## **Diabetes Treatment Satisfaction Questionnaire: DTSQs**

The following questions are concerned with the treatment of your diabetes (including insulin, tablets and/or diet) and your experience over the past few weeks. Please answer each question by circling a number on each of the scales.

| 1  | How satisfied are | you with your | current treatment? |
|----|-------------------|---------------|--------------------|
| 1. | now sausiled are  | vou with vour | current treatment? |

very satisfied 6 5 4 3 2 1 0 very dissatisfied

2. How often have you felt that your blood sugars have been too high recently?

most of the time 6 5 4 3 2 1 0 none of the time

Please make sure that you have circled one number on each of the scales.