
YOUR VIEWS ABOUT YOUR ILLNESS

Listed below are a number of symptoms that you may or may not have experienced since your illness. Please indicate by circling Yes or No, whether you have experienced any of these symptoms since your illness, and whether you believe that these symptoms are related to your illness.

	I have experienced this symptom <i>since my illness</i>		This symptom is <i>related to my illness</i>	
	Yes	No	Yes	No
Pain	Yes	No	Yes	No
Nausea	Yes	No	Yes	No
Breathlessness	Yes	No	Yes	No
Weight Loss	Yes	No	Yes	No
Fatigue	Yes	No	Yes	No
Stiff Joints	Yes	No	Yes	No
Sore Eyes	Yes	No	Yes	No
Headaches	Yes	No	Yes	No
Upset Stomach	Yes	No	Yes	No
Sleep Difficulties	Yes	No	Yes	No
Dizziness	Yes	No	Yes	No
Loss of Strength	Yes	No	Yes	No

We are interested in your own personal views of how you now see your current illness.

Please indicate how much you agree or disagree with the following statements about your illness by ticking the appropriate box.

	VIEWS ABOUT YOUR ILLNESS	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
IP1	My illness will last a short time					
IP2	My illness is likely to be permanent rather than temporary					
IP3	My illness will last for a long time					
IP4*	This illness will pass quickly					
IP5	I expect to have this illness for the rest of my life					
IP6	My illness is a serious condition					
IP7	My illness has major consequences on my life					
IP8	My illness is easy to live with					
IP10	My illness strongly affects the way others see me					
IP11	My illness has serious financial consequences					
IP13*	My illness causes difficulties for those who are close to me					
IP17	There is a lot which I can do to control my symptoms					
IP18	What I do can determine whether my illness gets better or worse					
IP20*	The course of my illness depends on me					
IP21*	Nothing I do will affect my illness					
IP22*	I have the power to influence my illness					
IP23*	My actions will have no affect on the outcome of my illness					
IP26	My illness will improve in time					
IP27	There is very little that can be done to improve my illness					
IP28*	My treatment will be effective in curing my illness					
IP29*	Negative effects of my illness can be prevented (avoided) by my treatment					
IP30*	My treatment can control my illness					
IP31*	There is nothing which can help my condition					
IP32	The symptoms of my condition are puzzling to me					

	VIEWS ABOUT YOUR ILLNESS	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
IP33	My illness is a mystery to me					
IP34*	I don't understand my illness					
IP35*	My illness doesn't make any sense to me					
IP36*	I have a clear picture or understanding of my condition					
IP37	The symptoms of my illness change a great deal from day to day					
IP38*	My symptoms come and go in cycles					
IP39*	My illness is very unpredictable					
IP41*	I go through cycles in which my illness gets better and worse.					
IP44	I get depressed when I think about my illness					
IP45*	When I think about my illness I get upset					
IP46*	My illness makes me feel angry					
IP47*	My illness does not worry me					
IP48*	Having this illness makes me feel anxious					
IP50*	My illness makes me feel afraid					

CAUSES OF MY ILLNESS

We are interested in what you consider may have been the cause of your illness. As people are very different, there is no correct answer for this question. We are most interested in your own views about the factors that caused your illness rather than what others including doctors or family may have suggested to you. Below is a list of possible causes for your illness. Please indicate how much you agree or disagree that they were causes for you by ticking the appropriate box.

	POSSIBLE CAUSES	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
C1	Stress or worry					
C2	Hereditary - it runs in my family					
C3	A Germ or virus					
C4	Diet or eating habits					
C5	Chance or bad luck					
C6	Poor medical care in my past					
C7	Pollution in the environment					
C8	My own behaviour					
C9	My mental attitude e.g. thinking about life negatively					
C10	Family problems or worries					
C11*	Overwork					
C12*	My emotional state e.g. feeling down, lonely, anxious, empty					
C13*	Ageing					
C16*	Accident or injury					
C17*	My personality					
C18*	Altered immunity					

In the table below, please list in rank-order the three most important factors that you now believe caused YOUR ILLNESS. You may use any of the items from the box above, or you may have additional ideas of your own.

The most important causes for me:

1. _____
2. _____
3. _____