expectations and preferences with self-reported outcomes and satisfaction. In this report we evaluate the psychometric performance of the Migraine Treatment Satisfaction measure (MTS) using participants from a randomized controlled trial of headache management. METHODS: Enrolled migraineurs completed the first two modules of the MTS upon enrollment in the treatment program and the final two modules at six-months. Internal consistency reliability was computed within each of the four modules. Discriminant validity was ascertained by comparison with the Migraine Disability Assessment Questionnaire (MIDAS), Patient Health Questionnaire (PHQ-9), and Migraine Symptom Frequency and Bothersomeness (MSFB) scores. For convergent validity, Pearson’s correlation was used to measure associations between MTS scores, general health status (SF-36), MIDAS and MSFB. RESULTS: Overall, 124 migraineurs (mean age 45.4 years, 75% women, 54.1% Caucasian) were enrolled. Internal consistency statistics for the expectancies, outcomes, importance ratings, and satisfaction measures were within acceptable ranges (0.83, 0.86, 0.85, and 0.95, respectively) and were consistent with earlier development work for this measure. Satisfaction (MTS) decreased significantly as depression (PHQ-9 scores) increased. MTS scores by symptom bothersomeness tertiles and symptom frequency tertiles showed a significant decrease in satisfaction among those experiencing moderate-severe symptom bothersomeness and symptom frequency. Derived MTS scores showed strong associations with MSFB scores (r = 0.301; p < 0.01), MIDAS (r = 0.267; p < 0.01), general health (r = 0.253; p < 0.05), mental health (r = 0.217; p < 0.05) and vitality subscales of SF-36 (r = 0.214; p < 0.05). Patients on triptans reported a significantly higher satisfaction compared to patients on a placebo (r = 0.214; p < 0.05). CONCLUSIONS: MTS can be considered as a valuable instrument to be used for the description of migraine treatment satisfaction.