TOEs and AbstSE

Younger et al. (2012) Development of the Stanford Expectations of Treatment Scale (SETS): A tool for measuring patient outcome expectancy in clinical trials.

PMID: 23169874 DOI: 10.1177/1740774512465064 (First 9 Items Only)

The following questions are about the quit smoking treatment you will soon begin. We want to know how you think you will respond to that treatment. Please indicate how much you agree with each statement by filling in the appropriate circle.
Your answers will not affect the treatment you receive. We realize it may be difficult for you to guess how you will respond to a new treatment. If you are unsure about any statement, please give the best guess you can. There are no right or wrong answers.

The following questions are about the quit smoking treatment you are receiving. Please indicate how much you agree with each statement by filling in the appropriate circle.
Your answers will not affect the treatment you receive. There are no right or wrong answers.

1. This treatment will be completely effective.

◯ Strongly Disagree
◯ Moderately Disagree
◯ Slightly Disagree
◯ Neither Agree Nor Disagree
◯ Slightly Agree
◯ Moderately Agree
◯ Strongly Agree

2. I am worried about my treatment.

◯ Strongly Disagree
◯ Moderately Disagree
◯ Slightly Disagree
◯ Neither Agree Nor Disagree
◯ Slightly Agree
◯ Moderately Agree
◯ Strongly Agree

3. My condition will be completely resolved after treatment.

◯ Strongly Disagree
◯ Moderately Disagree
◯ Slightly Disagree
◯ Neither Agree Nor Disagree
◯ Slightly Agree
◯ Moderately Agree
◯ Strongly Agree

4. I have fears about this treatment.

◯ Strongly Disagree
◯ Moderately Disagree
◯ Slightly Disagree
◯ Neither Agree Nor Disagree
◯ Slightly Agree
◯ Moderately Agree
◯ Strongly Agree

5. I have complete confidence in this treatment.

◯ Strongly Disagree
◯ Moderately Disagree
◯ Slightly Disagree
◯ Neither Agree Nor Disagree
◯ Slightly Agree
◯ Moderately Agree
◯ Strongly Agree

6. I am nervous about the negative effects of this treatment.

◯ Strongly Disagree
◯ Moderately Disagree
◯ Slightly Disagree
◯ Neither Agree Nor Disagree
◯ Slightly Agree
◯ Moderately Agree
◯ Strongly Agree

7. What treatment are you going to receive?

_____

8. What specific benefits (if any) do you expect to receive from this treatment?

_____

9. What specific harms or negative side-effects (if any) do you think may occur because of this treatment?

_____

How confident are you that you will be able to resist the temptation to smoke on your target quit day?

◯ Not at all confident
◯ Somewhat confident
◯ Very confident
◯ Extremely confident

How confident are you that you can resist the temptation to smoke for the next 7 days?

◯ Not at all confident
◯ Somewhat confident
◯ Very confident
◯ Extremely confident