

## **Diabetes Treatment Satisfaction Questionnaire: Teen (DTSQ Teen)**

**These questions are about your treatment for diabetes over the past few weeks.**

**This includes:**

- ☐ medication
- ☐ blood sugar monitoring
- ☐ any eating requirements

**Please answer each question by circling a number from 6 to 0 on the scale below it.**

*Continued on the next page ...*

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*DTSQ Teen continued...*

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 diabetes has been lately?

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

3. How often have you felt that your blood sugars have been too high lately?

most of the time      6   5   4   3   2   1   0      none of the time

4. How often have you felt that your blood sugars have been too low lately?

most of the time      6   5   4   3   2   1   0      none of the time

5. How easy or difficult is your diabetes treatment?

very easy      6   5   4   3   2   1   0      very difficult

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