

Hypochondria Test

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Disclaimer: This test is based on the Short Health Anxiety Inventory (SHAI). While there is no official or generic Hypochondria Test, the SHAI serves the same purpose in assessing one's health, awareness of bodily sensations and/or changes, and the feared consequences of having anxiety illness.

Date of assessment: _____ dd / mm / yyyy

Patient information

Assessor: _____ Time taken: _____

1. I worry about my health

Never Occasionally Much of the time Most of the time

2. Compared to other people my age, I noticed aches and pains

Less than most other people As much as most other people More than most other people
 In my body all the time

3. Which statement best describes your awareness of bodily sensations or changes?

As a rule, I am not aware of bodily sensations or changes Sometimes aware Often aware Constantly aware

4. I can resist thoughts of illness

Without a problem Most of the time I try to resist thoughts of illness but am often unable to do so
 Thoughts of illness are so strong that I no longer even try to resist them

5. I am afraid of having a serious illness

Not at all Sometimes Often Always

6. I have images (mental pictures) of myself being ill

Never Occasionally Frequently Constantly

7. I have difficulty taking my mind off thoughts about my health

Never Sometimes Often Always - nothing can take my mind off thoughts about my health

8. If my doctor tells me there is nothing wrong I am:

Lastingly relieved Initially relieved but the worries sometimes return later
 Initially relieved but the worries always return later Not relieved if my doctor tells me there is nothing wrong

9. When I hear about an illness I think I have it myself

Never Sometimes Often Always

10. If I have a bodily sensation or change I wonder what it means

Rarely Often Always If I have a bodily sensation or change I must know what it means

11. I usually feel my risk of developing a serious illness is...

Very low Fairly low Moderate High

12. I think I have a serious illness

Never Sometimes Often Usually

13. If I notice an inexperienced bodily sensation, I...

Don't find it difficult to think about other things Sometimes find it difficult to think about other things
 Often find it difficult to think about other things Always find it difficult to think about other things

14. My family or friends would say I...

Do not have to worry enough about my health Have a normal attitude to my health Worry too much about my health

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, etc). Obviously, you cannot know for certain what it would be like, but 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. If I had a serious illness, I would...

- Still be able to enjoy things in my life quite a lot Still be able to enjoy things in my life a little
 Be almost completely unable to enjoy things in my life Be completely unable to enjoy life at all

16. If I developed a serious illness, I think the chances that modern medicine would be able to cure me is...

- Good Moderate Small No chance

17. A serious illness would ruin my life in...

- Some aspects Many aspects Almost every aspect Every aspect

18. If I had a serious illness, I would feel that I had...

- Not lost my dignity Lost a little of my dignity Lost quite a lot of my dignity Totally lost my dignity

Total score: _____ **Score:** _____

Normative percentile: _____ **Clinical percentile:** _____

Additional notes

Healthcare professional name: _____ **License ID number:** _____

Signature

Date of assessment: _____ dd / mm / yyyy