Fear of Mental Activity Scale (FMA)

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Everyone experiences headache, cognitive symptoms (memory and attention complaints), and/or fatigue at some point in their lives. We would like to examine how you feel about these symptoms and how you experience them. You are asked to indicate whether you agree with each of the statements listed. It is important that you only use your own opinion and thoughts; what others might think is not of interest here. We do not intent to assess your medical knowledge either. The questionnaire is just about the way you experience these symptoms.

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Please indicate whether you agree with the statements listed below.	Strongly disagree	Disagree	Agree	Strongly Agree
1. I'm afraid that I might injure my brain if I perform mental activities.	○	○	○	○
2. If I were to try to overcome it, these symptoms would increase.	○	○	○	○
3. My brain is telling me I have something dangerously wrong.	○	○	○	○
4. People aren't taking my medical condition seriously enough.	○	○	○	○
5. My accident has put my brain at risk for the rest of my life.	○	○	○	○
6. These symptoms always mean I have injured my brain.	○	○	○	○
7. I am afraid that I might injury my brain accidentally.	○	○	○	○
8. Simply being careful that I do not perform any unnecessary mental activities is the safest thing I can do to prevent these symptoms from worsening.	○	○	○	○
9. I wouldn't have this many symptoms if these wasn't something potentially dangerous going on in my brain.	○	○	○	○
10. These symptoms let me know when to stop performing mental activities so that I don't injure my brain.	○	○	○	○
11. It's really not safe for a person with a condition like mine to perform a lot of mental activities.	○	○	○	○
12. I can't do all the things normal people do because it's too easy for my brain to get injured.	○	○	○	○
13. No one should have to perform mental activities when he/she experiences these symptoms.	○	○	○	○

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