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## Hypochondria and Interpersonal Relationships

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Hypochondria: Affects Within Interpersonal Relationships

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### Abstract

Interpersonal relationships are important parts of our everyday lives, that can affect how we interact with others and can affect health status. This view on interpersonal relationships is often overlooked, however. This study was conducted with the goal of analyzing how the presence of hypochondria affects interpersonal relationships. It was hypothesized that those who have hypochondria will experience more negative interpersonal relationships. The researcher conducted a study using a survey that was administered to sixty-nine people. Results of the research and survey found that there were strained interpersonal relationship between people who have connections to hypochondria. Further research needs to be conducted in future studies concerning specifically what affects these relationships and what can be done to prevent stress on interpersonal relationships.

### Hypochondria: Affects Within Interpersonal Relationships

Hypochondria is described as a health anxiety disorder that affects how a person perceives health situations. However, this disorder not only affects the person who has it but those who share an interpersonal relationship with them. Interpersonal relationships can be defined as social connections or associations that can differ in levels of intimacy. Those who suffer from hypochondria may have strained relationships with people because there is a focus on their health status. Past studies have shown the effects of hypochondria and how it affects individuals, however more research can be done to include how this anxiety affects relationships as well. The purpose of this study was to evaluate how having health anxiety can affect relationships interpersonally and how so.

Being able to accurately communicate about health and strengthening health literacy is a focus within the major, health communications. Health literacy includes the ability to be able to communicate and understand health terms. The topic of hypochondria involves the issues of communicating about health. Being able to understand how interpersonal relationships are affected by having this problem and could be used to benefit others as well. This field deals with relationships and understanding health communication.

This topic can be useful and important to other people because everyone has interpersonal relationships. One of these many interpersonal relationships could be with someone who has hypochondria. It would be very beneficial to be able to understand how relationships of people with health anxiety function typically. Someone who reads this research report will be able to understand what hypochondria is and how having it can affect a relationship. Having this knowledge can help those with hypochondria understand how to make changes to have a healthy

relationship. It will also help those without health anxiety to be able to have a healthy understanding of what hypochondriacal relationships are typical of.

The goal of communication contexts can support the hypothesis that hypochondria has a negative effect on interpersonal relationships. This study planned to focus on familial relationships as the context; however, the researcher hoped that the results could be applied to other situations like interpersonal friendships or patient-provider relationships.

### **Review of Literature**

There has been little research on specifically the impacts of hypochondria on familial interpersonal relationships. While research has been conducted on families with hypochondria (Arnáez, Garcia-Soriano, & Belloch, 2019) and (Sirri, Ricci Garotti, Grandi, & Tossani, 2015), there is still limited information on how hypochondria affects these relationships and actions within the family. Before discussing the specific disfunctions of hypochondria in interpersonal relationships, we must first review the existing literature. The studies that were found focused on cyberchondria, reassurance seeking, healthcare, and family studies.

### **Cyberchondria**

An aspect of the study of hypochondria that seems to be overlooked is how media and the internet affects patients. In the study conducted by Makarla, Gopichandran, and Tondare (2019), “Prevalence and correlates of cyberchondria among professionals working in the information technology sector in Chennai, India: A cross-sectional study”, the purpose was to assess information technology employees and see how cyberchondria affects them. Cyberchondria is described as when people, “... who have a tendency of health-related anxiety engage in health-related information search in the internet,” (Makarla, Gopichandran, & Tondare, 2019). By searching the internet for answers, the patients are not provided with any relief from their anxiety

and are in fact making it worse by diagnosing themselves. Participants used excessive online searching and the requirement of reassurance caused distress due to health anxiety. The results of this found that over half of the participants are affected by cyberchondria and that it negatively affects mental health. To help reduce this number, it was thought that online health literacy needs to increase in these areas

This study related to the research because it discusses how health anxiety affects people's lives. The study however has some gaps in the necessary information being that it only focused on the work force and online media aspect. The effects of cyberchondria most likely hinder many more areas of someone's life who deals with hypochondria, including what I am studying, interpersonal familial relationships. If people were to look only to online sources for health care, then there would also be strained interpersonal relationships with providers. By isolating worries to trust in medical sources online, those with low literacy are only pushing themselves further into anxiety and away from sources that can provide relief and help.

