

**LIFE ADJUSTMENT PROFILE**

Persons with IPS have a life-threatening, serious disease that requires major changes in their life. As part of our on-going research we would like to know the kinds of adjustments that persons with IPS make to find some happiness and quality of life. Our goal is to learn from persons with IPS who have adjusted, so we can pass their tips on to help all persons with IPS find happiness and a meaningful life. To help our research, please fill out and return this profile to us.

1. After you learned you had IPS, did you feel:

- Shocked
- Sad
- Hopeless
- Angry
- Depressed
- Glad to have an answer
- Other\_\_\_\_\_

2. Do you believe that you have adjusted and are as happy and content as you were before you developed IPS?

- I am adjusted, and as happy and content as before
- I believe I have adjusted as well as can be expected
- I believe adjusting is an on-going process depending on pain level, stress, and daily circumstances

3. Do you believe that you have found a meaningful quality of life?      Yes\_\_\_\_\_ No\_\_\_\_\_

4. I prefer to be alone most of the time.      Yes\_\_\_\_\_ No\_\_\_\_\_

5. I only like to be in small groups of people who I know.      Yes\_\_\_\_\_ No\_\_\_\_\_

6. I don't like to be in crowds because: (Check all that apply)

- Causes fatigue
- Can't keep up conversation
- Too embarrassed
- Don't want to reveal my handicap
- Frightened
- Pain increases

Other (list): \_\_\_\_\_

7. I stay at home approximately how many hours each day.      Hours\_\_\_\_\_

8. How many days a week do you NOT leave home?      No. days\_\_\_\_\_

9. About how many people (family, spouse, medical, friends) in your life do you now feel comfortable conversing or interacting with?      No. \_\_\_\_\_

10. Which people in your life do you feel most comfortable with in general?

- Family
- Medical
- Spouse
- Pastor
- Close friend
- Other (list): \_\_\_\_\_

11. Which people in your life do you feel most comfortable speaking about IPS with?

- Family
- Doctor/Medical
- Spouse
- Clergy
- Close friend
- Other (list): \_\_\_\_\_

12. I leave home to do these activities:

- Work
- Attending children's/grandchildren's activities
- Go to the bank
- Go to the post office
- Grocery shop
- Go to a gym/PT/massage
- School activities
- Sporting events
- Walk each day
- Shopping
- Visit relatives
- Visit friends
- Attend church
- Other (list): \_\_\_\_\_

13. Do you feel comfortable doing these activities (check all that apply)?

- Telephone conversation
- Social media-internet
- Writing an email
- Shopping
- Writing a letter
- Texting
- Other (list): \_\_\_\_\_

14. What has happened to your interest in reading since developing IPS?

- About same
- Less
- More
- Too difficult to hold books
- I read a kindle
- Computer online reading
- What time of day is best for reading AM \_\_\_\_\_ PM \_\_\_\_\_

15. What do you find helpful to read?

- Bible
- On-line news
- Research articles on IPS/medical condition
- Newspaper
- Magazines
- Books
- Other (list): \_\_\_\_\_

16. Do you believe it is possible to adjust and be as happy and content as you were before you developed IPS? Yes\_\_\_\_\_ No\_\_\_\_\_

Or do you believe it is possible to adjust and live a happy and meaningful life even after you developed IPS? Yes\_\_\_\_\_ No\_\_\_\_\_

Or do you believe it is possible to overcome the challenges you face with IPS and enjoy a fulfilling life? Yes\_\_\_\_\_ No\_\_\_\_\_

Or do you believe you can adjust to the challenges and limitation of IPS, modify your lifestyle, and enjoy a fulfilling life? Yes\_\_\_\_\_ No\_\_\_\_\_

17. What have you found that has brought some meaning and quality back to your life?

- |  |  |
|--|--|
| <input type="radio"/> Gardening                              | <input type="radio"/> Participating in a hobby                       |
| <input type="radio"/> Meditation                             | <input type="radio"/> Reading  |
| <input type="radio"/> Walking                                | <input type="radio"/> Having a pet                                   |
| <input type="radio"/> Other exercise                         | <input type="radio"/> Volunteering/helping others                    |
| <input type="radio"/> Online shopping                        | <input type="radio"/> Finding helpful and adaptive equipment/devices |
| <input type="radio"/> Going out to shop                      | <input type="radio"/> Joining a support group                        |
| <input type="radio"/> Visiting relatives                     | <input type="radio"/> Learning more about my condition               |
| <input type="radio"/> Visiting friends                       | <input type="radio"/> Mental health counseling                       |
| <input type="radio"/> Attending church or spiritual activity | <input type="radio"/> Doing activities with friends/relatives        |
| <input type="radio"/> Being out in nature                    |  |

Other (list): \_\_\_\_\_

18. My church or spiritual path was most helpful in adjusting to my "new" normal?

Yes\_\_\_\_\_ No\_\_\_\_\_

19. What helped you the most?

- |   |   |
|---|---|
| <input type="radio"/> Fellow IPS friend       | <input type="radio"/> Exercise                  |
| <input type="radio"/> Trusted friend          | <input type="radio"/> Fresh air/being in nature |
| <input type="radio"/> Validation              | <input type="radio"/> One day at a time         |
| <input type="radio"/> Minister                | <input type="radio"/> Other (list): _____       |
| <input type="radio"/> Online group or friends |   |

20. What wasn't helpful?

- |   |  |
|---|--|
| <input type="radio"/> Shaming               | <input type="radio"/> Made to feel it was my fault |
| <input type="radio"/> Doctors not listening | <input type="radio"/> Other (list): _____          |
| <input type="radio"/> Doctors not believing |  |

21. In your own words what 3 things have been the most helpful to create your “new normal” life with IPS?

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

Please email this profile to: [support@intractablepainsyndrome.com](mailto:support@intractablepainsyndrome.com)

Fax: 626-919-7497 or 316-260-4077

Or mail to:

*Intractable Pain Syndrome Research & Education Project of the Tennant Foundation  
336-338 S. Glendora Ave., West Covina, CA 91790-3043*

***Please print these questionnaires and take them to your PCP!***