

Renal Treatment Satisfaction Questionnaire (change): RTSQc

For the past few weeks/months you have been taking part in a renal 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 of the 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 you with your current treatment?

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

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

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

3. How satisfied are you with any side effects of your current treatment?

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

4. How satisfied are you with the requirements of your current treatment?

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

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