

## 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 shortened sample only.

For use of the full questionnaire, please contact [info@healthpsychologyresearch.com](mailto:info@healthpsychologyresearch.com)

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(from Standard UK English rev. 22.6.06A)

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1. How satisfied are you with your current treatment?

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