

Health Anxiety Inventory Short-Week

Name..... Date.....

Please read the statements and circle the number which you think shows the extent to which you agree you have experienced these feelings **over the past week**:

STATEMENTS

	Completely Disagree	Somewhat Disagree	Not Sure	Somewhat Agree	Completely Agree
1. I spend most of my time worrying about my health.	0	1	2	3	4
2. I am aware of aches/pains in my body all the time.	0	1	2	3	4
3. I am constantly aware of bodily sensations or change.	0	1	2	3	4
4. Thoughts of illness are so strong that I no longer even try to resist them.	0	1	2	3	4
5. I am always afraid that I have a serious illness.	0	1	2	3	4
6. I constantly have images of myself being ill.	0	1	2	3	4
7. Nothing can take my mind off thoughts about my health.	0	1	2	3	4
8. I am not relieved if my doctor tells me there is nothing wrong.	0	1	2	3	4
9. If I hear about an illness I always think I have it myself.	0	1	2	3	4
10. If I have a bodily sensation or change I must know what it means.	0	1	2	3	4
11. I usually feel at high risk of developing a serious illness.	0	1	2	3	4
12. I usually think that I am seriously ill.	0	1	2	3	4
13. If I notice an unexplained bodily sensation I always find it difficult to think about other Things.	0	1	2	3	4
14. My family/friends would say I am a hypochondriac.	0	1	2	3	4

For the following questions, please think about what I might be like if you had a serious illness of a type which particularly concerns you (such as heart disease, cancer, multiple sclerosis and so on). Obviously you cannot know for definite what it would be like; please give your best estimate

of what you **think** might happen, basing your estimate on what you know about yourself and serious illness in general.

	Completely Disagree	Somewhat Disagree	Not Sure	Somewhat Agree	Completely Agree
15. If I had a serious illness I would be completely unable to enjoy life at all.	0	1	2	3	4
16. If I developed a serious illness there would be no chance that modern medicine would be able to cure me.	0	1	2	3	4
17. A serious illness would ruin every aspect of my life.	0	1	2	3	4
18. If I had a serious illness I would feel that I had totally lost my dignity.	0	1	2	3	4

Circle a number from the scale below to show how much you would avoid each of the situations listed below because of fear or other unpleasant feelings: 0 = Would not avoid it 1 = Slightly avoid it 2 = Definitely avoid it 3 = Markedly avoid it 4 = Always avoid it

	Would not avoid it	Slightly avoid it	Definitely avoid it	Markedly avoid it	Always avoid it
1. Consulting your family doctor.	0	1	2	3	4
2. Visiting a friend in hospital.	0	1	2	3	4
3. Visiting a relative in hospital.	0	1	2	3	4
4. Going to a hospital for treatment.	0	1	2	3	4
5. Talking about illness.	0	1	2	3	4
6. Reading about illness.	0	1	2	3	4
7. Visiting a hospital for other reasons (e.g. delivering a message).	0	1	2	3	4
8. Watching TV programmes about illness.	0	1	2	3	4
9. Listening to radio programmes about illness.	0	1	2	3	4
10. Thinking about illness.	0	1	2	3	4

Circle a number from the scale below which best describes how often you seek reassurance about your health, from each of the sources described below: 0 = Never 1 = Rarely 2 = Sometimes 3 = Often 4 = Daily

	Never 0	Rarely 1	Sometimes 2	Often 3	Daily 4
1. Friends.					
2. Family.	0	1	2	3	4
3. Reading books.	0	1	2	3	4
4. Checking body for changes.	0	1	2	3	4
5. Family doctor.	0	1	2	3	4
6. Nurses.	0	1	2	3	4
7. Hospital outpatient clinic.	0	1	2	3	4
8. Hospital casualty.	0	1	2	3	4
9. Other (please specify)	0	1	2	3	4