Supplementary Table 1. Testing performed on relationships between clinical outcomes and TSQM domains.

Domain	Clinical outcome	Rationale for choice	Hypothesis tested
Effectiveness and **Global Satisfaction**	**Treatment failure** Confirmed relapse or permanent treatment discontinuation for any reason	Primary study endpoint	As clinical efficacy has been demonstrated for both teriflunomide and IFN β,[1-3] as both Effectiveness and Global Satisfaction improve following initiation of teriflunomide treatment,[4] and as the clinical effectiveness of a treatment has been linked to treatment satisfaction,[5] we hypothesize that these sets of measures would be linked
	Confirmed relapse	A commonly used efficacy measure in studies of DMTs in RMS (other efficacy measures such as disability or MRI outcomes were not recorded in TENERE)	
Side Effects	**AEs leading to treatment discontinuation**	To be representative of the relationship between AEs and treatment satisfaction	Since tolerability is linked with patient treatment satisfaction,[5] we would expect to see a relationship between the Side Effects domain, and these AE parameters as a clinical outcome
	Nervous system disorders **General disorders or administration-site conditions**	The AEs with the highest incidence in this study	
Convenience	**Treated with sc IFN β-1a** Proxy for mode of administration (injection vs oral) **General disorders or administration-site conditions**	Convenience has been shown to be linked to mode of administration,[6] and specific outcomes for convenience are hard to identify in a randomized controlled trial	We hypothesize that the improved convenience with teriflunomide vs IFN β seen in TENERE,[7] may be explained by the differing modes of administration

AE: adverse event; DMT: disease-modifying therapy; IFN: interferon; RMS: relapsing forms of MS; sc: subcutaneous; TSQM: Treatment Satisfaction Questionnaire for Medication (version 1.4).

Table References

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