

1 **WORK OR STUDY** To what extent does your health anxiety interfere in your ability to work or study? (If you are retired or choose not to have a job for reasons unrelated to your problem, please write N/A (not applicable)).



2 **HOME MANAGEMENT** To what extent does your health anxiety interfere in your home management (e.g. cleaning, tidying, shopping, cooking, looking after home/children, paying bills, etc.)?



3 **SOCIAL LEISURE ACTIVITIES** To what extent does your health anxiety interfere in your social life with other people (e.g. parties, pubs, outings, entertaining, etc.)?



4 PRIVATE LEISURE ACTIVITIES To what extent does your health anxiety interfere in your private leisure activities done alone (e.g. reading, gardening, sewing, hobbies, walking, etc.)?



5 FAMILY AND RELATIONSHIPS To what extent does your health anxiety interfere in your ability to form and maintain close relationships with others including the people whom you live with?



TOTAL OF 5 ITEMS =