

QUESTIONNAIRE ON THE REPRESENTATION OF YOUR CURRENT HEALTH CONDITION

In the following questionnaire, we hope to find out how you see your current health condition, without taking into account the points of view that might have been suggested to you by physicians or family members. There are no right or wrong answers.

SECTION 1 YOUR VIEWS ABOUT YOUR CURRENT HEALTH CONDITION

Listed below are a number of symptoms that you may or may not have experienced since your health problem began. Please indicate by checking Yes or No, whether you have experienced or not any of these symptoms since your health problem began and whether you believe that these symptoms are related to your current health condition.

	I have experienced this symptom since my health problem began		This symptom is related to my current health condition	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1. Pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Nausea	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Weight gain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Fatigue	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Stiff joints	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Headaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Sleep difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Dizziness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Loss of strength/weakness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Changes in physical sensations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Decrease in physical capacity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Mood changes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Numbness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Difficulty concentrating/memory problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Lack of endurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Concerns/fears	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 2 YOUR POINT OF VIEW ON YOUR CURRENT HEALTH CONDITION

Please indicate how much you agree or disagree with the following statements about your current health condition by checking the appropriate box.

Your point of view on your current health condition		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1.	My current health condition will last a short time					
2.	My current health condition is likely to be permanent rather than temporary					
3.	My current health condition will last for a long time					
4.	My current health condition will improve quickly					
5.	I believe that I will have this health condition for the rest of my life					
6.	My current health condition will improve in time					
7.	I have no idea when my current health condition will end					
8.	My current health condition is serious					
9.	My current health condition has major consequences on my life					
10.	My current health condition does not have much effect on my life					
11.	My current health condition strongly affects the way others see me					
12.	My current health condition has serious financial consequences					
13.	My current health condition causes difficulties for those who are close to me					
14.	My current health condition affects the way I see myself					
15.	My current health condition is making me dependent					
16.	My current health condition affects my social roles (family, work, relationship with spouse)					
17.	There is a lot which I can do to control my symptoms					
18.	What I do can determine whether my current health condition gets better or worse					
19.	The course of my current health condition depends on me					
20.	Nothing I do will affect my current health condition					
21.	I have the power to influence my current health condition					
22.	My actions will have no effect on the progression of my current health condition					
23.	I have no idea what I have to do to control my current health condition					
24.	I can learn ways of/strategies for improving my current health condition					

Your point of view on your current health condition

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
25.	There is very little that can be done to improve my current health condition					
26.	My treatment will be effective in curing my current health condition					
27.	The negative effects of my current health condition can be prevented (avoided) by my treatment					
28.	My treatment can control my current health condition					
29.	Nothing can help my condition					
30.	The effects of my treatment will be influenced by how I participate in it					
31.	My treatment can help me regain some capacity despite the persistence of my symptoms					
32.	The treatment will reduce the length of my current health condition					
33.	The symptoms of my condition are puzzling to me					
34.	My current health condition is a mystery to me					
35.	I do not understand my current health condition					
36.	My current health condition does not make any sense to me					
37.	I have a clear picture or understanding of my current health condition					
38.	I have contradictory information about my current health condition					
39.	I do not understand how my injury can have healed and yet remain painful					
40.	The symptoms of my current health condition change a great deal from day to day					
41.	My symptoms come and go in cycles					
42.	My current health condition is very unpredictable					
43.	I go through cycles in which the symptoms related to my current health condition get better or worse					
44.	I get depressed when I think about my current health condition					
45.	When I think about my current health condition I get worried					
46.	My current health condition makes me feel angry					
47.	My current health condition does not bother me					
48.	Because of my current health condition, I am anxious					
49.	My current health condition makes me feel afraid					
50.	I feel punished by the pain					
51.	My current health condition is a significant source of stress in my life					
52.	My current health condition makes me feel old (dependent)					

SECTION 3 CAUSES OF YOUR CURRENT HEALTH CONDITION

Below is a list of possible causes that could have triggered your initial health problem or contributed to your current health condition. Please indicate how much you agree or disagree that they are causes for you by checking the appropriate box.

