### Appendix 1: Original CIAS:

*Childhood Illness Attitude Scales*


**Directions:** Below are a number of questions. Read each question carefully and put an X on the line in front of the words that best answers the question. There are no right or wrong answers. Remember, find the words that best answers the question.

<table>
<thead>
<tr>
<th>Question</th>
<th>None of the time</th>
<th>Sometimes</th>
<th>A lot of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you worry about your health?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are you worried that you might get really sick in the future?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Does the thought of being sick scare you?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. If you have pain, do you worry that it may be caused by a bad sickness?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. If pain lasts for a week or more, do you tell your mom or dad?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. If pain lasts for a week or more, do you ask your mom or dad if you can go to the doctor?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. If pain lasts for a week or more, do you believe that you have a bad sickness?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Do you try not to have habits that may be bad for you, such as smoking, drinking, or drugs?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Do you try not to eat foods that may not be good for you (such as junk food)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Do you check your body to find out if there is something wrong?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Do you believe that you are really sick, but the doctors do not know why?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. When you feel sick, do you tell your mom or dad?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. When you feel sick, do you ask your mom or dad if you can go to the doctor?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Do you ask your mom or dad for medicine?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
15. When your doctor tells you that you are not sick, do you not believe him/her?
   ___ None of the time  ___ Sometimes  ___ A lot of the time

16. If a doctor tells you what he/she found, do you soon begin to believe that you might have another sickness?
   ___ None of the time  ___ Sometimes  ___ A lot of the time

17. Are you afraid of news that reminds you of death?
   ___ None of the time  ___ Sometimes  ___ A lot of the time

18. Does the thought of dying scare you?
   ___ None of the time  ___ Sometimes  ___ A lot of the time

19. Are you afraid that you might die soon?
   ___ None of the time  ___ Sometimes  ___ A lot of the time

20. Are you afraid that you might have cancer?
   ___ None of the time  ___ Sometimes  ___ A lot of the time

21. Are you afraid that you have something wrong with your heart?
   ___ None of the time  ___ Sometimes  ___ A lot of the time

22. Are you afraid that you have another bad sickness?
   ___ None of the time  ___ Sometimes  ___ A lot of the time

Which sickness? __________________________________________

23. When you read or hear about a sickness, do you think that you might have that sickness?
   ___ None of the time  ___ Sometimes  ___ A lot of the time

24. When you have a strange feeling in your body, do you find it hard to think about something else?
   ___ None of the time  ___ Sometimes  ___ A lot of the time

25. When you have a strange feeling in your body, do you worry about it?
   ___ None of the time  ___ Sometimes  ___ A lot of the time

26. When you have a strange feeling in your body, do you tell your mom or dad?
   ___ None of the time  ___ Sometimes  ___ A lot of the time

27. When you have a strange feeling in your body, do you ask your mom or dad if you can go to the doctor?
   ___ None of the time  ___ Sometimes  ___ A lot of the time

28. Has your doctor told you that you have a sickness?
   ___ Yes  ___ No

If yes, what sickness? ________________________________________

29. How many times have you seen your doctor in the last year?
   ___ 0 times  ___ 1-2 times  ___ 3 or more times

30. How many doctors have you seen in the past year?
   ___ 0  ___ 1-2  ___ 3 or more
31. How often have you been treated (had to take medicine or had surgery) during the past year? ___ 0 times ___ 1-2 times ___ 3 or more times

32. If you have had treatments in the last year, what were they?

The next three questions concern feelings in your body (for example, pain, aches, pressure in your body, breathing problems, being tired etc.)

33. Do strange feelings in your body stop you from going to school? ___ None of the time ___ Sometimes ___ A lot of the time

34. Do strange feelings in your body stop you from enjoying yourself? ___ None of the time ___ Sometimes ___ A lot of the time

35. Do strange feelings in your body stop you from keeping your mind on what you are doing? ___ None of the time ___ Sometimes ___ A lot of the time