

## **Diabetes Treatment Satisfaction Questionnaire (Change): Parent/Guardian (DTSQc-Parent)**

**For the past few weeks/months your child has been taking part in a study of diabetes treatment. It is possible that their 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 child's current treatment. The following questions ask you to compare it with the treatment they 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)**

*DTSQ Parent continued...*

1. How satisfied are you with your child's 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 child's 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 child's 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 child's 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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For Information Only

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