

Appendix 1: Original CIAS:***Childhood Illness Attitude Scales***

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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.

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

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
