

## Psychosocial difficulties - PARADISE24fin

The PARADISE24fin is an instrument designed to measure difficulties in functioning. It can be used for the purposes of a single evaluation or longitudinal follow-up. The PARADISE24fin can be administered via interview by a caregiver, but also functions as a self-administered instrument.

[For professional caregivers ►](#)

The PARADISE24fin should be administered at the beginning of treatment when possible in order to provide a baseline evaluation of the patients functioning before treatment. Information regarding changes in functioning can be obtained when the evaluation is repeated, e.g. at admission and discharge from inpatient care, or every three to six months in outpatient care. Please remember to mark the date of administering the PARADISE24fin instrument on the form.

It is advisable to review the results with the patient. You can e.g. go through the areas of life with which the patient has experienced severe or extreme difficulties. At the same time, it is possible to address with how many areas the patient does not have difficulties.

The needs for change that the patient has reported should be discussed when treatment goals are set. It is especially important to note the needs for change, which the patient has freely reported and may not be included in the PARADISE24fin instrument.

During follow-up, it is possible to additionally address the following questions: which areas of life have improved/deteriorated; has the patient achieved the goals or changes in the areas that he/she had previously marked as important?

The following questions address problems and difficulties you might have in your life. Please answer them, thinking back over the past 30 days and taking both good and bad days into account. If you have no recent experience of the issue, choose the option that suits you best: for example, if you have not worked and working would have been extremely difficult in your current health condition, tick 4).

Please, tick 1 to 5 issues that you most wish could be changed.

Date:

**1. How much of a problem did you have due to not feeling rested and refreshed during the day (e.g. feeling tired, not having energy)? \***

- no difficulties/problems
- mild difficulties
- moderate difficulties
- severe difficulties
- extreme difficulties/problems/cannot do

Tick, if you wish that this could be changed

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**2. How much of a problem did you have with loss of interest? \***

- no difficulties/problems
- mild difficulties
- moderate difficulties
- severe difficulties
- extreme difficulties/problems/cannot do

Tick, if you wish that this could be changed

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**3. How much of a problem did you have with your appetite? \***

- no difficulties/problems
- mild difficulties
- moderate difficulties
- severe difficulties
- extreme difficulties/problems/cannot do

Tick, if you wish that this could be changed

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**4. How much of a problem did you have with sleeping, such as falling asleep, waking up frequently during the night or waking up too early in the morning? \***

- no difficulties/problems
- mild difficulties
- moderate difficulties
- severe difficulties
- extreme difficulties/problems/cannot do

Tick, if you wish that this could be changed

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**5. How much of a problem did you have being so irritable that you started arguments, shouted at people or even hit people? \***

- no difficulties/problems
- mild difficulties
- moderate difficulties
- severe difficulties
- extreme difficulties/problems/cannot do

Tick, if you wish that this could be changed

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**6. How much of a problem did you have with being slowed down or feeling as if things were moving too fast around you? \***

- no difficulties/problems
- mild difficulties
- moderate difficulties
- severe difficulties
- extreme difficulties/problems/cannot do

Tick, if you wish that this could be changed

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**7. How much of a problem did you have with feeling sad, low or depressed? \***

- no difficulties/problems
- mild difficulties
- moderate difficulties
- severe difficulties
- extreme difficulties/problems/cannot do

Tick, if you wish that this could be changed

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**8. How much of a problem did you have with worry or anxiety? \***

- no difficulties/problems
- mild difficulties
- moderate difficulties
- severe difficulties
- extreme difficulties/problems/cannot do

Tick, if you wish that this could be changed

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**9. How much of a problem did you have with not being able to cope with all the things that you had to do? \***

- no difficulties/problems
- mild difficulties
- moderate difficulties
- severe difficulties
- extreme difficulties/problems/cannot do

Tick, if you wish that this could be changed

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**10. How much bodily ache or pain did you have? \***

- no difficulties/problems
- mild difficulties
- moderate difficulties
- severe difficulties
- extreme difficulties/problems/cannot do

Tick, if you wish that this could be changed

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**11. How much difficulty did you have in concentrating on doing something for ten minutes? \***

