	4	5	6	7	8	9	10
How satisfied were you with the frequency of appointments?	Very dissatisfied							Very satisfied			
	0	1	2	3	4	5	6	7	8	9	10
How anxious did you feel before treatment started about the possible side effects of treatment?	Not anxious at all					Extremely anxious					
	0	1	2	3	4	5	6	7	8	9	10
How anxious did you feel during the treatment course about the possible side effects of treatment?	Not anxious at all						Extremely anxious				
	0	1	2	3	4	5	6	7	8	9	10
How satisfied were you overall with your experience of the hepatitis C treatment program?	Very dissatisfied							Very satisfied			
	0	1	2	3	4	5	6	7	8	9	10
Please tell us any further comments you received:	u may	/ hav	ve abo	out th	e tre	atme	ent a	nd c	are y	ou	

Thank you for taking the time to complete this questionnaire.
