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.

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