Renal Treatment Satisfaction Questionnaire: RTSQs

The following questions are concerned with the treatment for your renal condition (which may include some form of dialysis, medication, dietary and/or fluid restrictions) and your experience over the past few weeks. Please answer each question by circling a number on each of the scales.

How satisfied are you with y	our c	urrent	treatn	nent?				
very satisfied	6	5	4	3	2	1	0	very dissatisfied
How well controlled do you	feel yo	our rei	nal coi	nditior	n is nov	w?		
very well controlled	6	5	4	3	2	1	0	very poorly controlled
								() ·
How satisfied are you with a	any sic	de effe	ects of	your	curren	t treat	ment?	
very satisfied	6	5	4	3	2	1	0	very dissatisfied
					*			
How satisfied are you with t	he rec	uirem	ents o	of you	r curre	nt trea	atment?	
very satisfied	6	5	4	3	2	1	0	very dissatisfied
	very satisfied How well controlled do you very well controlled How satisfied are you with a very satisfied How satisfied are you with the your years.	very satisfied 6 How well controlled do you feel you very well controlled 6 How satisfied are you with any side very satisfied 6 How satisfied are you with the recommendation of the satisfied are you with the young are you with th	very satisfied 6 5 How well controlled do you feel your removery well controlled 6 5 How satisfied are you with any side effectivery satisfied 6 5 How satisfied are you with the requirement	very satisfied 6 5 4 How well controlled do you feel your renal convery well controlled 6 5 4 How satisfied are you with any side effects of very satisfied 6 5 4 How satisfied are you with the requirements of	How well controlled do you feel your renal condition very well controlled 6 5 4 3 How satisfied are you with any side effects of your very satisfied 6 5 4 3 How satisfied are you with the requirements of your	very satisfied 6 5 4 3 2 How well controlled do you feel your renal condition is not very well controlled 6 5 4 3 2 How satisfied are you with any side effects of your current very satisfied 6 5 4 3 2 How satisfied are you with the requirements of your current very satisfied are you with the your current very satisfied are your with your current very satisfied are y	very satisfied 6 5 4 3 2 1 How well controlled do you feel your renal condition is now? very well controlled 6 5 4 3 2 1 How satisfied are you with any side effects of your current treat very satisfied 6 5 4 3 2 1 How satisfied are you with the requirements of your current treat	very satisfied 6 5 4 3 2 1 0 How well controlled do you feel your renal condition is now? very well controlled 6 5 4 3 2 1 0 How satisfied are you with any side effects of your current treatment? very satisfied 6 5 4 3 2 1 0 How satisfied are you with the requirements of your current treatment?

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