

# ASSOCIATION BETWEEN TYPE D PERSONALITY AND PSYCHOLOGICAL DISTRESS AMONG HEART PATIENTS



by

Laiba Ikram

BSP191016

A Research Thesis submitted to the  
DEPARTMENT OF PSYCHOLOGY  
in partial fulfilment of the requirements for the degree of  
BACHELOR OF SCIENCE IN PSYCHOLOGY

Faculty of Management and Social Sciences  
Capital University of Science & Technology,

Islamabad

January, 2023

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**CERTIFICATE OF APPROVAL**

It is certified that the Research Thesis titled "Association Between Type D Personality and Psychological Distress among Heart Patients." carried out by Laiba Ikram, Reg. No. BSP191016, under the supervision of Ms. Rabia Batool, Capital University of Science & Technology, Islamabad, is fully adequate, in scope and in quality, as a Research Thesis for the degree of BS Psychology.

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**Association Between Type D Personality and Psychological Distress Among Heart Patients**

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**DEDICATION:**

I would dedicate this to my parents and my beloved teachers who helped and support me throughout.

**DECLARATION**

It is declared that this is an original piece of my own work, except where otherwise acknowledged in text and references. This work has not been submitted in any form for another degree or diploma at any university or other institution for tertiary education and shall not be submitted by me in future for obtaining any degree from this or any other University or Institution.

**Laiba Ikram****BSP191016**A handwritten signature in blue ink, appearing to read 'Laiba Ikram' with a horizontal line above and a vertical line below, followed by three dots.**January 2023**

## **ACKNOWLEDGMENT**

I am thankful to Almighty Allah who enabled me to complete my BS thesis. I am thankful to my supervisor, Miss Rabia Batool and especially Sir Muhammad Naeem for always having a kind word to offer, even when I was at my lowest, for encouraging me to pursue a dream I had given up on, for her guidance and invaluable advice that helped me to grow. I am very grateful for the love, cooperation and trust of my family and close friends. I feel indebted due to the help and encouragement provided by my friends, especially by Hamna Nadeem who took an interest in my study and always had anecdotes and pick me ups to offer in times of despair.

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I also wish to thank those participants who agreed to take part in the study, for without their cooperation this study was not possible.



## **ABSTRACT**

This study focused on the relationship between type D personality and psychological distress among heart patients. It was proposed that people having type D personality are more likely to have psychological distress which ultimately leads to cardiovascular diseases. For this purpose, quantitative research was conducted and the survey method was used. Sample of the study consisted of 150 heart patients, from different government hospitals of Islamabad and Rawalpindi. The instrument chosen for this research was the questionnaire. Data analysis was done by using SPSS. Correlation was used to explore relationships among variables. T-test and ANOVA Was used to analyze demographic variables. Result showed that there is significant relationship between type D personality and psychological distress among heart patients. Furthermore, results revealed that there are non-significant differences among males and females.

*Keywords: Type D personality, Psychological Distress, Heart Patients*

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## Chapter: 1 Introduction

Currently heart diseases are reported as “leading cause of death” all over the world (Padhee et al., 2018). It could be very challenging while living with a health impairment condition like cardiovascular disease (CVD) due to challenges in daily life and also coping adaptations important in dealing with functional disability, physical discomfort, and cardiovascular risk reduction (Alvarenga et al., 2020). Denollet in 2000 proposed a new personality construct which he named Type D personality which can also be called as distressed personality. An increased tendency of experiencing “emotional and interpersonal difficulties” was observed in people with CAD/CVDs. There are two stable personality constructs of type D personality named as negative affectivity, both of which are associated with traits like neuroticism and introversion. Denollet, 2005 defined Negative affectivity as “condition of experiencing negative emotions over time” and Social inhibition as “condition of inhibiting social interactions”.

Patients with CAD have on prognosis of an unwholesome outcome of Type D personality, following example shows this as follows, risks of “mortality and nonfatal myocardial infarction” have been increased in patients with type D personality (Mols, et al., 2012). Link of Type D personality has been observed with both fatal and nonfatal (noncardiac chest pain) events (Madva, et al., 2017)

There is increase of developing psychiatric and medical disorders for people with type D personality (Denollet, 2000). Poor health status is followed by Type D personality in patients with fixed cardiovascular diseases from which heart failure is more common (Erdman et al., 2008). High levels of physical, functional and emotional distress have been reported in patients suffering

from heart failure, experience, effecting quality of life related to health majorly (Haunstetter, et al., 2002).

