

Seznam příloh

Příloha 1 – Scale To Assess The Therapeutic Relationship In Community Mental Health Care

Příloha 2 – Patient Dignity Inventory

Přílohy

Příloha 1

STAR-P: Patient Version^a

1. My clinician speaks with me about my personal goals and thoughts about treatment.
 2. My clinician and I are open with one another.
 3. My clinician and I share a trusting relationship.
 4. I believe my clinician withholds the truth from me.
 5. My clinician and I share an honest relationship.
 6. My clinician and I work towards mutually agreed upon goals.
 7. My clinician is stern with me when I speak about things that are important to me and my situation.
 8. My clinician and I have established an understanding of the kind of changes that would be good for me.
 9. My clinician is impatient with me.

 10. My clinician seems to like me regardless of what I do or say.
 11. We agree on what is important for me to work on.

 12. I believe my clinician has an understanding of what my experiences have meant to me.
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Příloha 2

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 myself, getting dressed). | 1 | 2 | 3 | 4 | 5 |
| 2. | Not being able to attend to my bodily functions independently (e.g., needing assistance with toileting-related activities). | 1 | 2 | 3 | 4 | 5 |
| 3. | Experiencing physically distressing symptoms (such as pain, shortness of breath, and nausea). | 1 | 2 | 3 | 4 | 5 |
| 4. | Feeling that how I look to others has changed significantly. | 1 | 2 | 3 | 4 | 5 |
| 5. | Feeling depressed. | 1 | 2 | 3 | 4 | 5 |
| 6. | Feeling anxious. | 1 | 2 | 3 | 4 | 5 |
| 7. | Feeling uncertain about my illness and treatment. | 1 | 2 | 3 | 4 | 5 |
| 8. | Worrying about my future. | 1 | 2 | 3 | 4 | 5 |
| 9. | Not being able to think clearly. | 1 | 2 | 3 | 4 | 5 |
| 10. | Not being able to continue with my usual routines. | 1 | 2 | 3 | 4 | 5 |
| 11. | Feeling like I am no longer who I was. | 1 | 2 | 3 | 4 | 5 |
| 12. | Not feeling worthwhile or valued. | 1 | 2 | 3 | 4 | 5 |
| 13. | Not being able to carry out important roles (e.g., spouse, parent). | 1 | 2 | 3 | 4 | 5 |
| 14. | Feeling that life no longer has meaning or purpose. | 1 | 2 | 3 | 4 | 5 |
| 15. | Feeling that I have not made a meaningful and lasting contribution during my lifetime. | 1 | 2 | 3 | 4 | 5 |
| 16. | Feeling I have “unfinished business” (e.g., things left unsaid, or incomplete). | 1 | 2 | 3 | 4 | 5 |
| 17. | Concern that my spiritual life is not meaningful. | 1 | 2 | 3 | 4 | 5 |
| 18. | Feeling that I am a burden to others. | 1 | 2 | 3 | 4 | 5 |
| 19. | Feeling that I don’t have control over my life. | 1 | 2 | 3 | 4 | 5 |
| 20. | Feeling that my illness and care needs have reduced my privacy. | 1 | 2 | 3 | 4 | 5 |
| 21. | Not feeling supported by my community of friends and family. | 1 | 2 | 3 | 4 | 5 |
| 22. | Not feeling supported by my healthcare providers. | 1 | 2 | 3 | 4 | 5 |
| 23. | Feeling like I am no longer able to mentally “fight” the challenges of my illness. | 1 | 2 | 3 | 4 | 5 |
| 24. | Not being able to accept the way things are. | 1 | 2 | 3 | 4 | 5 |
| 25. | Not being treated with respect or understanding by others. | 1 | 2 | 3 | 4 | 5 |
