

## Diabetes Treatment Satisfaction Questionnaire: Parent/Guardian (DTSQ Parent)

**These questions are about your child's 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 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. 17.11.10)

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*DTSQ Parent continued...*

1. How satisfied are you with your child's current treatment?  
very satisfied            6    5    4    3    2    1    0            very dissatisfied
  
2. How well controlled do you feel your child's 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 child's 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 child's 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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