

Diabetes Treatment Satisfaction Questionnaire (Change): Teen (DTSQc Teen)

For the past few weeks/months you have been taking part in a study of diabetes treatment. It is possible that your treatment was changed when the study began.

Treatment includes:

- medication
- blood sugar monitoring
- any eating requirements

We would like you to tell us how you feel about your current treatment. The following questions ask you to compare it with the treatment you used before the study began.

On the scale below each question please circle a number from 3 (e.g. much more satisfied now) to -3 (e.g. much less satisfied now). If you haven't noticed any change, please circle the '0'.

Continued on the next page ...

NOT FOR USE: This copy is a sample only.

For use of the full questionnaire, please contact info@healthpsychologyresearch.com

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 diabetes has been lately?
- | | | | | | | | | |
|----------------------------|---|---|---|---|----|----|----|-------------------------------|
| much better controlled now | 3 | 2 | 1 | 0 | -1 | -2 | -3 | much less well controlled now |
|----------------------------|---|---|---|---|----|----|----|-------------------------------|
3. How often have you felt that your blood sugars have been too high lately?
- | | | | | | | | | |
|---------------------------|---|---|---|---|----|----|----|---------------------------|
| much more of the time now | 3 | 2 | 1 | 0 | -1 | -2 | -3 | much less of the time now |
|---------------------------|---|---|---|---|----|----|----|---------------------------|
4. How often have you felt that your blood sugars have been too low lately?
- | | | | | | | | | |
|---------------------------|---|---|---|---|----|----|----|---------------------------|
| much more of the time now | 3 | 2 | 1 | 0 | -1 | -2 | -3 | much less of the time now |
|---------------------------|---|---|---|---|----|----|----|---------------------------|

For Information Only

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