### **Reassurance Seeking**

In two of the studies that were examined, they studied the correlation of hypochondria and excessive reassurance seeking. In the study conducted by Halldorsson and Salkovskis (2017), "Why do people with OCD and Health Anxiety seek reassurance excessively? An investigation of differences and similarities in function," there was a focus on discovering why it is that those who have obsessive compulsive disorder and hypochondria seek reassurance so much. This study found that seeking reassurance was a helpful coping mechanism and that if this reassurance was withheld, it could result in a negative emotional and behavioral response. This study also went into more detail about how seeking reassurance affects relationships. One of the affects that was discussed was the strain that was put on relationships from excessive reassurance

seeking. Halldorsson and Salkovskis (2017) stated that, "... ERS caused interpersonal problems in the short-term, for example, by putting "strain" on other people," (p.628). A study that was similar to this research is, "Adult attachment reassurance seeking and hypochondriacal concerns in college students." This study conducted by Wearden, Perryman, and Ward (2006), was about the relationship between students who have hypochondria and how it affects attachment seeking problems. The results found that the, "...reassurance seeking aspect of hypochondriasis is related to a general tendency to seek reassurance," (Wearden, p.8). Therefore, the reassurance interpersonally trait is associated with attachment.

These studies relate to the research because it discussed how these traits associated with hypochondria can affect relationships. They also showed that those with health anxiety rely on their relationships with others in order to cope with their problems. The connection between hypochondria and interpersonal relationships is strong. The only discrepancies between these studies and the research is the general focus, however this can be related to interpersonal familial relationships as well.

### **Loneliness**

The presence of loneliness was also researched to be associated as a factor in the development of hypochondria. It was discussed in the study, "A loneliness model of hypochondriasis among older adults: The mediating role of intolerance of uncertainty and anxious symptoms," by Barnett, Moore, and Archuleta, (2019). This study was focused on the idea that as patients age, they become lonelier and this loneliness leads to great self-focus hence leading into the development of hypochondria. The study was conducted through an interview survey, and focused on physical health, relationship status, loneliness, intolerance of uncertainty, anxious systems, and hypochondriasis. The results found that when the adults that participated

were lonely, the symptoms of health anxiety were also increased. Older adults who are lonelier tend to have greater health anxiety regardless of health or relationship status. This verifies the initial claim, that hypochondria is more predominant in lonely adults.

This study related to the research because it focuses on how hypochondria affects relationships and vice versa. The lack of relations causes higher health anxiety levels. It did not necessarily focus on family aspects; however, lack of familial interpersonal connections could cause loneliness and lead to the effects of hypochondria.

### **Healthcare**

A large part of hypochondria and its development could also be linked to healthcare. Two of the articles that were looked at shared similar themes about hypochondriacal symptoms in health settings. The first study was, "Hypochondriacal symptoms associated with a less therapeutic physician-patient relationship," by Noyes, Longley, Langbehn, Stuart, and Kukoyi (2010). This study focused on how hypochondria symptoms affect patient and physician relationships. The results of this study found that patients that have symptoms of hypochondria have negative relationships and perceptions with their health care provider. "The association between hypochondriacal symptoms and less therapeutic physician-patient relationship may have several explanations. It may be related to attitudes held by the patient, the physician, or their interaction," (Noyes, Longley, Langbehn, Stuart, & Kukoyi, 2010). Another study was by Jordan, Williams, & Smith, (2015), "Interpersonal distinctions among hypochondriacal trait components: Styles, goals, vulnerabilities, and perceptions of health care providers." This research was more on how interpersonal factors affect the lifestyles of those with hypochondria. "Correlational analyses tested associations of hypochondriacal trait components with attachment styles, loneliness, negative social exchanges, social support, and perceptions of physician

behavior,” (Jordan, Williams, & Smith, p.6-7). Results found that hypochondria was associated with anxious attachment, hostile and defensive interpersonal styles, interpersonal vulnerabilities, and strained physician relations.

These studies related to the research because they discussed interpersonal relationship factors and how having hypochondria affects those. There have not been many studies on this topic and there needs to be further research on how providers should be trained to handle patients that suffer from health anxiety.

### **Family Studies**

The aspect of the research that was investigated was also addressed to some degree as well. There were three studies that could be linked to the effects of hypochondria on interpersonal relationships. The first study investigated was, “Dysfunctional beliefs about health and illness: A family study,” by Arnaez, Garcia-Soriano, and Belloch (2019). This study focused on the idea that early experiences with being sick can later lead individuals into believing that they are sick. The main area that was investigated was how parent’s beliefs affect what the children have in terms of hypochondriacal and depression symptoms. The results found that in most cases, “...the father’s dysfunctional beliefs about illness and overestimation of threat, but not the mothers’, were associated with their sons’ and daughters’ beliefs. Likewise, the dysfunctional beliefs of fathers, sons, and daughters were related to symptoms of hypochondriasis and depression,” (Arnaez, Garcia-Soriano, & Belloch, p.1). Another similar study was by Coppola, Barbaro, Curci, Simeone, Costantini, Goffredo, and Silverman, (2018), “The associations of parents’ and children’s anxiety sensitivity with child anxiety and somatic-hypochondriac symptoms.” This article focused on studying whether a child’s anxiety and hypochondriac symptoms were linked to the parent’s similar symptoms. There have not been

