

## **ILLNESS PERCEPTION QUESTIONNAIRE FOR PELVIC PAIN (IPQ-R-PP)**

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

### **YOUR VIEWS ABOUT YOUR PELVIC PAIN (PP)**

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

	<b>I have experienced these symptoms since my PP began</b>		<b>This symptom is related to my PP</b>	
	Yes	No	Yes	No
<b>Pain other than PP</b>	Yes	No	Yes	No
<b>Nausea</b>	Yes	No	Yes	No
<b>Breathlessness</b>	Yes	No	Yes	No
<b>Weight Loss</b>	Yes	No	Yes	No
<b>Fatigue</b>	Yes	No	Yes	No
<b>Stiff, Aching Joints</b>	Yes	No	Yes	No
<b>Anxiety</b>	Yes	No	Yes	No
<b>Headaches</b>	Yes	No	Yes	No
<b>Upset Stomach</b>	Yes	No	Yes	No
<b>Sleep Difficulties</b>	Yes	No	Yes	No
<b>Dizziness</b>	Yes	No	Yes	No
<b>Loss of Strength</b>	Yes	No	Yes	No
<b>Loss of Appetite</b>	Yes	No	Yes	No

## PERCEPTION OF PELVIC PAIN

We are interested in your own personal views of how you now see your current illness. Please indicate how much you agree or disagree with the following statements about your illness by ticking the appropriate box.

	VIEWS ABOUT YOUR PP	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
IP1	My PP will last a short time					
IP2	MY PP will last a long time					
IP3	I expect to have PP for the rest of my life					
IP4	My PP is a serious condition					
IP5	MY PP has major consequences on my life					
IP6	My illness does not have much effect on my life					
IP7	My PP causes difficulties for those who are close to me					
IP8	There is a lot which I can do to control my symptoms					
IP9	My actions will have no affect on the outcome of my PP					
IP10	My PP will improve in time					
IP11	Treatment will be effective in controlling and managing my PP					
IP12	There is nothing which can help my condition					
IP13	I don't understand my PP					
IP14	I have a clear picture or understanding of my condition					
IP15	The symptoms of my PP change a great deal from day to day					
IP16	My PP is very unpredictable					
IP17	I go through cycles in which my PP gets better and worse					

IP18	I get depressed when I think about my PP					
IP19	When I think about my PP I get upset					
IP20	My PP makes me feel angry					
IP21	My PP does not worry me					
IP22	Having this PP makes me feel anxious					

### **POSSIBLE CAUSES OF PP**

We are interested in what you consider may have been the cause of your PP. As people are very different, there is no correct answer for this question. We are most interested in your own views about the factors that caused your PP rather than what others including doctors or family may have suggested to you. Below is a list of possible causes for your PP. Please indicate how much you agree or disagree that they were causes for you by ticking the appropriate box.

	POSSIBLE CAUSE	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE
C1	Stress or Worry					
C2	Personal hygiene product					
C3	A virus					
C4	Diet or eating habits					
C5	Chance or bad luck					
C6	Poor medical care in my past					
C7	An operation					
C8	My own behaviour					
C9	My mental attitude e.g. thinking about life negatively					
C10	Family problems or worries					
C11	Overwork					
C12	My emotional state e.g. feeling down, lonely, anxious, empty					
C13	Over exercise					
C14	An infection					
C15	Sex					

C16	Accident or injury					
C17	Poor posture					
C18	Muscular tension					

In the table below, please list in rank-order the three most important factors that you now believe caused YOUR PP. You may use any of the items from the box above, or you may have additional ideas of your own. The most important causes of my PP for me are:-

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_