

Instrument Title: Fear of Physician (FOP)

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Directions: There are five statements below which are common comments made by patients concerning their physicians. Please indicate in the space before each item how you feel when communicating with your physician. Please indicate how well each statement describes how you feel when communicating your physician employing the following scale:

1 = not at all; 2 = somewhat; 3 = moderately so; 4 = very much so

- _____ 1. When communicating with my physician, I feel tense.
- _____ 2. When communicating with my physician, I feel calm.
- _____ 3. When communicating with my physician, I feel jittery.
- _____ 4. When communicating with my physician, I feel nervous.
- _____ 5. When communicating with my physician, I feel relaxed.

Scoring:

Step 1. Add the scores for items 1, 3, and 4.

Step 2. Add the scores for items 2 and 5.

Step 3. Complete the following formula: $FOP = 15 + \text{total for Step 1} - \text{total for Step 2}$.

Scores above 13 indicates high fear of physician. Scores below 7 indicate low fear of physician. Scores between 7 and 13 indicate moderate fear of physician.