In several studies it is shown that people having Type D personality have higher mortality rates and higher heart failure as compare to people with other types of personality (Schiffer et al., 2010). Various adverse behavioral and biological traits associated with Type D personality is outcome of predispose towards progression of heart failure which is followed by worse patient outcomes (Denollet et al., 2011). High blood pressure and heart responses in people with type D personality are result of any stressful event which in turn results in the development of heart diseases (Golden et al., 2007). Many unfavorable health results are linked with Type D personality. Recently in many years, there are many evidences that link mental factors with unfavorable predictions in patients suffering from cardiovascular diseases (Brotman et al., 2007). Researchers have explored the link between Type D personality and various cognitive problems which mainly include posttraumatic stress disorder, anxiety and depression (Mols et al., 2010). For general psychological distress, it is reported that “Personality Type D has been outlined as a dangerous factor that affects mental as well as physical health status (Mols et al., 2010).

Psychological distress was defined as “emotional suffering condition with having symptoms of depression like lost interest, sadness, and hopelessness and anxiety including restlessness and feeling tense”. (Mirowsky et al., 2002). In year 2020, Globally heart diseases are expected to be the leading death cause (Murray et al., 1997), with a psychological stress that is being imputable with noticeable amount of this risk (Hawken et al., 2004). Many researches have been carried out to explore the association between various psychological problems which mostly includes depression, anxiety, and posttraumatic stress disorder with Type D personality and

Particularly people with MI have depression, and is most common in cases with CVD's (Thombs et al., 2008).

In accordance to latest study “there is positive and direct relationship between type D personality and increased depressive and anxiety symptoms among patients with an implantable cardioverter defibrillator.” In accordance to traditional risk factors, psychological factors have been shown as predictor of harmful heart diseases outcomes (Blumenthal et al., 2005). Research of CAD patients and heart failure patients has shown association with severity of disease, social support, and psychological factors which include the symptoms of mental distress (Stafford et al., 2007).

Association of dangerous levels of CVD with psychological factors is very obvious. Two broad categories can be studied in investigating the relationship of factors like acute stressors, or triggers, and chronic stress with psychosocial stress and CVD. Patients with psychological distress may have unhealthy lifestyle which may include smoking, drinking, and poor patient compliance (Chamberlain et al, 2011; Morrell et al., 2006).



## Literature Review

According to a study conducted in 2022, which was designed to examine the “Personality type D of young healthy persons and their coping strategies”. It consisted of 98 medical students, out of which 30 being males. In comparison of non-Type-D personality individuals Selfcontrolling strategies were less common. (Sumin et al., 2022).

In 2012 another research was aimed for exploring the association between impaired psychological status and Type D personality. Sample included 268 Icelandic coronary angiography patients out of which 74% males which were 199, with mean age of 62.9 years, range 28-85 years. Results showed that an increased risk of depression (95%), stress (95%) and anxiety (95%), independent of severity of disease and demographic variables has been linked with type D personality (Svansdottir et al., 2012).

In 2015 another study was organized which included CAD patients (855) which were with heart arrest. Type D personality prevalence resulting 33.5%. Results indicated mediate relationship of social support, depressive symptoms and anxiety with HRQoL and Type D personality (Staniute et al., 2015).

A quantitative study was assisted in 2011 for exploring association of “Quality of life in cardiac patients in comparison of healthy people with Type-D personality.” Sample of study was 80 patients suffering from myocardial infarction (MI). Also 70 healthy people with age ranges between 45–60 years. Results found out that, “In comparison of healthy people there was a significant higher % of MI group scoring positively for Type-D personality (71% versus 33%)”. (Saeed et al., 2011).

A research study carried out in 2010 was carried out to find the association between “Self ratings of poor health, Type D personality and psychological distress among elderly Japanese people.” Results revealed that, there was stronger association in members of ages (65–74 years) bad self-rated health 95%, cognitive distress 95%, than in those who were above 75 years (bad self-rated health; 95%), (cognitive distress; 95%), (Kasai et al., 2013).

