Renal (Kidney) Treatment Satisfaction Questionnaire (change): RTSQc

For the past few weeks/months you have been taking part in a kidney treatment study. At the start of the study you may have had a change of treatment. Today we would like to ask you about your experience with treatment (which may include some form of dialysis, medication, dietary and/or fluid restrictions). Please compare your current treatment with your treatment before the study began. Please answer each question by circling a number on each of the scales. If you have experienced no change, please circle '0'.

1.	How satisfied are	vou with vour	current treatment?

much more satisfied 3 2 1 0 -1 -2 -3 much less satisfied now

2. How well controlled do you feel your kidney condition is now?

much better 3 2 1 0 -1 -2 -3 controlled now

much worse controlled now