

## **Identifying and rating the current severity of your health anxiety**

Identifying and rating the current severity of your health anxiety at the outset will give you a reference point against which you can measure your progress. They are designed to help you define the nature of the problem and effect on your life. Most of the scales can be completed weekly or fortnightly to determine whether you are making progress or not.

### **Questionnaire**

Each question consists of a group of four statements. Please read each group of statements carefully and then select the one that best describes your feelings over the past week. Identify the statement by ringing the letter next to it. For example, if you think that statement a) is correct, ring statement a). It may be that more than one statement applies, in which case please ring any that are applicable.

- 1a) I do not worry about my health.  
 b) I occasionally worry about my health.  
 c) I spend much of my time worrying about my health.  
 d) I spend most of my time worrying about my health.
- 2a) I notice aches/pains less than most other people (of my age).  
 b) I notice aches/pains as much as most other people (of my age).  
 c) I notice aches/pains more than most other people (of my age).  
 d) I am aware of aches/pains in my body all the time.
- 3a) As a rule I am not aware of bodily sensations or changes.  
 b) Sometimes I am aware of bodily sensations or changes.  
 c) I am often aware of bodily sensations or changes.  
 d) I am constantly aware of bodily sensations or changes.
- 4a) Resisting thoughts of illness is never a problem.  
 b) Most of the time I can resist thoughts of illness.  
 c) I try to resist thoughts of illness but am often unable to do so.  
 d) Thoughts of illness are so strong that I no longer even try to resist them.
- 5a) As a rule I am not afraid that I have a serious illness.  
 b) I am sometimes afraid that I have a serious illness.  
 c) I am often afraid that I have a serious illness.  
 d) I am always afraid that I have a serious illness.

- 6a) I do not have images (mental pictures) of myself being ill.  
 b) I occasionally have images of myself being ill.  
 c) I frequently have images of myself being ill.  
 d) I constantly have images of myself being ill.
- 7a) I do not have any difficulty taking my mind off thoughts about my health.  
 b) I sometimes have difficulty taking my mind off thoughts about my health.  
 c) I often have difficulty in taking my mind off thoughts about my health.  
 d) Nothing can take my mind off thoughts about my health.
- 8a) I am lastingly relieved if my doctor tells me there is nothing wrong.  
 b) I am initially relieved but the worries sometimes return later.  
 c) I am initially relieved but the worries always return later.  
 d) I am not relieved if my doctor tells me there is nothing wrong.
- 9a) If I hear about an illness I never think I have it myself.  
 b) If I hear about an illness I sometimes think I have it myself.  
 c) If I hear about an illness I often think I have it myself.  
 d) If I hear about an illness I always think I have it myself.
- 10a) If I have a bodily sensation or change I rarely wonder what it means.  
 b) If I have a bodily sensation or change I often wonder what it means.

- c) If I have a bodily sensation or change I always wonder what it means.
- d) If I have a bodily sensation or change I must know what it means.
- 11a) I usually feel at very low risk of developing a serious illness.
- b) I usually feel at fairly low risk of developing a serious illness.
- c) I usually feel at moderate risk of developing a serious illness.
- d) I usually feel at high risk of developing a serious illness.
- 12a) I never think I have a serious illness.
- b) I sometimes think I have a serious illness.
- c) I often think I have a serious illness.
- d) I usually think that I am seriously ill.
- 13a) If I notice an unexplained bodily sensation I don't find it difficult to think about other things.
- b) If I notice an unexplained bodily sensation I sometimes find it difficult to think about other things.
- c) If I notice an unexplained bodily sensation I often find it difficult to think about other things.
- d) If I notice an unexplained bodily sensation I always find it difficult to think about other things.
- 14a) My family/friends would say I do not worry enough about my health.

- b) My family/friends would say I have a normal attitude to my health.
- c) My family/friends would say I worry too much about my health.
- d) My family/friends would say I am a hypochondriac.

Score 0 for items circled a), score 1 for items circled b), 2 for items circled c), 3 for items circled d). If you score 18 or more, you probably have health anxiety and may benefit from an assessment by a health professional. You can also use the scale to measure your progress in a self-help program, your work with a therapist or use of medication for health anxiety.

*Source:* This questionnaire is reproduced with permission from the main author. It was developed by P. Salkovskis, K. Rimes, H. Warwick and D. M. Clark, (2002), 'The health anxiety inventory: development and validation of scales for the measurement of health anxiety and hypochondriasis', in *Psychological Medicine*, 32, 843-53.

### Rating the impact of your health anxiety on your life

People's problems sometimes affect their ability to do certain day-to-day tasks in their lives. To rate your problems with health anxiety look at each numbered section in Exercise 3.1 below and determine on the scale provided how much your problem impairs your ability to carry out the activity.

**EXERCISE 3.1. WORK AND SOCIAL FUNCTIONING**

**1 WORK OR STUDY** To what extent does your health anxiety interfere in your ability to work or study? (If you are retired or choose not to have a job for reasons unrelated to your problem, please tick N/A (not applicable).)

0	1	2	3	4	5	6	7	8	N/A
_____									
Not at all	Slightly		Definitely		Markedly		Very severely, I cannot work		<input type="checkbox"/>

**2 HOME MANAGEMENT** To what extent does your health anxiety interfere in your home management (e.g. cleaning, tidying, shopping, cooking, looking after home/children, paying bills, etc)?

0	1	2	3	4	5	6	7	8	N/A
_____									
Not at all	Slightly		Definitely		Markedly		Very severely		<input type="checkbox"/>

**3 SOCIAL LEISURE ACTIVITIES** To what extent does your health anxiety interfere in your social life with other people (e.g. parties, pubs, outings, entertaining, etc.)?

0	1	2	3	4	5	6	7	8	N/A
_____									
Not at all	Slightly		Definitely		Markedly		Very severely		<input type="checkbox"/>

**4 PRIVATE LEISURE ACTIVITIES** To what extent does your health anxiety interfere in your private leisure activities done alone (e.g. reading, gardening, sewing, hobbies, walking, etc.)?

0	1	2	3	4	5	6	7	8	N/A
_____									
Not at all	Slightly		Definitely		Markedly		Very severely		<input type="checkbox"/>

**5 FAMILY AND RELATIONSHIPS** To what extent does your health anxiety interfere in your ability to form and maintain close relationships with others including the people whom you live with?

0	1	2	3	4	5	6	7	8	N/A
_____									
Not at all	Slightly		Definitely		Markedly		Very severely		<input type="checkbox"/>

**6 EFFECT ON HEALTH** To what extent does your health anxiety make you physically unhealthy? (For example you smoke more, you give up exercising, you neglect your eating; checking and rubbing your skin causes inflammation.)

0	1	2	3	4	5	6	7	8	N/A
_____									
Not at all	Slightly		Definitely		Markedly		Very severely		<input type="checkbox"/>

TOTAL OF 6 ITEMS =