In 2021 a study was sponsored from Google Scholar databases, ProQuest, CINAHL, Pubmed, and were searched for (English-language articles published 1997-2015). Results showed that in MI patient, factors including unhealthy behavior, education, social support, coping individual, and physical condition significantly contributed in developing psychological distress (Narendrula et al., 2021).

In 2012 a cross sectional study was counseled for exploring association between injurious lifestyle and type D personality impeded intellectual status and in Icelandic cardiac patients. Results indicated that Mean age in the sample was 62.9 years (SD 10.5) and males were more prevalent (74%, N = 199) than females. Type D personality was reported among 26% of patients. No differences were observed in family status, gender distribution and educational level between groups. (Svansdottir et al., 2012).

## **Rationale**

Prior researches shown that people experiencing negative emotions like depression, anxiety, stress, hostile feeling etc. tends to have type D Personality. All of these traits lead to psychological distress. This study will highlight type D personality as a casual factor of psychological distress in people with cardio vascular diseases. As heterogonous group of cardiac patients will be included, which will help in identifying factors in each type of heart disease. It will help to investigate the linkage among type D personality and psychological distress and their relation with health problems. The age range decided is above 45 because this is the time when most of the individuals are facing heart problems and they have long time heart problem so they can better give information regarding this study.

## **Theoretical Framework**

### **The constitutional predisposition model**

The constitutional predisposition model is also known as “biological interaction mode”. According to this model “a no causal association between personality and health, whereby an underlying genetic or other constitutional factor produces both a physiologic vulnerability to disease and the behavioral, emotional, and cognitive phenotype of personality”. It has been clearly mentioned in number of studies that, negative affect antagonism, and chronic anger are individualistic threatening elements that are the result of poor physical health results and more particularly heart diseases, (Konttinen et al., 2010).

**Objectives**

- To study the relationship between type D personality and psychological distress among heart patients.
- To identify the role of demographic variables of type D personality and psychological distress.

**Hypothesis**

- There will be significant relationship between type D personality and psychological distress.
- There will be gender differences among study variables.

## **Chapter 2: Method**

### **Research design**

Correlational research study design was used in the current study.

### **Population and Sample**

Sample consisted of heart patients from different hospitals from Rawalpindi and Islamabad. Government hospitals were visited for data collection. Sample size was 150.

### **Sample Technique**

Purposive sampling technique was used in the study.

### **Inclusion Criteria**

1. Heterogeneous group of cardiac patients was included.
2. Both male and female were included.

### **Exclusion Criteria**

1. People who are not willing to participate will be excluded.
2. People with any physical disability like weak eyesight or hearing were excluded.

## **Instruments**

### **Type D Personality Scale**

This scale is used for measurement of distress personality. Developed by John Donellet (2005). It consists of 14 items. It is a Ranking type scale which has ranking orders mentioned from “false 1: rather false 2: neutral 3: rather true and 4: true”. To classify the individual as a Type D personality, a cut-off score of 10 or more is used. Cronbach's alpha of .92 justifies Validity of scale with and test–retest reliability of .83. (Denollet et al., 2009).

### **Kessler Psychological Distress Scale (K10)**

This scale is used for measurement of psychological distress. It consists of 10 questions. As being Likert scale participants can rate from (None of the time (score 1) to All of the time (score 5). It scores are from minimum 10 to maximum 50. According to Collaborative Health and Well-Being Survey “scores ranged from 0.42 to 0.74” shows that it is moderately reliable.

### **Procedure**

Sample consisted of heart patients from different cardiology departments of random hospitals from Islamabad and Rawalpindi. Before conducting research, allowance was taken from the supremacies. Permission for Urdu version of scale was taken and for data collection Urdu version of both of scales was used. Participants were mentored present study purpose. They were instructed to fill the questionnaires carefully and avoiding skipping any of the items in the questionnaires. Each participant took almost 5-7 minutes to complete the questionnaires. Those who were having difficulty in solving were completely explained the scales for their assistance.

