

Interpretation of Illness Questionnaire (IIQ)

Reference:	Büssing A, Fischer J: Interpretation of illness in cancer survivors is associated with health-related variables and adaptive coping styles. BMC Women's Health 2009; 9: 2 (pp. 1-11) (http://www.biomedcentral.com/1472-6874/9/2)
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Origin: The conceptual background refers to the work of the Canadian psychiatrist Zbigniew J. Lipowski (1970) who defined eight categories of meaning which would influence the choice of coping strategies. These categories were also used in qualitative studies on decision-making by Lesley Degner (2003).

Purpose: The intention was to design a brief and compact scale which differentiates and quantifies patients' interpretation of illness.

Population: Can be used in adults with chronic diseases.

Administration:

Rater: Self, telephone or interview-administered

Time Required: 1 min. for self administration

Training: none

Scoring: The items of the IIQ were scored on a 5-point scale from disagreement to agreement (0 - does not apply at all; 1 - does not truly apply; 2 - don't know [neither yes nor no]; 3 - applies quite a bit; 4 - applies very much). The scores can be referred to a 100% level (transformed scale score). Scores > 50% indicate higher agreement (positive attitude), while scores < 50 indicate disagreement (negative attitude).

Description: The contextual 8-item instrument involves

- guilt-associated negative interpretations (i.e., punishment, weakness/failure)
- fatalistic negative interpretations (i.e., adverse interruption of life/loss, threat/enemy)
- strategy-associated interpretations (i.e., relieving break from the demands of life, call for help)
- positive interpretations of disease (i.e., challenge, value)

Exploratory factor analysis indicates two factors, a negative interpretation factor (Cronbach's alpha = 0.77) and a heterogeneous positive / strategy interpretation factor alpha = 0.66).

Coverage: Research and Clinical

Reliability: The scale has a satisfying internal reliability (Cronbach's alpha = .73 in German, and alpha = .75 in Chinese patients).

Validity: In cancer patients, particularly the positive interpretations of illness as a challenge (r=.54) or something of value (r=.48) were correlated with a Reappraisal strategy ("Illness as Chance"). In patients with depressive and/or addictive diseases, "Positive Life Construction, Contentedness and Well-Being" (which is an emotional strategy to deal with illness) correlated negatively with negative interpretations, i.e., weakness / failure (r= -.45), punishment (r= -.37), threat / enemy (r= -.27), and positively with challenge (r=.33); while a "Conscious Dealing with Illness" correlated positively with positive interpretations, i.e., challenge (r=.37) and value (r=.38). Chronic pain patients' spirituality was significantly associated with positive disease interpretations, i.e., Search for Meaningful Support / Access with an interpretation of illness as something of value (r=.41) or as a challenge (r=.36), and also as a call for help (r=.30), but with none of the negative interpretations. Similarly, Trust in Higher Source (which is a measure of intrinsic religiosity) was moderately associated with the interpretation value (r=.35), but with none of the negative interpretations. In line with this, Religious needs of patients with chronic pain diseases were

associated with the interpretation of illness as a call for help ($r=.38$) and something of value ($r=.33$); similarly also Existential needs were associated with interpretation of illness as something of value ($r=.42$).

The negative IIQ factor does not significantly correlate with SpREUK's Search, Trust or Reflection subscales, while the positive interpretation IIQ was positively correlated with Reflection ($r=.55$), Search ($r=.40$) and Trust ($r=.29$). Neither the negative nor the positive IIQ factors were relevantly related to the adaptive coping strategies "Conscious way of living" or "Positive attitudes". The negative Interpretations were strongly associated with Escape from Illness and negatively with SF-12's Mental health component; in contrast, the positive factor was not significantly related to Escape but weakly negatively with SF-12's Mental health component.

Strengths: Despite factorial limitations, the 8-item schema may provide a useful screening approach to identify patients at risk for reduced psychosocial functioning. Strength of the scale is its brevity with just 8 items; its brief nature allows it to be easily added to large surveys.

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Meaning of Illness		does not apply at all	does not really apply	undecided (neither yes nor no)	applies quite well	definitely applies
I regard my current life situation / disease as						
KB1	a challenge.	0	1	2	3	4
KB2	a threat / enemy.	0	1	2	3	4
KB3	an adverse interruption of my life.	0	1	2	3	4
KB4	a punishment.	0	1	2	3	4
KB5	a weakness of my own.	0	1	2	3	4
KB6	something of value to grow.	0	1	2	3	4
KB7	a relieving break from the demands of life.	0	1	2	3	4
KB8	a call for help.	0	1	2	3	4