

Diabetes Treatment Satisfaction Questionnaire: DTSQs

The following questions are concerned with the treatment of your diabetes (including insulin, tablets and/or diet) and your experience over the past few weeks. Please answer each question by circling one 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 often have you felt that your blood sugars have been unacceptably high recently?

Most of the time 6 5 4 3 2 1 0 None of the time

3. How often have you felt that your blood sugars have been unacceptably low recently?

Most of the time 6 5 4 3 2 1 0 None of the time

For information only

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