

Post-Discharge Coping Difficulty Scale ©
Parent Form

Since your child has been home from the hospital:

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

7. How much emotional support have you needed?	0 1 2 3 4 5 6 7 8 9 10 None at all A great deal
8. How confident have you felt in your ability to care for your child's needs?	0 1 2 3 4 5 6 7 8 9 10 Not at all Completely
9. Have you been able to take care of your child's medical needs such as medications or treatments?	0 1 2 3 4 5 6 7 8 9 10 Not at all Completely
10a. How well have you adjusted to your child being at home since your child's hospitalization?	0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely well
10b. How well has your child adjusted to being at home after discharge from the hospital?	0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely well

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