

Diabetes Treatment Satisfaction Questionnaire: Parent/Guardian (DTSQ Parent)

These questions are about your child's 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 Parent continued...

1. How satisfied are you with your child's current treatment?
very satisfied 6 5 4 3 2 1 0 very dissatisfied

2. How well controlled do you feel your child's diabetes has been lately?
very well controlled 6 5 4 3 2 1 0 very poorly controlled

3. How often have you felt that your child's 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 child's 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