

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 ...

NOT FOR USE: This copy is a sample only.

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

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 controlled 6 5 4 3 2 1 0 very poorly 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

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