

The Patient Dignity Inventory

For each item, please indicate how much of a problem or concern these have been for you within the last few days.

1. Not being able to carry out tasks associated with daily living (e.g. washing, getting dressed).

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem

2. Not being able to attend to bodily functions independently (eg. needing assistance with toileting-related activities)

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem

3. Experiencing physically distressing symptoms (such as pain, shortness of breath, nausea).

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem

4. Feeling that how I look to others has changed significantly.

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem

5. Feeling depressed.

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem

6. Feeling anxious.

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem

7. Feeling uncertain about my health.

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem

8. Worrying about my future.

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem

9. Not being able to think clearly.

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem

10. Not being able to continue with my usual routines.

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem

11. Feeling like I am no longer who I was.

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem

12. Not feeling worthwhile or valued.

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem

13. Not being able to carry out important roles (e.g. spouse, parent).

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem

14. Feeling that life no longer has meaning or purpose.

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem

15. Feeling that I have not made a meaningful and/or lasting contribution in my life.

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem

16. Feeling I have 'unfinished business' (e.g. things that I have yet to say or do; things that feel incomplete)

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem

17. Concern that my spiritual life is not meaningful.

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem

18. Feeling that I am a burden to others.

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem

19. Feeling that I don't have control over my life.

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem

20. Feeling that care needs have reduced my privacy.

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem

21. Not feeling supported by my community of friends and family.

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem

22. Not feeling supported by my health care providers.

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem

23. Feeling like I am no longer able to mentally cope with challenges to my health.

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem

24. Not being able to accept the way things are.

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem

25. Not being treated with respect or understanding by others.

1	2	3	4	5
Not a Problem	A slight problem	A problem	A major problem	An overwhelming problem