

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 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					

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	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					

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IP36	My illness does not worry me					
IP37	Having this illness makes me feel anxious					
IP38	My illness makes me feel afraid					

Appendix M

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. _____

Behavioural Responses to Illness Questionnaire (BRIQ)
How you have managed your illness

The statements below refer to things that you may or may not have done to manage your symptoms. Please indicate how often you have done the following **since your current illness began**.

	Not at all	Rarely	Some days	Most days	Every day
I have avoided physical exercise					
I have overdone things, then needed to rest up for a while					
I have put parts of my life on hold					
I have pushed myself as hard as ever until I can not push myself any more					
I have avoided my usual activities					
I have carried on with things as normal until my body can not cope any longer					
I have gone to bed during the day					
I have felt obliged to carry out all my responsibilities, no matter how bad I feel					
I have tried to do too much and felt even worse as a result					
I have not been able to carry on with my usual level of activity					
I haven't slowed down, I've just carried on as normal					
I have taken time out from my usual activities so that I can get back to normal quicker					
I find myself rushing to get everything done before I crash					

**BEHAVIOURAL RESPONSES TO ILLNESS QUESTIONNAIRE
SUBSCALES*****LIMITING BEHAVIOUR***

I have avoided physical exercise
I have put parts of my life on hold
I have avoided my usual activities
I have gone to bed during the day
I have not been able to carry on with my usual level of activity
I haven't slowed down, I've just carried on as normal (**NB REVERSE SCORED**)
I have taken time out from my usual activities so that I can get back to normal quicker

ALL OR NOTHING BEHAVIOUR

I have overdone things, then needed to rest up for a while
I have pushed myself as hard as ever until I can not push myself any more
I have carried on with things as normal until my body can not cope any longer
I have felt obliged to carry out all my responsibilities, no matter how bad I feel
I have tried to do too much and felt even worse as a result
I find myself rushing to get everything done before I crash

Appendix O

The Chronic Respiratory Questionnaire, self-administered individualized version (CRQ-SAI; Guyatt, et al., 1989).

This measure is not included due to copyright restrictions.

Hospital Anxiety and Depression Scale (HADS)

Patients are asked to choose one response from the four given for each interview. They should give an immediate response and be dissuaded from thinking too long about their answers. The questions relating to anxiety are marked "A", and to depression "D". The score for each answer is given in the right column. Instruct the patient to answer how it currently describes their feelings.

A	I feel tense or 'wound up':	
	Most of the time	3
	A lot of the time	2
	From time to time, occasionally	1
	Not at all	0

D	I still enjoy the things I used to enjoy:	
	Definitely as much	0
	Not quite so much	1
	Only a little	2
	Hardly at all	3

A	I get a sort of frightened feeling as if something awful is about to happen:	
	Very definitely and quite badly	3
	Yes, but not too badly	2

	A little, but it doesn't worry me	1
	Not at all	0

D	I can laugh and see the funny side of things:	
	As much as I always could	0
	Not quite so much now	1
	Definitely not so much now	2
	Not at all	3

A	Worrying thoughts go through my mind:	
	A great deal of the time	3
	A lot of the time	2
	From time to time, but not too often	1
	Only occasionally	0

D	I feel cheerful:	
	Not at all	3
	Not often	2
	Sometimes	1
	Most of the time	0

A	I can sit at ease and feel relaxed:	
	Definitely	0
	Usually	1
	Not Often	2
	Not at all	3

D	I feel as if I am slowed down:	
	Nearly all the time	3
	Very often	2
	Sometimes	1
	Not at all	0

A	I get a sort of frightened feeling like 'butterflies' in the stomach:	
	Not at all	0
	Occasionally	1
	Quite Often	2
	Very Often	3

D	I have lost interest in my appearance:	
	Definitely	3
	I don't take as much care as I should	2
	I may not take quite as much care	1

	I take just as much care as ever	0
--	----------------------------------	---

A	I feel restless as I have to be on the move:	
	Very much indeed	3
	Quite a lot	2
	Not very much	1
	Not at all	0

D	I look forward with enjoyment to things:	
	As much as I ever did	0
	Rather less than I used to	1
	Definitely less than I used to	2
	Hardly at all	3

A	I get sudden feelings of panic:	
	Very often indeed	3
	Quite often	2
	Not very often	1
	Not at all	0

D	I can enjoy a good book or radio or TV program:	
	Often	0
	Sometimes	1
	Not often	2
	Very seldom	3

	Scoring (add the As = Anxiety. Add the Ds = Depression). The norms below will give you an idea of the level of Anxiety and Depression.	
	0-7 = Normal	
	8-10 = Borderline abnormal	
	11-21 = Abnormal	

Self-Compassion Scale.

To Whom it May Concern:

Please feel free to use the Self-Compassion Scale in your research. You can e-mail me with any questions you may have. I would also ask that you please e-mail me about any results you obtain with the scale, and would appreciate it if you send me a copy of any article published using the scale. The appropriate reference is listed below.

