

ILLNESS PERCEPTION QUESTIONNAIRE (IPQ-R)

Name.....

Date.....

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</i> <i>my illness</i> | | |
|---------------------------|--|----|--|-----|----|
| | Yes | No | Yes | No | |
| Pain | Yes | No | _____ | Yes | No |
| Sore Throat | 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 |
| Wheeziness | 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 | | | | | |

| | VIEWS ABOUT YOUR ILLNESS | STRONGLY DISAGREE | DISAGREE | NEITHER AGREE NOR DISAGREE | AGREE | STRONGLY AGREE |
|------|--|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|
| IP7 | My illness has major consequences on my life | | | | | |
| IP8 | My illness does not have much effect on my life | | | | | |
| IP9 | My illness strongly affects the way others see me | | | | | |
| IP10 | My illness has serious financial consequences | | | | | |
| IP11 | My illness causes difficulties for those who are close to me | | | | | |
| IP12 | There is a lot which I can do to control my symptoms | | | | | |
| IP13 | What I do can determine whether my illness gets better or worse | | | | | |
| IP14 | The course of my illness depends on me | | | | | |
| IP15 | Nothing I do will affect my illness | | | | | |
| IP16 | I have the power to influence my illness | | | | | |
| IP17 | My actions will have no affect on the outcome of my illness | | | | | |
| IP18 | My illness will improve in time | | | | | |
| IP19 | There is very little that can be done to improve my illness | | | | | |
| IP20 | My treatment will be effective in curing my illness | | | | | |
| IP21 | The negative effects of my illness can be prevented (avoided) by my treatment | | | | | |
| IP22 | My treatment can control my illness | | | | | |
| IP23 | There is nothing which can help my condition | | | | | |
| IP24 | The symptoms of my condition are puzzling to me | | | | | |
| IP25 | My illness is a mystery to me | | | | | |
| IP26 | I don't understand my illness | | | | | |
| IP27 | My illness doesn't make any sense to me | | | | | |
| IP28 | I have a clear picture or understanding of my condition | | | | | |
| IP29 | The symptoms of my illness change a great deal from day to day | | | | | |
| IP30 | My symptoms come and go in cycles | | | | | |
| IP31 | My illness is very unpredictable | | | | | |
| IP32 | I go through cycles in which my illness gets better and worse. | | | | | |
| IP33 | I get depressed when I think about my illness | | | | | |
| IP34 | When I think about my illness I get upset | | | | | |
| IP35 | My illness makes me feel angry | | | | | |
| IP36 | My illness does not worry me | | | | | |
| IP37 | Having this illness makes me feel anxious | | | | | |
| IP38 | 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 caused my illness | | | | | |
| C11 | Overwork | | | | | |
| C12 | My emotional state e.g. feeling down, lonely, anxious, empty | | | | | |
| C13 | Ageing | | | | | |
| C14 | Alcohol | | | | | |
| C15 | Smoking | | | | | |
| 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. _____