

**APPRAISAL OF ILLNESS SCALE
(Patient Version)**

Directions: Each of the statements below represents a feeling, belief, or attitude that someone like yourself might have about being ill, receiving treatment, or dealing with the effects of illness and treatment. We are aware that your feelings about your illness and treatment may fluctuate and change from day to day and week to week.

Please read the following statements. We would like to know how true each statement is of your own thoughts and feelings. There are no right or wrong answers. Circle the answer that is closest to how you are feeling now and have been feeling over the last week.

	Not true	A little true	Sometimes true	Often true	Always true
1. I worry that in the future I will be less able to do the things I like to do.	1	2	3	4	5
2. I've grown a lot since this situation began.	1	2	3	4	5
3. I feel things are going to get worse for me.	1	2	3	4	5
4. This situation doesn't affect my emotional state.	1	2	3	4	5
5. I feel a sense of loss at not being able to meet all my responsibilities.	1	2	3	4	5
6. Each day has become more meaningful since this situation started.	1	2	3	4	5
7. I worry that I'll have to give up a lot of things in the future	1	2	3	4	5
8. My relationships with friends and family aren't affected by this situation.	1	2	3	4	5
9. I've had real financial losses as a result of this situation.	1	2	3	4	5
10. I'm concerned that I won't be able to meet my personal goals.	1	2	3	4	5
11. This situation doesn't affect how I feel about myself.	1	2	3	4	5
12. I'm afraid that in the future I won't have energy and endurance.	1	2	3	4	5
13. I worry that in the future I will be a burden to others.	1	2	3	4	5
14. My emotional health has been harmed by this situation.	1	2	3	4	5

	Not true	A little true	Sometimes true	Often true	Always true
15. This situation doesn't affect my lifestyle.	1	2	3	4	5
16. This situation threatens to overwhelm me.	1	2	3	4	5
17. Because of my illness, my physical health will never be the same.	1	2	3	4	5
18. My relationships with others have become closer and more meaningful since this situation began.	1	2	3	4	5
19. I worry that I may begin to lose my independence.	1	2	3	4	5
20. I feel a sense of loss because I can no longer do the things necessary to care for myself.	1	2	3	4	5
21. I don't feel as good about myself since this situation began.	1	2	3	4	5
22. I've discovered inner strengths I never knew I had.	1	2	3	4	5
23. I'm afraid my illness will get worse over time.	1	2	3	4	5
24. I'm concerned that I may not be able to continue to meet all my responsibilities.	1	2	3	4	5
25. I worry that I won't be able to care for myself in the future.	1	2	3	4	5
26. In some ways my health has benefited from the changes I've made in my life.	1	2	3	4	5
27. I worry that my emotional health will suffer.	1	2	3	4	5
28. I've lost self-esteem because I just can't do all I should do.	1	2	3	4	5
29. I'm concerned that this situation will cause financial hardship for me in the future.	1	2	3	4	5
30. I feel a sense of loss at the things I've had to give up.	1	2	3	4	5
31. This situation doesn't affect my independence.	1	2	3	4	5
32. I'm doing OK now, but I'm afraid I'll be worse off in the future.	1	2	3	4	5