many studies on the indirect relation between this factor. In the results it was found that there was in fact a link between a parent's anxiety and the children. This was found to be more significant in older children. The last article that was, "Adolescents' hypochondriacal fears and beliefs: Relationship with demographic features, psychological distress, well-being and health-related behaviors," by Sirri, L., Ricci Garotti, M. G., Grandi, S., & Tossani, E. (2015). This study looked at adolescents and the relationship between, hypochondriacal fears and beliefs, demographic features, psychological distress and well-being, and health-related behaviors. The results of this study found that females were at higher levels of hypochondriacal tendencies and that adolescents tend to have more health anxiety about unhealthy behaviors and that it is important to educate on these things.

These articles related to the research because they show that hypochondria can develop from a young age and that there are other factors that affect it. They also showed that having hypochondria can affect relationships, the child's mental health is affected due to their relationship with their parents.

## **Methodology**

### **Participants**

The participants of this study consisted of seventy people. Participants of this study were chosen randomly based on their availability to respond to the survey generated for this survey. Respondents participated on a voluntary basis and were not compensated in any way, besides with the knowledge that they were helping to improve research. One data set from the survey had to be deleted due to incompleteness.

The respondents were recruited via the researcher posting the survey link on Facebook and Snapchat. Once the link was made available, anyone who wanted to take the survey had the ability to. The researcher asked participants to take the survey by captioning the post,

Hey everyone, could you take a few minutes and take a quick survey for me on Hypochondria? I am doing research for my research communications class and would much appreciate your feedback! Thank you.

Many people took the survey through this post and some also shared the link to other people on their own social media to spread the research to a broader audience. On Snapchat, participants simply had to slide up on the post and follow the link for completion. The same caption was used as previously stated.

The majority of respondents, 76.8%, were of the female gender. Approximately 87% of the respondents of the survey were Caucasian as well. Only 2.9% of participants were Black or African American, 1.4% were Asian, and 8.7% were Hispanic or Latino. 78.3% of participants were between the age of 18 and 23. The other demographics including education and marital status did not show any great differences or majority who participated. The participants were not meant to be a representative sample, however results showed that in a way they were to some extent. The participants were representative of Caucasian females aged between 18 and 23.

### **Design/Materials**

The materials used in this study consisted of a survey made by the researcher (Table 2). The survey was designed to solve the research question of how hypochondria affects interpersonal relationships. The questions in the survey consisted of five demographic questions, eight Likert scale questions, and one open-ended question. The Likert scale items, and the open-

ended question were aimed to discover how familiar people were with hypochondria and the degree to which people experience hypochondriacal symptoms.

There were not any intentional independent variables that were being tested in the study. However, there were some items that could be evaluated as independent and dependent variables. For those who experience hypochondria, if they were to experience anxiety in this context depends on whether there were to become sick or not. Another factor would be that if the participant had someone in their family who suffered from hypochondria, then the participant would have more knowledge on what hypochondria entails and how to handle it.

### **Procedures**

The participants of the study had to first click on a link to access the survey. Once the participants had accessed the survey, there was an informed consent that they had to read involving the purpose of the research and the participant's rights as a part of it (Table 1). If participants did not agree to the informed consent, the survey immediately went to a page that thanked them. However, if participants agreed to the informed consent then they moved on the demographic questions in the survey.

After the demographic questions were answered, the page moved on to the Likert scale items and the open-ended question. The top of the page gave a description to the participants of what hypochondria is and what the purpose of the research was. There were also instructions at the top of the page telling the participants to respond to the statements or questions to the best level of their agreement. The last question on the survey was an open-ended question that depended on the answer to the previous Likert scale item.

Once participants finished the survey questions, the next page was the final page. This gave participants an opportunity to share any additional comments and leave their email if they

would like to know the results of the finished study. By clicking the next page, the survey was submitted and ended promptly. Participants were all exposed to the same conditions and survey.

### **Data Analysis**

Data was collected via a hyperlink that participants followed. The data was then analyzed using VMware. The tests that were run were frequency tests, correlations, chi-tabs, and a t-test. From the frequency tests, the majority of the participants answered that they had a clear understanding of hypochondria, that they would experience anxiety upon becoming sick, that they were likely to speak to others about a health issue, and that they would use the internet to diagnose themselves if they became sick. There were mixed responses on the level of anxiety they would experience when being sick and whether they would speak to a doctor.

