

## YOUR VIEWS ABOUT YOUR STD

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

	I have experienced this symptom <i>since my STD</i>		This symptom is <i>related to my STD</i>	
	Yes	No	Yes	No
Pain	Yes	No	_____	No
Sore Throat	Yes	No	_____	No
Nausea	Yes	No	_____	No
Breathlessness	Yes	No	_____	No
Weight Loss	Yes	No	_____	No
Fatigue	Yes	No	_____	No
Stiff Joints	Yes	No	_____	No
Sore Eyes	Yes	No	_____	No
Wheeziness	Yes	No	_____	No
Headaches	Yes	No	_____	No
Upset Stomach	Yes	No	_____	No
Sleep Difficulties	Yes	No	_____	No
Dizziness	Yes	No	_____	No
Loss of Strength	Yes	No	_____	No

We are interested in your own personal views of how you now see your current STD.

Please indicate how much you agree or disagree with the following statements about your STD by ticking the appropriate box.

	<b>VIEWS ABOUT YOUR STD</b>	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
IP1	My STD will last a short time					
IP2	My STD is likely to be permanent rather than temporary					
IP3	My STD will last for a long time					

	<b>VIEWS ABOUT YOUR STD</b>	<b>STRONGLY DISAGREE</b>	<b>DISAGREE</b>	<b>NEITHER AGREE NOR DISAGREE</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>
IP4*	<b>This STD will pass quickly</b>					
IP5*	<b>I expect to have this STD for the rest of my life</b>					
IP6	<b>My STD is a serious condition</b>					
IP7	<b>My STD has major consequences on my life</b>					
IP8*	<b>My STD does not have much effect on my life</b>					
IP9	<b>My STD strongly affects the way others see me</b>					
IP10	<b>My STD has serious financial consequences</b>					
IP11	<b>My STD causes difficulties for those who are close to me</b>					
IP12	<b>There is a lot which I can do to control my symptoms</b>					
IP13	<b>What I do can determine whether my STD gets better or worse</b>					
IP14	<b>The course of my STD depends on me</b>					
IP15*	<b>Nothing I do will affect my STD</b>					
IP16	<b>I have the power to influence my STD</b>					
IP17*	<b>My actions will have no affect on the outcome of my STD</b>					
IP18*	<b>My STD will improve in time</b>					
IP19*	<b>There is very little that can be done to improve my STD</b>					
IP20	<b>My treatment will be effective in curing my STD</b>					
IP21	<b>The negative effects of my STD can be prevented (avoided) by my treatment</b>					
IP22	<b>My treatment can control my STD</b>					
IP23*	<b>There is nothing which can help my condition</b>					
IP24	<b>The symptoms of my condition are puzzling to me</b>					
IP25	<b>My STD is a mystery to me</b>					
IP26	<b>I don=t understand my STD</b>					
IP27	<b>My STD doesn=t make any sense to me</b>					

IP28*	<b>I have a clear picture or understanding of my condition</b>					
IP29	<b>The symptoms of my STD change a great deal from day to day</b>					
IP30	<b>My symptoms come and go in cycles</b>					
IP31	<b>My STD is very unpredictable</b>					
IP32	<b>I go through cycles in which my STD gets better and worse.</b>					
IP33	<b>I get depressed when I think about my STD</b>					
IP34	<b>When I think about my STD I get upset</b>					
IP35	<b>My STD makes me feel angry</b>					
IP36*	<b>My STD does not worry me</b>					
IP37	<b>Having this STD makes me feel anxious</b>					
IP38	<b>My STD makes me feel afraid</b>					

## CAUSES OF MY STD

We are interested in what you consider may have been the cause of your STD. 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 STD rather than what others including doctors or family may have suggested to you. Below is a list of possible causes for your STD. Please indicate how much you agree or disagree that they were causes for you by ticking the appropriate box.

	POSSIBLE CAUSES	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
C1	Stress or worry					
C2	Hereditary - it runs in my family					
C3	A Germ or virus					
C4	Diet or eating habits					
C5	Chance or bad luck					
C6	Poor medical care in my past					
C7	Pollution in the environment					
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*	Ageing					
C14*	Alcohol					
C15*	Smoking					
C16*	Accident or injury					
C17*	My personality					
C18*	Altered immunity					

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

The most important causes for me:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_