### **Ethical Considerations**

Taking Consent for the agreement of individuals and respecting the Privacy of participants in the study and to elaborate briefly about the topic and the research study design. Safety and protection from any physical harm was provided to the participants. Also participants had right to skip whenever they want.

### **Data Analyses**

Data was evaluated using, (SPSS-21). Correlation analysis was used to explore the link between psychological distress and type D personality among heart patients.



### **Chapter 3: Results**

The results are based on the adequacy of the scales of the sample under study. Descriptive Statistics (mean, median and percentages) were calculated analyzing average scores of participants on main demographic variables. Mean, Standard deviation (SD), Cronbach's alpha reliabilities, skewness and kurtosis were estimated for the approximation of excellence of the instruments used in the current study. Correlation was used to explore the relationship between the translated DS14 scale and Kessler Psychological Distress Scale K10. Mean differences and Standard deviation (t-test) were calculated to assess role of gender. Correlation was interpreted for finding relationship between study variables of current study.

**Table 1****Descriptive of Demographic Variables (N=150)**

<b>Variables</b>	<b>Categories</b>	<b><i>f</i></b>	<b>%</b>
Gender	Male	90	60
	Female	60	40
Age	45-75	147	98
	75- Above	3	2
Monthly Income	25000-45000	65	43.3
	50000-80000	65	43.3
	100000-200000	19	12.7
Employment Status	Employee	67	44.7
	Unemployed	14	9.3
	Retired	38	25.3
	House wife	31	20.7

Marital Status	Married	86	57.3
	Unmarried	10	6.7
	Widower	22	14.7
	Widow	14	9.3
	Divorced	18	12

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**Note:** *f*= frequency, %=percentage

Table 1 shows demographic variables of this study and their frequency and percentage. These variables include gender, monthly income, employment status and marital status. Results indicate that Males have frequency of 90 with 60% while females have frequency of 60 with 40%. Findings reveal that monthly income ranges of (25000 -40000) and (50000-80000) have frequency of 65 with 43.3% and income range from (100000-200000) have frequency of 19 with 12.7%. Results show employees have the highest frequency of 67 with 44.7% while the others which included Unemployed, Retired and House wives have frequencies of 14, 38, 31 with 9.3%,25.3% and 20.7% respectively. Regarding marital status table indicates that participants who are married have highest frequency of 86 with 57.3% and other including unmarried, widower, widow and divorced have frequencies of 10,22,14,18 with 6.7%, 14.7%, 9.3% and 12% respectively.

**Table 2****Reliability Analysis Type D Personality and Psychological Distress scales (N=150)**

Scales	Items	Mean	Median	$\alpha$	Range		Skew	Kurt
					Potential	Actual		
<b>DS14</b>	14	34.91	37.00	.86	0-28	5-52	-.629	-.208
<b>KPD</b>	10	37.00	27.00	.86	10-50	1-39	-.744	-.099

Note: M=Mean, SD=standard deviation,  $\alpha$  =Cronbach's alpha reliability, ds14= type D personality scale, KPD= Kessler psychological distress scale, Skew= skewness, Kurt= kurtosis

Table 2 indicates mean, median, mode, range potential, actual values, skewness and kurtosis of the scales used in the current study. Table displays the reliability of the instruments DS14 ( $\alpha=.87$ ) KPD ( $\alpha=.86$ ), which demonstrated that instruments have appropriate reliability in this study. Moreover, it's concluded that all instruments were internally consisted and constant to construct's measures.

