

The Brief Illness Perception Questionnaire

For the following questions, please circle the number that best corresponds to your views:

<p>How much does your illness affect your life?</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</p> <p>no affect at all severely affects my life</p>
<p>How long do you think your illness will continue?</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</p> <p>a very short time forever</p>
<p>How much control do you feel you have over your illness?</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</p> <p>absolutely no control extreme amount of control</p>
<p>How much do you think your treatment can help your illness?</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</p> <p>not at all extremely helpful</p>
<p>How much do you experience symptoms from your illness?</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</p> <p>no symptoms at all many severe symptoms</p>
<p>How concerned are you about your illness?</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</p> <p>not at all concerned extremely concerned</p>
<p>How well do you feel you understand your illness?</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</p> <p>don't understand at all understand very clearly</p>
<p>How much does your illness affect you emotionally? (e.g. does it make you angry, scared, upset or depressed?)</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</p> <p>not at all affected emotionally extremely affected emotionally</p>
<p>Please list in rank-order the three most important factors that you believe caused <u>your illness</u>. <i>The most important causes for me:-</i></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>