

The Illness Attitude Scales

Age: _____ Sex: Male Female (check one)

Occupation: _____

Please answer all questions which can be checked by making a check mark like this .

Check one answer even if you cannot answer accurately.

Answer the other few questions with a few words or sentences.

Do not think long before answering. Work quickly!

1. Do you worry about your health?

No Rarely Sometimes Often Most of the time

2. Are you worried that you may get a serious illness in the future?

No Rarely Sometimes Often Most of the time

3. Does the thought of a serious illness scare you?

No Rarely Sometimes Often Most of the time

4. If you have a pain, do you worry that it may be caused by a serious illness?

No Rarely Sometimes Often Most of the time

5. If a pain lasts for a week or more, do you see a physician?

No Rarely Sometimes Often Most of the time

6. If a pain lasts a week or more, do you believe that you have a serious illness?

No Rarely Sometimes Often Most of the time

7. Do you avoid habits which may be harmful to you such as smoking?

No Rarely Sometimes Often Most of the time

8. Do you avoid foods which may not be healthy?

No Rarely Sometimes Often Most of the time

9. Do you examine your body to find whether there is something wrong?

No Rarely Sometimes Often Most of the time

10. Do you believe that you have a physical disease but the doctors have not diagnosed it correctly?

No Rarely Sometimes Often Most of the time

11. When your doctor tells you that you have no physical disease to account for your symptoms, do you refuse to believe him?

No Rarely Sometimes Often Most of the time

12. When you have been told by a doctor what he found, do you soon begin to believe that you may have developed a new illness?

No Rarely Sometimes Often Most of the time

13. Are you afraid of news which reminds you of death (such as funerals, obituary notices)?

No Rarely Sometimes Often Most of the time

14. Does the thought of death scare you?

No Rarely Sometimes Often Most of the time

15. Are you afraid that you may die soon?

No Rarely Sometimes Often Most of the time

15a. Has your doctor told you that you have an illness now?

Yes No

If yes, what illness? _____

15b. How often do you worry about this illness?

Not at all Rarely Sometimes Often Most of the time

16. Are you afraid that you may have cancer?

No Rarely Sometimes Often Most of the time

17. Are you afraid that you may have heart disease?

No Rarely Sometimes Often Most of the time

18. Are you afraid that you may have another serious illness?

No Rarely Sometimes Often Most of the time

Which illness? _____

19. When you read or hear about an illness, do you get symptoms similar to those of the illness?

No Rarely Sometimes Often Most of the time

20. When you notice a sensation in your body, do you find it difficult to think of something else?

No Rarely Sometimes Often Most of the time

21. When you feel a sensation in your body do you worry about it?

No Rarely Sometimes Often Most of the time

22. How often do you see a doctor?

Almost never Only very rarely About 4 times a year About once a month About once a week

23. How many different doctors, chiropractors or other healers have you seen in the past year?

None 1 2 or 3 4 or 5 6 or more

24. How often have you been treated during the past year? (For example, drugs, change of drugs, surgery, etc.)

Not at all Once 2 or 3 times 4 or 5 times 6 or more times

If yes, what were the treatments? _____

The next three questions concern your bodily symptoms (for example, pain, aches, pressure in your body, breathing difficulties, tiredness, etc.).

25. Do your bodily symptoms stop you from working?

No Rarely Sometimes Often Most of the time

26. Do your bodily symptoms stop you from concentrating on what you are doing?

No Rarely Sometimes Often Most of the time

27. Do your bodily symptoms stop you from enjoying yourself?

No Rarely Sometimes Often Most of the time

Scoring instructions for the Illness Attitude Scales

The items are distributed in the following way in the 9 IAS:

1. Worry about illness (items 1-3),
2. Concerns about pain (items 4-6),
3. Health habits (items 7-9),
4. Hypochondriacal beliefs (items 10-12),
5. Thanatophobia (items 13-15),
6. Disease phobia (items 16-18),
7. Bodily preoccupations (items 19-21),
8. Treatment experience (items 22-24),
9. Effects of symptoms (items 25-27).

For each question, the response “No” is scored 0, “Rarely” is scored 1, “Sometimes” is scored 2, “Often” is scored 3 and “Most of the time” is scored 4.

The highest score is 12 for each scale and 108 for the total score, which is obtained by adding the scores of the 9 scales. Questions 15a and 15b were added to provide further information and do not contribute to the scores.

Kellner suggested not to administer items 16 and 17 to patients with cancer or heart disease, respectively. In these cases, the score of the removed item has to be replaced with the mean of the remaining items of the disease phobia scale.

As for the instructions to subjects, the trait version starts with these sentences: “Please describe how you generally feel, not only how you have felt recently. If you have an illness, describe how you used to feel before you became ill”.

In the state version the first instruction is the following: “Please describe how you feel now or how you have felt recently, not how you generally feel”.

The standard version has no time focus and it starts with these instructions: “Please answer all questions which can be checked by making a check mark like this √”.

The remaining instructions are the same in the 3 versions and they are as follows: “Check one answer even if you cannot answer accurately. Answer the other few questions with a few words or sentences.

Do not think long before answering. Work quickly!”.