

# Treatment Expectation Questionnaire (TEX-Q)

## Your expectations of the treatment

The questions below are about what you expect from your upcoming medical or psychological treatment *[can be individualized for the investigated treatment, e.g., your surgery]*.

My planned treatment: \_\_\_\_\_

For the following statements, please refer to the treatment/procedure mentioned above.

The following section is about your <b>expectations</b> regarding your treatment. Please try to assess them as realistically as possible.											
<b>1. How much relief in your symptoms do you expect from the treatment?</b>											
no relief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	complete relief
	0	1	2	3	4	5	6	7	8	9	10
<b>2. How much benefit do you expect from the treatment?</b>											
no benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	maximum benefit
	0	1	2	3	4	5	6	7	8	9	10
<b>3. How much do you expect your health will improve as a result of the treatment?</b>											
no improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	complete improvement
	0	1	2	3	4	5	6	7	8	9	10
<b>4. How much improvement do you expect in your ability to do your daily activities (e.g., occupation, household, social life)?</b>											
no improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	complete improvement
	0	1	2	3	4	5	6	7	8	9	10
<b>5. How much do you expect the treatment will improve your quality of life?</b>											
no improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	complete improvement
	0	1	2	3	4	5	6	7	8	9	10
<b>6. How much improvement do you expect in your ability to fulfil your day-to-day responsibilities (e.g., at home, at work, in the family)?</b>											
no improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	complete improvement
	0	1	2	3	4	5	6	7	8	9	10
<b>7. To what extent do you expect risks from the treatment?</b>											
no risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	extreme risk
	0	1	2	3	4	5	6	7	8	9	10
<b>8. How much distress do you expect the treatment will cause?</b>											
no distress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	extreme distress
	0	1	2	3	4	5	6	7	8	9	10

<b>9. To what extent do you expect side effects or other unwanted effects from the treatment?</b> not unwanted effects <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10    extreme unwanted effects											
<b>10. How much do you expect the treatment will reduce your quality of life?</b> not at all <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10    extremely											
<b>11. How much do you expect the treatment will limit your day-to-day responsibilities (e.g., at home, at work, in the family)?</b> not at all <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10    extremely											
The following section is about your expectations regarding the <b>course</b> of your treatment.											
<b>12. To what extent do you expect the treatment procedure or process to be straight-forward?</b> not at all <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10    completely											
<b>13. To what extent do you expect to be satisfied with the treatment procedure or process?</b> not at all <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10    extremely											
<b>14. To what extent do you expect to be responsible for the success of the treatment?</b> not at all <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10    extremely											
<b>15. To what extent do you expect your own behaviour to influence the success of the treatment?</b> no influence <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10    extremely											

### Additional items: Expectations

1. I do not have any particular expectations regarding the treatment.

completely disagree					neutral						completely agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	

2. Regarding treatment, I will take things as they come.

completely disagree					neutral						completely agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	

### Additional items: Previous treatment experiences

1. Have you received your upcoming treatment before?    0 ☐ no    1 ☐ yes

If yes, please state the date:

\_\_\_\_ / \_\_\_\_ (month / year)

- 2. If yes, how do you rate your previous experience with the treatment?**

extremely  
negative

neutral

extremely  
positive

0	1	2	3	4	5	6	7	8	9	10	

- 3. If yes, how much improvement have you experienced with your previous treatment?**

No  
improvement

complete  
improvement

☐   ☐   ☐   ☐   ☐   ☐   ☐   ☐   ☐   ☐   ☐

0   1   2   3   4   5   6   7   8   9   10

- 4. How well informed do you feel about your upcoming treatment?**

Extremely poorly informed

Perfectly informed

☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐

0       1       2       3       4       5       6       7       8       9      10

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## References

Alberts, J., Löwe, B., Glahn, M. A., Petrie, K. J., Laferton, J., Nestoriuc, Y., & Shedden-Mora, M. C. (2020). Development of the generic, multidimensional Treatment Expectation Questionnaire (TEX-Q) through systematic literature review, expert surveys and qualitative interviews *BMJ Open*, 10, e036169. doi:10.1136/bmjopen-2019-036169

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