

Diabetes Clinic Satisfaction Questionnaire (DCSQ)

The following statements concern aspects of the care you receive at your hospital diabetes clinic or diabetes centre. Please circle a number from -2 to +2 on each scale to show how dissatisfied or satisfied you are with each aspect.

If a statement does not apply to you because you have had no experience of that aspect of the service, please indicate by circling the 'n/a' ('not applicable') beside that statement and indicate on the back of the page, why it doesn't apply to you.

	-2	-1	0	1	2	
	dissatisfied	slightly dissatisfied	neither satisfied nor dissatisfied	satisfied	very satisfied	
1. The amount of time spent talking with the staff (including doctors, nurses and other staff)	-2	-1	0	1	2	n/a
2. Continuity of care, that is, whether or not you see the same doctor/nurse on each visit	-2	-1	0	1	2	n/a
3. Information given to you by the staff regarding your results (e.g. overall diabetes control)	-2	-1	0	1	2	n/a

Thank you for your patience and help.

For information only