

## LEARNING WHAT MAKES YOU SUFFER

### A. YOUR DISEASE EXPERIENCE

We want to know how your disease has affected you. Please answer the following questions.

1. What is it like for you having this physical problem?
  - a. Describe how you feel physically.  


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  - b. Describe how you feel emotionally as a result of this condition.  


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  - c. Describe how this condition has effected your relationships with others close to you.  


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  - d. Describe how this condition has effected your work and job performance. What is your employer's response to your health problem?  


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  - e. Over all, as a result of having this condition, how much distress are you feeling from 0 to 10, with 10 the absolute amount of distress you can experience? \_\_\_\_\_
2. How much distress did you have in your life before the disease developed, from 0 to 10? \_\_\_\_\_  
 How did you cope with that distress? To answer that question, think about past times when you were in pain, felt distressed or endured losses or harm of any kind.  


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3. How much suffering do you think you will have to endure in the future as a consequence of having this disease? Why is that?  


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Do you think things will get worse? How much worse from 0 to 10, with 10 being absolutely the worst possible? \_\_\_\_\_

4. Has there been a point where you simply could not bear any more suffering in your life? What caused you to reach that point?
- \_\_\_\_\_
- \_\_\_\_\_
5. How would your loved ones describe your ability to cope when you are sick, from 0 to 10, with 10 being total ability to tolerate suffering? \_\_\_\_\_

## B. WHAT CAUSES YOU TO SUFFER?

Check-off any of the factors below that cause you to suffer and how much misery you are experiencing as a result from 0 to 10. Use the following guideline when answering:

- 0, 1: little to no suffering  
 2, 3: suffering a mild amount  
 4, 5, 6: suffering a moderate amount  
 7, 8: suffering a severe amount  
 9, 10: extreme misery, suffering greatly

- \_\_\_\_\_ 1. Unpleasant physical sensations  
       \_\_\_\_\_ a. physical pain  
       \_\_\_\_\_ b. achy  
       \_\_\_\_\_ c. throbbing  
       \_\_\_\_\_ d. tingling  
       \_\_\_\_\_ e. burning  
       \_\_\_\_\_ f. bloating  
       \_\_\_\_\_ g. itching  
       \_\_\_\_\_ h. other negative sensations
- \_\_\_\_\_ 2. Muscle weakness, unsteadiness
- \_\_\_\_\_ 3. Loss of mobility and ability to get around easily
- \_\_\_\_\_ 4. Fatigue, tiredness
- \_\_\_\_\_ 5. Tremor
- \_\_\_\_\_ 6. Stiffness, rigidity
- \_\_\_\_\_ 7. Lack of sleep or problems sleeping
- \_\_\_\_\_ 8. Problems in treatment  
       \_\_\_\_\_ a. involved or complicated treatment  
       \_\_\_\_\_ b. treatment is painful  
       \_\_\_\_\_ c. treatment has too many side-effects  
       \_\_\_\_\_ d. treatment interferes with other important life activities  
       \_\_\_\_\_ e. treatment causes losses or problems in other areas of my life, such as work, marriage, sex life, etc.  
       \_\_\_\_\_ f. dealings with doctors, nurses, or therapists are distressing (e.g., waiting time to see them, difficult personality of a provider)  
       \_\_\_\_\_ g. dealings with insurance companies and HMOs
- \_\_\_\_\_ 9. Too much uncertainty in my life caused by disease or treatment.
- \_\_\_\_\_ 10. Financial losses and financial uncertainty due to disease.
- \_\_\_\_\_ 11. Inability to perform normal role duties  
       \_\_\_\_\_ a. at home  
       \_\_\_\_\_ b. at work  
       \_\_\_\_\_ c. in hobbies
- \_\_\_\_\_ 12. Inability to meet others' expectations:  
       \_\_\_\_\_ a. Expectations of spouse  
       \_\_\_\_\_ b. Expectations of children  
       \_\_\_\_\_ c. Expectations of parents

