

## Diabetes Treatment Satisfaction Questionnaire: DTSQs

The following questions are concerned with the treatment for 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?

very satisfied                      6    5    4    3    2    1    0                      very dissatisfied

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

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

For information only

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