**Figure1: Type D Personality Scale**

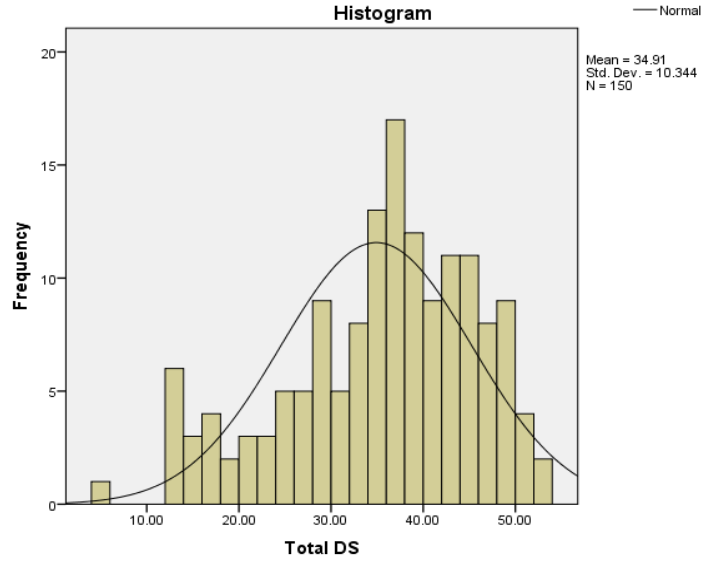


Figure 1 shows that type D personality scale is normally distributed.

**Figure 2: Keesler Psychological Distress Scale**

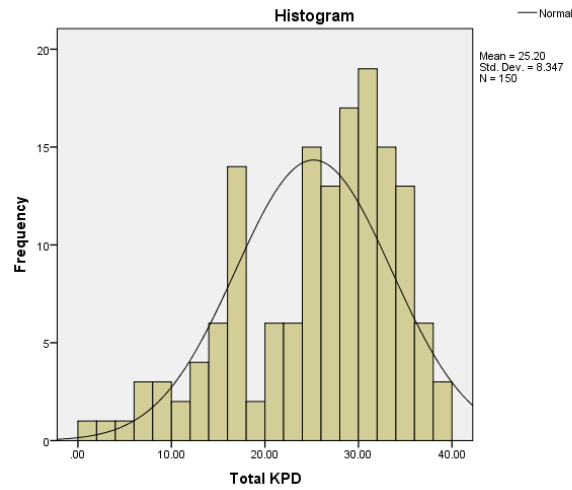


Figure 2 shows Keesler Psychological Distress Scale is normally distributed.

**Table 3****Inter scale Correlation**

<b>Variables</b>	<b>N</b>	<b>1</b>	<b>2</b>
<b>DS14</b>	150	-	
<b>KPD</b>	150	.709**	-

**Note:** DS14=Type D personality scale, KPD=Keesler psychological distress scale

This table shows the correlation between the type D personality and psychological distress. It indicates that there is a positive relationship between type D personality and psychological distress. Significant result is shown in the table.

**Table 4****Table of independent t test:**

Measures	Male		Female		t (148)	p	95%CI		Cohen's d
	M	SD	M	SD			LL	UL	
<b>DS14</b>	34.50	10.41	35.53	10.28	-.60	.55	-4.44	2.38	0.09
<b>KPD</b>	25.34	8.32	24.98	8.44	.26	.79	-2.39	3.11	0.04

**Note:** M=Mean, SD= Standard deviation, LL= lower limit, UL= upper limit Cohen's d=effect size

Table indicates that mean differences found to be non-significant among males and females. So these differences cannot reach level of significance. Table shows mean differences between male and female on type D personality and psychological distress. There was statistically non-significant mean difference among males (M=34.50) and females (35.53).

## Chapter 4: Discussion

The aim of the study was to study the relationship between type D personality and psychological distress among heart patients.

Type D personality is measured by using DS14 scale (Gul & Bhatti,2009). DS14 scale is a well-known instrument used for assessing Type D personality. The Alpha reliability of DS14 is quite high ranging from .85 to .90. The reliability in the current study is .86. Psychological distress in the study was measured by using Kessler Psychological Distress Scale (K10). The Alpha reliability of K10 has ranges from 0.42 to 0.74. In the current study the reliability of K10 is .862 showing highly reliable results. As data was to be collected from government hospitals so for assistance of study participants Urdu version of both scales was used for data collection. Before carrying out research permission for the Urdu version of both scales from the respective authors was taken through mailing them and after they gave permission of using translated versions data collection was started. (SPSS-21) version was used to inspect the Reliability of both scales.

In relation to the previous literature it was proposed that in accordance to latest study “there is positive and direct relationship between type D personality and increased depressive and anxiety symptoms among patients with an implantable cardioverter defibrillator.” In accordance to traditional risk factors, psychological factors have been shown as predictor of harmful heart diseases outcomes (Blumenthal et al., 2005). In 2012 another research was conducted for exploring the association between impaired psychological status and Type D personality. Results showed that an increased risk of depression (95%), stress (95%) and anxiety (95%), independent of severity of disease and demographic variables has been linked with type D personality (Svansdottir et al., 2012).



