

Short Fear of Progression Questionnaire (FOP 12)

Your Name: _____ Date of Birth: _____ Your Location Today: _____
 _____ Today's Date: _____ Staff Member: _____

Instructions Below you will see a list of statements that are related to your illness and possible future concerns.
 Please place a tick "✓" or cross "X" in the appropriate column as the statement pertains to you.
 Some questions will not apply to you. Please make a mark under "never" in these cases.

	Never	Seldom	Sometimes	Often	Very Often
1. I become anxious if I think my disease may progress					
2. I am nervous prior to doctors' appointments or periodic examinations					
3. I am afraid of pain					
4. I have concerns about reaching my professional goals because of my illness					
5. When I am anxious, I have physical symptoms such as a rapid heartbeat, stomach ache or agitation					
6. The possibility of my children contracting my disease disturbs me					
7. It disturbs me that I may have to rely on strangers for activities of daily living					
8. I am worried that at some point in time I will no longer be able to pursue my hobbies because of my illness					
9. I am afraid of severe medical treatments during the course of my illness					
10. I worry that my treatment could damage my body					
11. I worry about what will become of my family if something should happen to me					
12. The thought that I might not be able to work due to my illness disturbs me					
	Never	Seldom	Sometimes	Often	Very Often

Thank you for completing this questionnaire