## **Post-Discharge Coping Difficulty Scale** © Adult Form

Since you have been home from the hospital:

1. How stressful has your life been?	0 1 2 Not at all	3	4	5	6	7	8 9 10 Extremely
What has been stressful?							
2. How much difficulty have you had with your recovery?	0 1 2 None at all	3	4	5	6	7	8 9 10 A great deal
What has been difficult?							
3. How much difficulty have you had with caring for yourself?	0 1 2 None at all	3	4	5	6	7	8 9 10 A great deal
What has been difficult?							
4. How much difficulty have you had with managing your medical condition?  What has been difficult?	0 1 2 None at all	3	4	5	6	7	8 9 10 A great deal
5. How difficult has the time been for your family members or other close persons?  What has been difficult?	0 1 2 Not at all	3	4	5	6	7	8 9 10 Extremely
6a. How much help have you needed with caring for yourself?	0 1 2 None at all	3	4	5	6	7	8 9 10 A great deal
6b. How much help had you expected to need?	0 1 2 None at all	3	4	5	6	7	8 9 10 A great deal

7. How much emotional support have you	0	1	2	3	4	5	6	7	8	9	10
needed?	None at all A great of									deal	
8. How confident have you felt in your ability to	0	1	2	3	4	5	6	7	8	9	10
care for your own needs?	Not at all Completely								etely		
9. Have you been able to take care of your medical	0	1	2	3	4	5	6	7	8	9	10
needs such as medications or treatments?	Not at all Comple							etely			
10. How well have you adjusted to being at home	0	1	2	3	4	5	6	7	8	9	10
since your hospitalization?	No	t at a	11						Extre	mely	well

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