Current study sample consisted of cardiac patients of heterogeneous group. Sample size of the study was 150 cardiac patients out of which 90 were males and 60 were females and data was collected from different hospitals of Islamabad and Rawalpindi. Sample characteristics were made on various demographic variables i.e. age, gender, economic status, employment status and marital status.

Inter scale correlation analysis was executed to find the relationship among two study variables i.e. DS14 scale for the measurement of Type D personality and Kessler Psychological Distress Scale (K10) for measurement of Psychological Distress among heart patients. Results manifested that there is a significant relationship between Type D Personality and Psychological Distress. This designated that people having Type D personality are more likely to have Psychological distress. The current findings are subsisted with studies carried out by Madva et al., (2017).

By the statistical analysis of correlations, the expected hypothesis of the study was confirmed. Independent sample t-test, and mean differences were calculated at various demographic variables. Inter scale correlation was applied to find out association between Type D Personality and Psychological Distress among heart patients. Independent sample t-test was done to explore the gender differences.

It was hypothesized that there is significant relationship between Type D personality and Psychological Distress among heart patients. Inter scale correlation was run for the current study hypothesis. Hypothesis of significant relationship was proved the between both variables of the study. Results are abided with study of (Haunstetter et al., 2020) in which they reported that high levels of physical, functional and emotional distress have been reported in patients suffering from

heart failure, resulting in negative emotions like anger, irritability, or hostility and suppressing feelings effecting quality of life in which health is the major concern. It has been observed that people suffering from psychological distress have some major symptoms which mainly include crying, extreme anger, eating disorders, loss of interest in daily routine, resulting in more physical distress symptoms such as migraines stomachs, tiredness, feeling at fault, helpless and hopeless, isolation friends and family etc.

If these signs are not taken into account, then afterwards these all result in psychological distress. Also distressed personality cause both mental and physical illness that has than prominent effect throughout life. So the hypothesis of the current study is approved by the results found by the inter scale correlation analysis. That is significant relationship between Type D personality and Psychological distress. According to the results of the study stipulates that there is a positive relationship between type D personality and psychological distress. Significant result is shown in the table 4. Table 5 indicates that mean differences found to be non-significant among males and females. So these differences cannot reach level of significance. (Mols et al., 2010).

Another hypothesis of current study is that there will be gender differences among study variables. Independent t-test was performed to find out gender differences among the study variables of research under study. Findings of the current study revealed that there is non-significant relationship among males and females. These results are in accordant to with previous literature (Svansdottir et al., 2012).

## **Conclusion**

Current study concludes that there is a strong relationship between type D personality and psychological distress among heart patients. Current research has main focus on the effect of type D personality on heart patients in terms of psychological distress. Study describes the relationship between type D personality and psychological distress. Results revealed that there exists a strong significant relationship between type D personality and Psychological distress. Also past studies are mostly concerned with Myocardial Infraction patients but current study includes heterogeneous group of cardiac patients. Study also reveals that there is non-significant relationship among males and females.

### **Limitations**

Every study has some pros and cons. Current study has also some limitations which are as follows:

One of the main limitation of the study was that data collection was done by the government hospitals only. Government hospital patients were unable to answer some of the questions so it was difficult to take data from them.

So it is suggested for researchers in the future to collect data from both private and government sectors. Another limitation is that the study is only limited to the distressed personality and it has no focus on other types of personalities. If we talk about socioeconomic status, then people of low and middle socioeconomic status were mostly involved in order to get better results; upper socioeconomic status should also be observed. Another limitation was that data was only collected from Islamabad and Rawalpindi for generalizable results; data should be collected from the overall country.

### **Implications**

Results of the current study reveal that there is a significant relationship between type D personality and psychological distress. As not much research is carried out in Pakistan, the study will help to understand personality dynamics. Type D personality is correspondingly a latest occurrence in the field of clinical psychology. Many of the symptoms of the distressed personality are often neglected and the person faces depression and other mental illnesses. The study will highlight the important factors of distressed personality and its effects. Also, the study highlights the important aspects regarding cardiac issues and relating them with psychological distress better explains the type D personality.