- \_\_\_\_\_ d. Expectations of friends
  - \_\_\_\_\_ e. Expectations of employer
  - \_\_\_\_\_ f. Expectations of coworkers
- \_\_\_\_\_ 13. Disrespect from others because of inability to perform normal role duties or meet others' expectations
- \_\_\_\_\_ 14. Appearance changes due to disease or treatment  
(specify: \_\_\_\_\_)
- \_\_\_\_\_ 15. Surgical effects (e.g., loss of body tissue or parts of body due to surgery)  
(specify: \_\_\_\_\_)
- \_\_\_\_\_ 16. Relationship changes due to disease
  - \_\_\_\_\_ a. relationship changes with spouse
  - \_\_\_\_\_ b. relationship changes with children
  - \_\_\_\_\_ c. relationship changes with friends
  - \_\_\_\_\_ d. relationship changes with employer or coworkers
- \_\_\_\_\_ 17. Others are suffering due to my disease
- \_\_\_\_\_ 18. Loss of old lifestyle
- \_\_\_\_\_ 19. Too many hassles just to perform normal daily activities
- \_\_\_\_\_ 20. Changes or fluctuations in my emotions due to disease or treatment
- \_\_\_\_\_ 21. Loss of:
  - \_\_\_\_\_ a. employment (if applicable)
  - \_\_\_\_\_ b. marriage (if applicable)
  - \_\_\_\_\_ c. friendships (if applicable)
- \_\_\_\_\_ 22. Overall rating of how much my disease has caused:
  - a. my family to suffer \_\_\_\_\_  
How much this bothers me? \_\_\_\_\_
  - b. my friends to suffer \_\_\_\_\_  
How much this bothers me? \_\_\_\_\_
  - c. my employer to suffer \_\_\_\_\_  
How much this bothers me? \_\_\_\_\_
  - d. my coworkers to suffer \_\_\_\_\_  
How much this bothers me? \_\_\_\_\_
- \_\_\_\_\_ 23. Overall rating of my suffering

### C. MY RESPONSE TO SUFFERING

The following is a check-list to learn how you may be feeling at this time in your life and how you may be responding to your disease and suffering. Check-off if you feel, think, or do any of the following:

- \_\_\_\_\_ 1. I frequently feel impatient and irritable.
- \_\_\_\_\_ 2. I frequently feel dejected, sad, or depressed.
- \_\_\_\_\_ 3. I feel overwhelmed by the number of hassles and frustrations in my life.
- \_\_\_\_\_ 4. I have a tendency to slip into self-pity and feel sorry for myself.
- \_\_\_\_\_ 5. I blame others, God, fate, or fortune for why I became sick.
- \_\_\_\_\_ 6. I hate the symptoms of my disease.
- \_\_\_\_\_ 7. I think that I cannot go on any longer feeling like I do.
- \_\_\_\_\_ 8. I cannot accept my body as it is presently.
- \_\_\_\_\_ 9. I think that life or God has not been fair to me.
- \_\_\_\_\_ 10. I frequently think about the "good old days" before I became sick.
- \_\_\_\_\_ 11. I frequently imagine waking up and feeling well again.
- \_\_\_\_\_ 12. I routinely think about a cure being found for my condition.
- \_\_\_\_\_ 13. I frequently complain about my symptoms.
- \_\_\_\_\_ 14. I often find myself sighing, grunting, or groaning.
- \_\_\_\_\_ 15. I doggedly pursue a cure for my medical condition even though my doctors have said that it will not go away.
- \_\_\_\_\_ 16. I avoid any situation that can worsen my condition.
- \_\_\_\_\_ 17. I often protest why I am stuck with this disease, and why I became sick, saying statements like, "Why me?", or "I'm sick of these symptoms."
- \_\_\_\_\_ 18. I have thoughts about suicide although I am not serious about killing myself.
- \_\_\_\_\_ 19. I have thoughts about suicide and I think that on some occasion I will be capable of killing myself.
- \_\_\_\_\_ 20. I have become more withdrawn and do not engage others in conversation as much as I used to do.
- \_\_\_\_\_ 21. I hate my life.
- \_\_\_\_\_ 22. I have a difficult time focusing on other more pleasant matters, and instead stay focused on my physical problems.
- \_\_\_\_\_ 23. I cannot accept being sick. I reject how my life has gone.
- \_\_\_\_\_ 24. I feel upset with myself when I cannot do things easily as I used to before I became sick.
- \_\_\_\_\_ 25. I try not complaining about my health but I cannot stop talking about how bad I feel.
- \_\_\_\_\_ 26. A lot of what I discuss with others concerns my health.
- \_\_\_\_\_ 27. People would be surprised to know how upset I am inside about having this disease.