

Psychosocial Illness Impact-Positive–Short Form 8a

Please respond to each question or statement by marking one box per row.

Thinking about how your illness has affected you, please rate how true these statements were of you before your illness, and again now, since your illness.

II2	I am comfortable with who I am					
		Not at all	A little bit	Somewhat	Quite a bit	Very much
II2.b	How true was this <u>before your illness</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		2	2	3	4	5
II2.a	How true is this now, <u>since your illness</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		2	2	3	4	5
II17	I realize who my real friends are					
		Not at all	A little bit	Somewhat	Quite a bit	Very much
II17.b	How true was this <u>before your illness</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		2	2	3	4	5
II17.a	How true is this now, <u>since your illness</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		2	2	3	4	5
II27	I can adjust to things I cannot change					
		Not at all	A little bit	Somewhat	Quite a bit	Very much
II27.b	How true was this <u>before your illness</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		2	2	3	4	5
II27.a	How true is this now, <u>since your illness</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		2	2	3	4	5
II36	My life is meaningful					
		Not at all	A little bit	Somewhat	Quite a bit	Very much
II36.b	How true was this <u>before your illness</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		2	2	3	4	5
II36.a	How true is this now, <u>since your illness</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		2	2	3	4	5
II7	I am an optimistic person					
		Not at all	A little bit	Somewhat	Quite a bit	Very much
II7.b	How true was this <u>before your illness</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		2	2	3	4	5
II7.a	How true is this now, <u>since your illness</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		2	2	3	4	5

Thinking about how your illness has affected you, please rate how true these statements were of you before your illness, and again now, since your illness.

II15	My relationships are meaningful					
		Not at all	A little bit	Somewhat	Quite a bit	Very much
II15.b	How true was this <u>before your illness</u> ?	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
II15.a	How true is this now, <u>since your illness</u> ?	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
II32	I look at things in a positive way					
		Not at all	A little bit	Somewhat	Quite a bit	Very much
II32.b	How true was this <u>before your illness</u> ?	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
II32.a	How true is this now, <u>since your illness</u> ?	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
II35	I can appreciate each day fully					
		Not at all	A little bit	Somewhat	Quite a bit	Very much
II35.b	How true was this <u>before your illness</u> ?	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
II35.a	How true is this now, <u>since your illness</u> ?	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5