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**Appendices**

**Appendix A**

## اجازت نامہ

اسلام علیکم!

میں کیپیٹل یونیورسٹی آف سائنس اینڈ ٹیکنالوجی اسلام آباد میں سائیکالوجی کی طالب علم ہوں۔ میں یہ تحقیقی پروجیکٹ اپنی بیچلرز ڈگری کی تکمیل کے لیے کر رہی ہوں۔ تحقیق کے موضوع کے مطابق اس میں دل کے امراض میں مبتلا لوگوں کی نفسیاتی پریشانی کے مختلف پہلوؤں کو جانچا جائے گا۔ اس مقصد کے لیے، آپ کو فراہم کردہ دو سوال نامے بھرنے ہوں گے۔ میں آپ کو یقین دالتی ہوں کہ آپ کی معلومات کو خفیہ رکھا جائے گا اور صرف علمی اور تحقیقی مقصد کے لیے استعمال کیا جائے گا۔ شرکت کا فیصلہ مکمل طور پر آپ پر ہے اور آپ کسی بھی وقت دستبردار ہو سکتے ہیں۔

- آپ کے تعاون کا شکریہ

میں نے اوپر فراہم کردہ تمام معلومات کو غور سے پڑھ لیا ہے اور میں نے اس تحقیق کا حصہ بننے سے اتفاق کیا ہے۔ تاہم کسی بھی مرحلے میں اگر ضرورت محسوس ہو تو تحقیق سے دستبردار ہو سکتی ہوں

شرکت کنندہ کے دستخط

**Appendix B**

**Demographic Sheet**

عمر

. آپ کی جنس کیا ہے؟

مرد  
عورت

ماہانہ آمدنی

100000\_200000

25000-45000

80000 \_50000

ملازمت کی حیثیت

ملازم

ریٹائرڈ

بے روزگار

گھریلو بیوی

ازواجی حیثیت

شادی شدہ

غیرشادی شده  
بیوه

زندوا

طلاق شوی

## **Appendix C**

### **Scales**



### Type D Personality Scale

91

#### سوالنامہ نمبر 1

نیچے دیے گئے بیسٹریات ایسے ہیں جو لوگ اپنے آپ کے اظہار کے لیے استعمال کرتے ہیں۔ برے ہر بات پر بیان کو دیکھیں اور اسکے سامنے دیے گئے نمبروں میں سے مناسب نمبر کے گرد دائرہ (○) لگا کر اپنے جواب کی نشاندہی کریں۔ اس میں سے کوئی بھی جواب درست یا غلط نہیں ہے آپ کی لگائے ہوئے ہی بہت رکھتا ہے۔

نمبر	بیانات	ظلم	کی حد تک	معلوم	کی حد تک	صحیح
شمار		0	ظلم	نہیں	صحیح	صحیح
1	میں لوگوں سے آسانی سے گل مل چکا ہوں۔	0	1	2	3	4
2	میں اکثر غریبوں کی باتوں پر ہنسنے لگا کرتا ہوں۔	0	1	2	3	4
3	میں اکثر اپنی باتوں سے بات کرتا ہوں۔	0	1	2	3	4
4	میں اکثر ہوش محسوس کرتا ہوں۔	0	1	2	3	4
5	میں اکثر چڑھا رہتا ہوں۔	0	1	2	3	4
6	میں اکثر سب کو میں دشمنی محسوس کرتا ہوں۔	0	1	2	3	4
7	میں اکثر چیزوں کا ہر ایک پہلو دیکھتا ہوں۔	0	1	2	3	4
8	میں اکثر شرم سے شگفتہ محسوس کرتا ہوں۔	0	1	2	3	4
9	میرا راجہ اکثر ہوشیار رہتا ہے۔	0	1	2	3	4
10	میں تمنا کرتا ہوں۔	0	1	2	3	4
11	میں لوگوں سے کچھ قائلے پر رہتا ہوں۔	0	1	2	3	4
12	مجھے محسوس ہوتا ہے کہ میں کچھ چیزوں کے بارے میں پریشان رہتا ہوں۔	0	1	2	3	4
13	میں اکثر افسردہ رہتا ہوں۔	0	1	2	3	4
14	جب میں لوگوں سے ملتا ہوں تو سچ باتوں کا جواب نہیں دیتا۔	0	1	2	3	4

