Name ........................................ Date ........................................  MCQ

This questionnaire has two parts.

Below are some thoughts or ideas that may go through your mind when you are nervous or when you become concerned about your health. Indicate how often each thought occurs by rating each thought form 1-5 using the scale below. Put your rating on the LEFT hand side of each item.

1. Thought never occurs
2. Thought rarely occurs
3. Thought occurs during half of the times when I am nervous or concerned
4. Thought usually occurs
5. Thought always occurs
   _________ I must have a brain tumour
   _________ I am having a heart attack
   _________ I am going to have a stroke
   _________ I am about to die
   _________ I have a serious brain disease
   _________ My breathing is going to fail
   _________ I have cancer
   _________ I have a heart condition
   _________ These symptoms are getting worse
   _________ I have a fatal illness
   _________ I have AIDS
   _________ I have a muscle wasting disease
   _________ I have multiple sclerosis
   _________ I have leukaemia
   _________ I have lung disease
   _________ I have a brain haemorrhage
   _________ I have a serious infection
   _________ I have a serious physical illness

When you are worried about your health, how much would you believe each of these thoughts to be true?

Go back and rate each thought by choosing a number from the scale below, and put the number which applies on the dotted line on the RIGHT of the form.

<table>
<thead>
<tr>
<th>0</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do not believe this thought at all</td>
<td>I am completely convinced this thought is true</td>
<td></td>
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