

## Diabetes Treatment Satisfaction Questionnaire: Teen (DTSQ Teen)

**These questions are about your treatment for diabetes over the past few weeks.**

**This includes:**

- medication
- blood sugar monitoring
- any eating requirements

**Please answer each question by circling a number from 6 to 0 on the scale below it.**

*Continued on the next page ...*

*DTSQ Teen continued...*

1. How satisfied are you with your current treatment?  
very satisfied                  6   5   4   3   2   1   0                  very dissatisfied
2. How well controlled do you feel your diabetes has been lately?  
very well                                  6   5   4   3   2   1   0                  very poorly controlled  
controlled
3. How often have you felt that your blood sugars have been too high lately?  
most of the time                  6   5   4   3   2   1   0                  none of the time
4. How often have you felt that your blood sugars have been too low lately?  
most of the time                  6   5   4   3   2   1   0                  none of the time

For information only