Best,

Kristin Neff, Ph. D.
Associate Professor
Educational Psychology Dept.
University of Texas at Austin
1 University Station, D5800
Austin, TX 78712

e-mail: kristin.neff@mail.utexas.edu
Ph: (512) 471-0382
Fax: (512) 471-1288

Reference:

Neff, K. D. (2003). Development and validation of a scale to measure self-compassion. *Self and Identity*, 2, 223-250.

Coding Key:

Self-Kindness Items: 5, 12, 19, 23, 26
Self-Judgment Items: 1, 8, 11, 16, 21
Common Humanity Items: 3, 7, 10, 15
Isolation Items: 4, 13, 18, 25
Mindfulness Items: 9, 14, 17, 22
Over-identified Items: 2, 6, 20, 24

Subscale scores are computed by calculating the mean of subscale item responses. To compute a total self-compassion score, reverse score the negative subscale items - self-judgment, isolation, and over-identification - then compute a total mean.

(This method of calculating the total score is slightly different than that used in the article referenced above, in which each subscale was added together. However, I find it is easier to interpret the scores if the total mean is used.)

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

- | Almost
never | 1 | 2 | 3 | 4 | Almost
always | 5 |
|-------------------------|----------|----------|----------|----------|--------------------------|--|
| _____ | 1. | | | | | I'm disapproving and judgmental about my own flaws and inadequacies. |
| _____ | 2. | | | | | When I'm feeling down I tend to obsess and fixate on everything that's wrong. |
| _____ | 3. | | | | | When things are going badly for me, I see the difficulties as part of life that everyone goes through. |
| _____ | 4. | | | | | When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world. |
| _____ | 5. | | | | | I try to be loving towards myself when I'm feeling emotional pain. |
| _____ | 6. | | | | | When I fail at something important to me I become consumed by feelings of inadequacy. |
| _____ | 7. | | | | | When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am. |
| _____ | 8. | | | | | When times are really difficult, I tend to be tough on myself. |
| _____ | 9. | | | | | When something upsets me I try to keep my emotions in balance. |
| _____ | 10. | | | | | When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people. |
| _____ | 11. | | | | | I'm intolerant and impatient towards those aspects of my personality I don't like. |
| _____ | 12. | | | | | When I'm going through a very hard time, I give myself the caring and tenderness I need. |
| _____ | 13. | | | | | When I'm feeling down, I tend to feel like most other people are probably happier than I am. |
| _____ | 14. | | | | | When something painful happens I try to take a balanced view of the situation. |
| _____ | 15. | | | | | I try to see my failings as part of the human condition. |

- _____ 16. When I see aspects of myself that I don't like, I get down on myself.
- _____ 17. When I fail at something important to me I try to keep things in perspective.
- _____ 18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.
- _____ 19. I'm kind to myself when I'm experiencing suffering.
- _____ 20. When something upsets me I get carried away with my feelings.
- _____ 21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.
- _____ 22. When I'm feeling down I try to approach my feelings with curiosity and openness.
- _____ 23. I'm tolerant of my own flaws and inadequacies.
- _____ 24. When something painful happens I tend to blow the incident out of proportion.
- _____ 25. When I fail at something that's important to me, I tend to feel alone in my failure.
- _____ 26. I try to be understanding and patient towards those aspects of my personality I don't like.

The MRC Breathlessness Scale**Grade Degree of breathlessness related to activities****PLEASE TICK THE GRADE WHICH APPLIES TO YOU**

Grade 1 Not troubled by breathlessness except on strenuous exercise
Grade 2 Short of breath when hurrying on the level or walking up a slight hill
Grade 3 Walks slower than most people on the level, stops after a mile or so, or stops after 15 minutes walking at own pace
Grade 4 Stops for breath after walking about 100 yards or after a few minutes on level ground
Grade 5 Too breathless to leave the house, or breathless when undressing

Appendix S

Table 14

Bivariate correlations between subscales of the Revised Illness Perception Questionnaire (IPQ-R; Moss-Morris et al., 2002)

	1.		2.		3.		4.		5.		6.	
	r	p	r	p	r	p	r	p	r	p	r	p
1. Timeline (acute/chronic)												
2. Consequences	.42*	.03										
3. Personal control	.07	.73	.27	.19								
4. Treatment control	.07	.75	.33	.10	.80**	.000						
5. Illness coherence	-.21	.31	.03	.89	.28	.16	.16	.44				
6. Timeline (cyclical)	-.10	.61	.09	.66	-.25	.23	-.22	.28	.11	.60		
7. Emotional representations	-.05	.81	.36	.08	.41*	.04	.24	.25	.49*	.01	.29	.15

N = 26

*Correlation is significant at the 0.05 level (2-tailed).

**Correlation is significant at the 0.01 level (2-tailed).