BRIEF ILLNESS PERCEPTION QUESTIONNAIRE (B-IPQ)

PHYSIOTUTORS

Patient Name: _____

Date: _____

Instructions: For the following questions, please mark the number that best corresponds to your views:

1. How much does your illness affect your life?

No affect at all ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 Severely affects my life

2. How long do you think your illness will continue?

A very short time ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 Forever

3. How much control do you feel you have over your illness?

Absolutely no control ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 Extreme amount of control

4. How much do you think your treatment can help your illness?

Not at all ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 Extremely helpful

5. How much do you experience symptoms from your illness?

No symptoms at all ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 Many severe symptoms

6. How concerned are you about your illness?

Not at all concerned ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 Extremely concerned

7. How well do you feel you understand your illness?

Don't understand at all ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 Understand very clearly

8. How much does your illness affect you emotionally? (e.g. does it make you angry, scared, upset or depressed?)

Not at all affected emotionally ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 Extremely affected emotionally

PLEASE LIST IN RANK-ORDER THE THREE MOST IMPORTANT FACTORS THAT YOU BELIEVE CAUSED YOUR ILLNESS.

The most important causes for me:

1	
2	
3	