



INSTRUCTIONS FOR THE DIABETES TREATMENT SATISFACTION QUESTIONNAIRE (DTS) Version 1.0

I. General Instructions

The Diabetes Treatment Form should be completed by all participants who responded YES to item 5a “*We believe you may have previously told ARIC that you had diabetes; is that correct*” or 5b “*Has a doctor ever said you have diabetes, or sugar in the blood*” on the Diabetes Questionnaire Form (DQF)

The Diabetes Treatment Form is based on the Diabetes treatment satisfaction Questionnaire (DTSQ) which was designed to evaluate patient satisfaction with treatment (items 1 and 4-8) and hyperglycemia (items 1 and 2).

II. Detailed Instructions for Each Item

Administrative Information

- 0a. Enter the date the diabetes treatment form is collected.
- 0b. Enter the staff code of the person completing this form.

Items 1-8 are concerned with the treatment of the participant's diabetes (including insulin, tablets, and/or diet) and their experience over the PAST FEW WEEKS.

- 1. On a scale of 1-6 with 6 being very satisfied and 0 being very dissatisfied, ask the participant how satisfied they are with their current treatment.
- 2. On a scale of 1-6 with 6 being most of the time and 0 being none of the time, ask the participant how often they have felt that their blood sugars have been unacceptably high over the past few weeks
- 3. On a scale of 1-6 with 6 being most of the time and 0 being none of the time, ask the participant how often they have felt that their blood sugars have been unacceptably low over the past few weeks.
- 4. On a scale of 1-6 with 6 being very convenient and 0 being very inconvenient, ask the participant how convenient have they been at finding their treatment over the past few weeks.
- 5. On a scale of 1-6 with 6 being very flexible and 0 being very inflexible, ask the participant how flexible they have been in finding their treatment in the past few weeks.
- 6. On a scale of 1-6 with 6 being very satisfied and 0 being very dissatisfied, ask the participant how satisfied they are with their understanding of their diabetes.
- 7. On a scale of 1-6 with 6 being they would definitely recommend the treatment and 0 being they would definitely not recommend the treatment, ask the participant if they would recommend their form of treatment to someone else with their kind of diabetes.
- 8. On a scale of 1-6 with 6 being very satisfied and 0 being very dissatisfied, ask the participant how satisfied they would be to continue with their present form of treatment.

6 – Very Satisfied

5

4

3

2

1

0 – Very Dissatisfied

Q. 1-8