



# UNIVERSITY MEDICAL CENTRE PSYCHOLOGICAL THERAPIES

## Health Anxiety Inventory (HAI)

Each question in this section consists of a group of four statements. Please read each group of statements carefully and then select the one which best describes your feelings OVER THE PAST WEEK.

		✓
1	a. I do not worry about my health	
	b. I occasionally worry about my health	
	c. I spend much of my time worrying about my health	
	d. I spend most of my time worrying about my health	
2	a. I notice aches/pains less than most other people (of my age)	
	b. I notice aches/pains as much as most other people (of my age)	
	c. I notice aches/pains more than most other people (of my age)	
	d. I am aware of aches/pains in my body all the time	
3	a. As a rule I am not aware of bodily sensations or changes	
	b. Sometimes I am aware of bodily sensations or changes	
	c. I am often aware of bodily sensations or changes	
	d. I am constantly aware of bodily sensations or changes	
4	a. Resisting thoughts of illness is never a problem	
	b. Most of the time I can resist thoughts of illness	
	c. I try to resist thoughts of illness but am often unable to do so	
	d. Thoughts of illness are so strong that I no longer even try to resist them	
5	a. As a rule I am not afraid that I have a serious illness	
	b. I am sometimes afraid that I have a serious illness	
	c. I am often afraid that I have a serious illness	
	d. I am always afraid that I have a serious illness	
6	a. I do not have images (mental pictures) of myself being ill	
	b. I occasionally have images of myself being ill	
	c. I frequently have images of myself being ill	
	d. I constantly have images of myself being ill	
7	a. I do not have any difficulty taking my mind off thoughts about my health	
	b. I sometimes have difficulty taking my mind off thoughts about my health	
	c. I often have difficulty taking my mind off thoughts about my health	
	d. Nothing can take my mind off thoughts about my health	
8	a. I am lastingly relieved if my doctor tells me there is nothing wrong	
	b. I am initially relieved but the worries sometimes return later	
	c. I am initially relieved but the worries always return later	
	d. I am not relieved if my doctor tells me there is nothing wrong	
9	a. If I hear about an illness I never think I have it myself	
	b. If I hear about an illness I sometimes think I have it myself	
	c. If I hear about an illness I often think I have it myself	
	d. If I hear about an illness I always think I have it myself	
10	a. If I have a bodily sensation or change I rarely wonder what it means	
	b. If I have a bodily sensation or change I often wonder what it means	
	c. If I have a bodily sensation or change I always wonder what it means	
	d. If I have a bodily sensation or change I must know what it means	

11	a. I usually feel at very low risk of developing a serious illness	
	b. I usually feel at fairly low risk of developing a serious illness	
	c. I usually feel at moderate risk of developing a serious illness	
	d. I usually feel at high risk of developing a serious illness	
12	a. I never think I have a serious illness	
	b. I sometimes think I have a serious illness	
	c. I often think I have a serious illness	
	d. I usually think that I am seriously ill	
13	a. If I notice an unexplained bodily sensation I don't find it difficult to think about other things	
	b. If I notice an unexplained bodily sensation I sometimes find it difficult to think about other things	
	c. If I notice an unexplained bodily sensation I often find it difficult to think about other things	
	d. If I notice an unexplained bodily sensation I always find it difficult to think about other things	
14	a. My family/friends would say I do not worry enough about my health	
	b. My family/friends would say I have a normal attitude to my health	
	c. My family/friends would say I worry too much about my health	
	d. My family/friends would say I am a hypochondriac	

**For the following questions, please think about what it 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.**

		✓
15	a. If I had a serious illness I would still be able to enjoy things in my life quite a lot	
	b. If I had a serious illness I would still be able to enjoy things in my life a little	
	c. If I had a serious illness I would be almost completely unable to enjoy things in my life	
	d. If I had a serious illness I would be completely unable to enjoy life at all	
16	a. If I developed a serious illness there is a good chance that modern medicine would be able to cure me	
	b. If I developed a serious illness there is a moderate chance that modern medicine would be able to cure me	
	c. If I developed a serious illness there is a very small chance that modern medicine would be able to cure me	
	d. If I developed a serious illness there is no chance that modern medicine would be able to cure me	
17	a. A serious illness would ruin some aspects of my life	
	b. A serious illness would ruin many aspects of my life	
	c. A serious illness would ruin almost every aspect of my life	
	d. A serious illness would ruin every aspect of my life	
18	a. If I had a serious illness I would not feel that I had lost my dignity	
	b. If I had a serious illness I would feel that I had lost a little of my dignity	
	c. If I had a serious illness I would feel that I had lost quite a lot of my dignity	
	d. If I had a serious illness I would feel that I had totally lost my dignity	