In the open-ended question, participants were asked if any of their family members had been affected by hypochondria, and if so, how was their relationship with this family member affected. Respondents for this question all gave back feedback that suggested that their relationship was negatively affected by their family member experiencing hypochondria. Some negative experiences included that they felt that they had to accommodate specifically for this family member, that the person becomes overbearing with constant worries on health, and that it is generally annoying that the person has excessive anxiety.

## **Results**

### **Descriptive statistics frequencies**

The sample was mostly female ( $M= 2.55$ ,  $SD= 1.24$ ). The average amount of respondents that were female was 77% ( $N= 53$ ). Majority of participants were also Caucasian, ( $M=1.42$ ,  $SD= 1.18$ ). The average amount of people whose ethnicity was Caucasian was 87% ( $N= 60$ ). The sample as a whole was fairly evenly divided with participants being in a relationship or being

single ( $M= 4.67, SD= 1.70$ ). Those who were in a relationship that participated was 52.1% ( $N=36$ ) and the participants who were currently single was 47.9% ( $N=33$ ). The participants were predominantly college students, as well, ( $M= 3.65, SD= 1.63$ ). The participants that were currently at some degree level in college including undergraduate and graduate students, was 84% ( $N= 58$ ). Most of the contributors were aged 23 and under, 80% ( $N= 55$ ), ( $M= 2.55, SD= 1.24$ ).

In the Likert scale items, there were a few significant frequencies, as well. A bulk of participants stated that they had a clear understanding of what hypochondria is, ( $M=1.82, SD= .93$ ). 88% of participants, ( $N=57$ ), claimed that they had a clear understanding of hypochondria. A greater number of the sample also asserted that they would experience anxiety if they were to become sick 68% ( $N=44$ ), ( $M= 2.20, SD= 1.09$ ). This response was similar to the frequencies of the two following questions. 66% of participants, ( $N=43$ ), agreed that they were likely to speak with another person about their health anxieties, ( $M= 2.42, SD= 1.32$ ). 69% ( $N=45$ ) also claimed that they were comfortable discussing health problems, ( $M= 2.28, SD= 1.14$ ). However, when asked what level of anxiety would be experienced when beginning to get sick, the answers were torn, ( $M= 3.08, SD= 1.20$ ). 42% of participants, ( $N=27$ ), stated that they would experience little to no anxiety, 32% ( $N=21$ ) stated that they would have a lot or a great deal of anxiety, while 26% ( $N=17$ ) claimed their anxiety would be in the middle of the scale. A mass of the sample also seemed most likely to diagnose themselves using the internet when showing symptoms of an illness, ( $M= 2.18, SD= 1.07$ ). 71% of people, ( $N=46$ ), answered that they would use the internet to diagnose themselves for an illness. On the other hand, results were torn on whether participants would speak to a doctor about signs of an illness, ( $M= 2.92, SD= 1.12$ ). 45% of people, ( $N=29$ ) said that they were likely to speak to a doctor, while 39% ( $N=25$ ) stated that they

were unlikely. The last question's results found that most participants did not have family members that they were aware of that suffer from hypochondria, ( $M= 1.71$ ,  $SD= 0.46$ ). 71% of people, ( $N=46$ ), claimed that no one in their family had hypochondria.

### **Correlations**

A Pearson's correlation formula was run to determine the relationship between whether a person had a clear understanding of what hypochondria is and the likelihood of speaking about health anxieties with another person. It was found that there was a highly significant weak positive correlation ( $r= .329$ ,  $p=.007$ ,  $N= 65$ ). There was a highly significant moderate positive correlation between the likelihood of a person using the internet to diagnose themselves for an illness and the chances of the person experiencing anxiety if they were to become sick, ( $r=.461$ ,  $p=.000$ ,  $N= 65$ ). A highly significant strong, positive relationship was shown between a person being comfortable discussing health problems and the likelihood of the person discussing their health anxieties with another person, ( $r= .649$ ,  $p= .000$ ,  $N= 65$ ). There was a significant weak positive correlation between the likelihood of the person speaking about their health anxieties with another person and the level of anxiety that the person would experience when beginning to get sick, ( $r= .333$ ,  $p= .007$ ,  $N= 65$ ). The relationship between the amount of people who would use the internet to diagnose themselves and the level of anxiety that the person would experience when getting sick was a highly significant, moderate positive relationship ( $r= .485$ ,  $p= .000$ ,  $N= 65$ ). There was a significant weak negative correlation between biological sex and the likelihood of using the internet to diagnose an illness as an individual, ( $r=.370$ ,  $p=.002$ ,  $N=65$ ).

