Dignity IN CARE

The Patient Dignity Inventory (PDI)

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

1 = NOT A PROBLEM
2 = A SLIGHT PROBLEM
3 = A PROBLEM
4 = A MAJOR PROBLEM
5 = AN OVERWHELMING PROBLEM

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

2 Not being able to attend to my bodily functions independently (e.g., needing assistance with toileting-related activities)

3 Experiencing physically distressing symptoms (e.g., pain, shortness of breath, nausea)

4 Feeling that how I look to others has changed significantly

5 Feeling depressed

6 Feeling anxious

7 Feeling uncertain about illness and treatment

8 Worrying about my future

9 Not being able to think clearly

10 Not being able to continue with my usual routines

11 Feeling like I am no longer who I was

12 Not feeling worthwhile or valued

13 Note being able to carry out important roles (e.g., spouse, parent)

14 Feeling that life no longer has meaning or purpose

15 Feeling that I am not making a meaningful and/or lasting contribution in my life

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

17 Concern that my spiritual life is not meaningful

18 Feeling that I am a burden to others

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

20 Feeling that my illness and care needs have reduced my privacy

21 Not feeling supported by my community of friends and family

22 Not feeling supported by my health care providers

23 Feeling like I am no longer able to mentally "fight" the challenges of my illness

24 Not being able to accept the way things are

25 Not being treated with respect or understanding by others