



# Medicine Acceptability Questionnaire

Some medicines are available in different forms such as tablets, capsules and liquids. We know that patients might prefer one form over another.

This questionnaire will tell us about your preferences for {insert name of medication and formulation under investigation}.

There are six questions for you to answer about medicine characteristics that might affect your preference. The questionnaire should take less than 10 minutes to complete.

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## 1. How **convenient** is this medicine?

For each of the following statements, please tick the **ONE** box that best describes your opinion.

This medicine...	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
...has a convenient dose frequency. (E.g. once a day, twice a day or once weekly.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is a convenient amount for me to take. (E.g. number of tablets or volume of liquid.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is easy to fit into my lifestyle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is easy to take. (E.g. consider need for taking on an empty stomach or standing upright.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is suitable to take when not at home. (E.g. consider need for water, or ease of carrying.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us overall how happy you are with the **convenience** of this medicine. Please **CROSS** the number that best describes how you feel (X).

Very unhappy

Neither

Very happy

0	1	2	3	4	5	6	7	8	9	10
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## 2. How does this medicine **taste**?

For each of the following statements, please tick the **ONE** box that best describes your opinion.

This medicine...	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
...tastes good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...has no aftertaste.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...has a good texture. (E.g. smooth or fizzy.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us overall how happy you are with the **taste and texture** of this medicine. Please **CROSS** the number that best describes how you feel (X).

Very unhappy

Neither

Very happy

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

For each of the following statements, please tick the **ONE** box that best describes your opinion.

This medicine...	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
...is easy to swallow (right size, shape, thickness or texture).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...is easy to see.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...has a nice colour.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...has no bad smell.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...is easy to take out of its packaging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...is easy to hold.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell us overall how happy you are with the **appearance and smell** of this medicine. Please **CROSS** the number that best describes how you feel (X).



For each of the following statements, please tick the **ONE** box that best describes your opinion.

This medicine...	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
...does what it is supposed to do. (E.g. helps my symptoms or prevents further illness.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...works quickly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...makes me feel better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell us overall how happy you are how well the medicine **works**. Please **CROSS** the number that best describes how you feel (X).



5. Does this medicine have **side effects**?

For each of the following statements, please tick the **ONE** box that best describes your opinion.

This medicine...	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
...makes me feel ill all the time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...makes me feel ill for a short time just after taking it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us overall how happy you are with the **side effects** of this medicine. Please **CROSS** the number that best describes how you feel (4).

Very unhappy

Neither

Very happy

0

1

2

3

4

5

6

7

8

9

10

6. Overall acceptability

Please tell us overall how happy you are with the **acceptability** of this medicine. Please **CROSS** the number that best describes how you feel (4).

Very unhappy

Neither

Very happy

0

1

2

3

4

5

6

7

8

9

10

Thank you for taking the time to complete this questionnaire.