### **Discussion**

It was hypothesized at the beginning of the research that hypochondria would have a negative correlation on interpersonal relationships. The data that was analyzed supported this

claim in a few ways with the significance data and correlations. There was a split number of participants in the descriptive statistics frequencies that stated that they would speak to a doctor when becoming sick, however a greater number said that they would diagnose themselves on the internet if they were to become sick. This data could enforce the idea that illness negatively affects interpersonal relationships, in this case with patient and provider. Rather than effectively communicate with a provider, people prefer to diagnose themselves with their own illnesses. The evidence that the researcher found that contributed the most to the hypothesis was from the open-ended question that was answered in the survey. The survey asked if participants had any family members that have suffered from hypochondria and if so, how was their relationship affected with that person. Most people that responded to this question said that their relationship was negatively impacted and more strained. Respondents said that they felt like they had to accommodate more for these family members and that there was always more tension and stress. A few respondents also stated that these family members that had hypochondria affected their relationships by causing themselves to start experiencing health anxiety.

### **Limitations**

This study in order to be more effective would need changes in future research. One limitation that was found in this study was too small of sample size and not targeted to the right audience. This sample size would have been more effective for the researcher's purpose if the sample only had consisted of participants who suffer from hypochondria as well as people who have interpersonal relationships with those who have hypochondria. Another limitation was a non-diverse population sample in the survey. The sample was mainly Caucasian and female, and the research would have been benefitted if a more diverse sample was also surveyed.

**Future Research**

Future research will need to look more into the idea of how exactly interpersonal relationships are affected by the presence of hypochondria and what can be done to lessen the negative relationship aspects. These ideas, along with the limitations that were addressed, should be taken into consideration for future researchers that take on this topic.

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## Appendix

Table 1

*Informed consent*

Hypochondria and Interpersonal Relationships- Cynthia Kmety IQ Score: **Fair** Published

▼ Default Question Block Block Options ▼

Q1   The purpose of this study is to measure how hypochondria affects interpersonal relationships. You are verifying that you understand that the possible benefits of this research are good and that little or no risks are anticipated. Furthermore, you are stipulating that you understand that your participation in this study is voluntary and your refusal to participate will not affect benefits which you are entitled to nor will any other penalties toward you occur.

You are also stating you understand the results of the survey will be reported anonymously and used for the purpose of advancing higher education research.

If you have questions concerning this project, use the information for contacting the researchers provided at the end of this message. The survey takes only about 5-10 minutes to complete. Thank you for your help.

Sincerely,  
Cynthia Kmety

cekmetry@eiu.edu

Do you agree to take this survey?

Yes

No

Table 2

*Survey*

What is your biological sex?

- Male
- Female

Which ethnicity do you identify with the most?

- White/Caucasian
- Black or African American
- American Indian or Alaska Native
- Asian
- Hispanic/Latino
- Other

Q4 Marital status:



- Married
- Widowed
- Divorced
- Engaged
- Single
- In a relationship

Q5 Education status:



- Freshman (college)
- Sophomore (college)
- Junior (college)
- Senior (college)
- Graduate Student
- Post Grad
- High School
- Some high school

**Age:**

- Under 18
- 18 - 23
- 24-29
- 30-35
- 36-44
- 45 and above

Hypochondria is also known as health anxiety, the purpose of this study is to identify whether this condition affects interpersonal relationships.

---

Please respond to the following statements or questions based on your level of agreement.

---

I have a clear understanding of what hypochondria is.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

---

If I were to become sick, I would experience anxiety.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

---

I am likely to speak about my health anxieties with another person.

- Strongly agree
  - Somewhat agree
  - Neither agree nor disagree
  - Somewhat disagree
  - Strongly disagree
-

I am comfortable discussing health problems.

- Strongly agree
  - Somewhat agree
  - Neither agree nor disagree
  - Somewhat disagree
  - Strongly disagree
- 

When you are beginning to get sick what level of anxiety do you experience?

- A great deal
  - A lot
  - A moderate amount
  - A little
  - None at all
- 

When showing symptoms of an illness, how likely are you to use the internet to diagnose yourself?

- Extremely likely
- Somewhat likely
- Neither likely nor unlikely
- Somewhat unlikely
- Extremely unlikely

When showing symptoms of an illness, how likely are you to speak to a doctor?

- Extremely likely
- Somewhat likely
- Neither likely nor unlikely
- Somewhat unlikely
- Extremely unlikely

Have you had any family members that suffers from health anxiety (hypochondria)?

- Yes
- No