

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 from 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.

0 10 20 30 40 50 60 70 80 90 100

I do not
believe this
thought at all

I am completely
convinced this
thought is true