- no difficulties/problems
- mild difficulties
- moderate difficulties
- severe difficulties
- extreme difficulties/problems/cannot do

Tick, if you wish that this could be changed

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**12. How much difficulty did you have in remembering to do important things? \***

- no difficulties/problems
- mild difficulties
- moderate difficulties
- severe difficulties
- extreme difficulties/problems/cannot do

Tick, if you wish that this could be changed

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**13. How much difficulty did you have in making decisions? \***

- no difficulties/problems
  - mild difficulties
  - moderate difficulties
  - severe difficulties
  - extreme difficulties/problems/cannot do
- Tick, if you wish that this could be changed
- 

**14. How much difficulty did you have in starting and maintaining a conversation? \***

- no difficulties/problems
  - mild difficulties
  - moderate difficulties
  - severe difficulties
  - extreme difficulties/problems/cannot do
- Tick, if you wish that this could be changed
- 

**15. How much difficulty did you have in walking a long distance such as a kilometre (or equivalent)? \***

- no difficulties/problems
  - mild difficulties
  - moderate difficulties
  - severe difficulties
  - extreme difficulties/problems/cannot do
- Tick, if you wish that this could be changed
- 

**16. How much difficulty did you have in grooming or dressing, toileting or eating? \***

- no difficulties/problems
  - mild difficulties
  - moderate difficulties
  - severe difficulties
  - extreme difficulties/problems/cannot do
- Tick, if you wish that this could be changed
- 

**17. How much difficulty did you have in sexual activities? \***

- no difficulties/problems
  - mild difficulties
  - moderate difficulties
  - severe difficulties
  - extreme difficulties/problems/cannot do
- Tick, if you wish that this could be changed
- 

**18. How much difficulty did you have in staying by yourself for a few days? \***

- no difficulties/problems

- mild difficulties
  - moderate difficulties
  - severe difficulties
  - extreme difficulties/problems/cannot do
- Tick, if you wish that this could be changed
- 

**19. How much difficulty did you have with looking after your health, such as eating well, exercising and taking your medicines? \***

- no difficulties/problems
  - mild difficulties
  - moderate difficulties
  - severe difficulties
  - extreme difficulties/problems/cannot do
- Tick, if you wish that this could be changed
- 

**20. How much difficulty did you have in initiating and maintaining a friendship? \***

- no difficulties/problems
  - mild difficulties
  - moderate difficulties
  - severe difficulties
  - extreme difficulties/problems/cannot do
- Tick, if you wish that this could be changed
- 

**21. How much difficulty did you have in getting along with people who are close to you? \***

- no difficulties/problems
  - mild difficulties
  - moderate difficulties
  - severe difficulties
  - extreme difficulties/problems/cannot do
- Tick, if you wish that this could be changed
- 

**22. How much difficulty did you have in your day-to-day work or school? \***

- no difficulties/problems
  - mild difficulties
  - moderate difficulties
  - severe difficulties
  - extreme difficulties/problems/cannot do
- Tick, if you wish that this could be changed
- 

**23. How much difficulty did you have with managing your money? \***

- no difficulties/problems
- mild difficulties

- moderate difficulties
- severe difficulties
- extreme difficulties/problems/cannot do

Tick, if you wish that this could be changed

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**24. How much difficulty did you have in joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can? \***

- no difficulties/problems
- mild difficulties
- moderate difficulties
- severe difficulties
- extreme difficulties/problems/cannot do

Tick, if you wish that this could be changed

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**Please write in your own words the most important things that you wish could be changed?**

**Gender \***

- Male
- Female
- Other
- Prefer not to tell

**Age \***

years.

Prefer not to tell

**Whom did you test? \***

- yourself
- another person
- nobody, just wanted to learn to know this test
- prefer not to tell

**Do you co-operate with Arjen toimintakyky -project? ? \***

- Yes
- No
- I do not know

**Customer ID: ? \***

**Name of organization or project \***

Submit

*The anonymous responses can be used in scientific studies. The results will be presented so that no single person can be recognized from the reports.*

link

**Information about the test** ▶

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