

Renal (Kidney) Treatment Satisfaction Questionnaire: RTSQs

The following questions are concerned with the treatment for your kidney 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.

1. How satisfied are you with your current treatment?

very satisfied 6 5 4 3 2 1 0 very dissatisfied

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

very well controlled 6 5 4 3 2 1 0 very poorly controlled

For information only