Possible causes	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. Stress or worry					
2. Hereditary – it runs in my family					
3. Diet or eating habits					
4. Chance or bad luck					
5. Poor medical care in my past					
6. My own behaviour					
7. My mental attitude e.g. thinking about life negatively					
8. Family problems or worries					
9. Overwork					
10. My emotional state e.g. feeling down, lonely, anxious, empty					
11. Aging (wear and tear)					
12. Alcohol					
13. Smoking					
14. Accident or injury					
15. My temperament, my personality					
16. Previous physical condition					
17. Work environment					
18. Fate/destiny					
19. Someone else’s negligence					
20. Delay in receiving health care					

On the lines below, please rank in order of importance (from most important to least important) the three factors which according to you have caused your current health condition. You may use any of the points listed in the table above or add your own ideas. In my opinion, the most important causes of my current health condition are:

1. _____
2. _____
3. _____

Name:

Record #:

Date:

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Dimension	Items	Scoring and <i>interpreting the result</i>
SECTION 1	Identity	1 to 16
	TOTAL : <input type="text"/>	Sum yes-rated symptoms in column 2 (<i>This symptom is related to my current health condition</i>) Total score between 0 and 16 <i>A higher score indicates a higher number of symptoms related to the current health condition.</i>
SECTION 2		
1=strongly disagree; 2=disagree; 3=neither agree nor disagree; 4=agree; 5=strongly agree Exceptions: Reverse score (1=5, 2=4, 4=2, 5=1) for items followed by an asterisk (*).		
SECTION 2	Timeline (acute/chronic)	1*, 2, 3, 4*, 5, 6*, 7
	TOTAL : <input type="text"/>	Total score between 7 and 35 <u>7</u> <u>14</u> <u>21</u> <u>28</u> <u>35</u> Total score markers Strongly dis. Disagree Neither... Agree Strongly agree <i>A higher score indicates strongly held negative beliefs about the chronicity of the current health condition.</i>
	Consequences	8, 9, 10*, 11, 12, 13, 14, 15, 16
	TOTAL : <input type="text"/>	Total score between 9 and 45 <u>9</u> <u>18</u> <u>27</u> <u>36</u> <u>45</u> Total score markers Strongly dis. Disagree Neither... Agree Strongly agree <i>A higher score indicates strongly held beliefs about the negative consequences of the current health condition on daily functioning.</i>
	Personal control	17, 18, 19, 20*, 21, 22*, 23*, 24
	TOTAL : <input type="text"/>	Total score between 8 and 40 <u>8</u> <u>16</u> <u>24</u> <u>32</u> <u>40</u> Total score markers Strongly dis. Disagree Neither... Agree Strongly agree <i>A higher score represents positive beliefs about the controllability of the current health condition, or in other words a good level of self-efficacy to control the current health condition.</i>
	Treatment control	25*, 26, 27, 28, 29*, 30, 31, 32
	TOTAL : <input type="text"/>	Total score between 8 and 40 <u>8</u> <u>16</u> <u>24</u> <u>32</u> <u>40</u> Total score markers Strongly dis. Disagree Neither... Agree Strongly agree <i>A higher score represents positive beliefs about the effectiveness of treatment to improve the current health condition and/or to control the symptoms.</i>
Coherence	33*, 34*, 35*, 36*, 37, 38*, 39*	
TOTAL : <input type="text"/>	Total score between 9 and 45 <u>7</u> <u>14</u> <u>21</u> <u>28</u> <u>35</u> Total score markers Strongly dis. Disagree Neither... Agree Strongly agree <i>A higher score represents positive beliefs about the personal understanding of the current health condition.</i>	
Cyclical Timeline	40, 41, 42, 43	
TOTAL : <input type="text"/>	Total score between 4 and 20 <u>4</u> <u>8</u> <u>12</u> <u>16</u> <u>20</u> Total score markers Strongly dis. Disagree Neither... Agree Strongly agree <i>A higher score indicates strongly held negative beliefs about the cyclical nature of the current health condition.</i>	
Emotional representation	44, 45, 46, 47*, 48, 49, 50, 51, 52	
TOTAL : <input type="text"/>	Score total entre 9 et 45 <u>9</u> <u>18</u> <u>27</u> <u>36</u> <u>45</u> Total score markers Strongly dis. Disagree Neither... Agree Strongly agree <i>A higher score indicates more negative emotions related to the current health condition.</i>	
SECTION 3	Causes	1 to 20
A total score is not calculated as the Causes dimension is not an actual scale. <i>This dimension provides information regarding the factors that have triggered the initial health problem or contributed to the current health condition.</i>		