



DIABETES TREATMENT SATISFACTION QUESTIONNAIRE

ID
NUMBER:

FORM CODE:

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DATE: 04/01/2016
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

0b. Staff ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Instructions: 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 choosing a number between 6 and 0 where 6 is 'Very Satisfied', etc".

1. How satisfied are you with your current treatment?

<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Very Satisfied						Very Dissatisfied

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

<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Most of the time						None of the time

3. How often have you felt that your blood sugars have been unacceptably low recently?

<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Most of the time						None of the time

4. How convenient have you been finding your treatment to be recently?

<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Very Convenient						Very Inconvenient

5. How flexible have you been finding your treatment to be recently?

<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Very Flexible						Very Inflexible

6. How satisfied are you with your understanding of your diabetes?

<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Very Satisfied						Very Dissatisfied

7. Would you recommend this form of treatment to someone else with your kind of diabetes?

☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0

Yes, I would
definitely
recommend
the treatment

No, I would
definitely not
recommend
the treatment

8. How satisfied would you be to continue with your present form of treatment?

☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0

Very
Satisfied

Very
Dissatisfied