

Diabetes Treatment Satisfaction Questionnaire: DTSQs

The following questions are concerned with the treatment for your diabetes (including insulin, tablets and/or diet) and your experience over the past few weeks. Please answer each question by circling a number on every scale.

1. How satisfied are you with your current treatment?

very satisfied 6 5 4 3 2 1 0 very dissatisfied

2. How often have you felt that your blood sugar has been unacceptably high recently?

most of the time 6 5 4 3 2 1 0 none of the time

For information only

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