The Illness Perceptions Questionnaire-Revised (IPQ-R)

**Description**

The IPQ-R is an 84-item self-completed instrument developed to provide a quantitative measurement of the components of illness representations, as described by Leventhal's Common-Sense Model (CSM) of self-regulation (Leventhal et al 1984, 1997). It is divided into three sections: identity subscale (14 symptoms), causal subscale (18 causes), and a third section which contains 7 subscales, including consequences, timeline acute/chronic and cyclical, personal and treatment control/cure, illness coherence, and emotional representations. Researchers are encouraged to adapt the questionnaire wording to the specific illness under investigation by replacing the word *illness* with the name of the condition under investigation.

**Instructions to clients and scoring:** For the identity subscale, respondents are asked if they have experienced a number of symptoms since their illness, and if they feel the symptoms are related to their current illness. Response is by circling ‘yes’ or ‘no’ to each question. Responses are then summed to give an overall score. For the causal subscale, respondents are asked what they perceive to be the cause of their illness and are asked to respond to each of the listed causes using a 5-point Likert style scale, ranging from strongly disagree to strongly agree. Respondents are also asked to rank the 3 most important factors believed to be the cause of their illness. The third section (7 subscales) is scored by summing responses to each item is on a 5-point Likert style scale, ranging from strongly disagree to strongly agree. All items for each of the subscales are summed to give an overall score.

High scores on the identity, consequences, timeline acute/chronic and cyclical subscales represent strongly held beliefs about the number of symptoms attributed, the negative consequences, and the chronicity and cyclical nature of the illness. High scores on the personal and treatment control and coherence subscales represent positive beliefs about controllability and a personal understanding of the illness. For non-English speaking patients the questionnaire has been translated into a number of languages, including Norwegian, French, and Dutch.

The questionnaire has also been found to demonstrate discriminant validity when comparing patients with acute and chronic pain (p < 0.001 in the majority of cases), and predictive validity on a sample of patients with multiple sclerosis (Moss-Morris et al 2002).

Confirmatory factor analyses carried out in a cervical screening context (Hagger et al 2005) largely supports the factor structure of the IPQ-R, however, the factor structure has not been confirmed in a sample of patients with atopic dermatitis (Wittkowski et al 2008) and, therefore, results should be interpreted with care in this population.

**Commentary**

Patients attending for physiotherapy may have functional limitations and pain. Illness perceptions, as described by the CSM, have been found to be associated with clinical outcomes and behaviour (Foster et al 2008, Hagger and Orbell 2003; Hill et al 2007). With the growing recognition that illness perceptions guide coping and outcome, illness perceptions are a useful theoretical framework to help inform patient-centred assessment and interventions (for example, Siemonsma et al, 2008).

Overall, the IPQ-R has good psychometric properties, although caution should be applied in certain clinical populations. One of the limitations of the IPQ-R is its length, especially if it is being used when time is limited, such as in a busy clinic environment, in those with physical limitations, with the elderly, or with those who have writing or reading problems. In these situations, it may be worthwhile considering the Brief Illness Perceptions Questionnaire (Broadbent et al 2006).

**References**