## **Psychological Distress Scale**



SMR060968

Holes Punched as per AS2828.1 - 2012  
BINDING MARGIN - NO WRITING

44600286 101014

	FAMILY NAME	MRN
	GIVEN NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Facility:	D.O.B. ____/____/____	M.D.
	ADDRESS	
	LOCATION / WARD	
<b>SR1 SELF REPORT MEASURES FOR ADULTS AND OLDER PEOPLE</b> <b>K10 + LM - URDU/اردو</b>		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

### ہدایات

نیچے دیے گئے دس سوالات میں آپ سے یہ پوچھا گیا ہے کہ آپ پچھلے چار ہفتوں میں کیسا محسوس کرتے رہے ہیں۔ ہر سوال کے لئے اس جواب کے نیچے کے دائرہ پر نشان لگائیں جو اس مدت کو سب سے بہتر طور پر بیان کرتا ہو جس میں آپ نے اس طرح محسوس کیا تھا۔

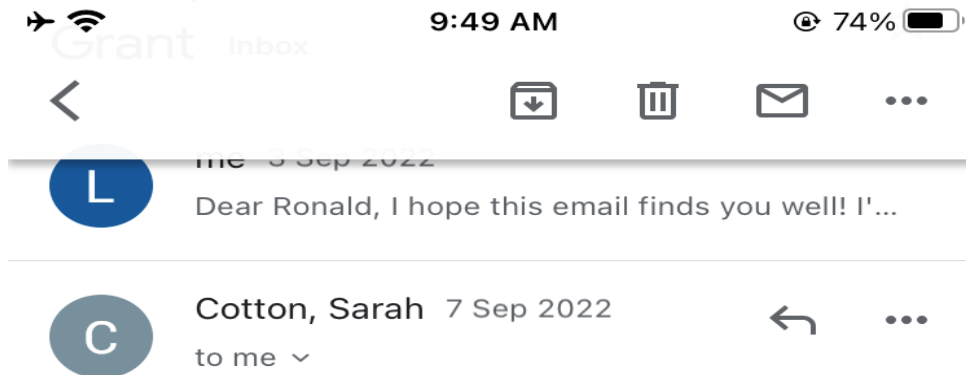
بہت کم	کبھی نہیں	کبھی کبھی	اکثر	بہت زیادہ
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<[rabia.batool@cust.edu.pk](mailto:rabia.batool@cust.edu.pk)>  
**Subject:** Re: Fw: Request for Urdu Version of DS14 Scale

Dear Rabia  
Hope you are well. Unfortunately I didn't receive your email for Urdu translated version of DS14. You have my permission to use the translated version of the scale for that specific research on patients with cardiovascular disease. Good luck for your research  
Regards  
Iram Gul  
Chairperson, Department of Behavioral Sciences

On Wed, 7 Sep 2022, 16:19 Dr Razia Bhatti Ali, <[bhattiali@yahoo.com](mailto:bhattiali@yahoo.com)> wrote:

**Kind Regards**

**Dr Razia Bhatti Ali**  
**Consultant Clinical Psychologist**  
**(HCPC Reg PYL25277)**

## Approval Letter of Data Collection



**C.U.S.T.**

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October 5, 2022

### TO WHOM IT MAY CONCERN

Capital University of Science and Technology (CUST) is a federally chartered university. The university is authorized by the Federal Government to award degrees at Bachelor's, Master's and Doctorate level for a wide variety of programs.

**Ms. Laiba Ikram**, registration number **BSP191016** is a bona fide student in BS Psychology program at this University from Spring 2019 till date. In partial fulfillment of the degree, she is conducting research on "Association between personality type d and psychological distress among heart patients.". She is required to collect data from your institute.

Your cooperation is highly appreciated. Please feel free to contact undersigned, if you have any query in this regard.

Best Wishes,

**Dr. Sabahat Haqqani**  
Head, Department of Psychology  
Ph no. 111-555-666 Ext: 178  
sabahat.haqqani@cust.edu.pk

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