P	Q-B			•	d Tyrone Cannon, Ph ia, Los Angeles & Un		ornia, San Frai	ncisco		
ch alc	Indicate whether you have had the following thoughts, feelings and experiences in the past month by checking "YES" or "NO" for each item. Do not include experiences that occur only while under the influence of alcohol, drugs or medications that were not prescribed to you.									
lf y	If you answer "YES" to an item, also indicate how distressing that experience has been for you.									
1.	Do fam	ilia	r surroun	dings so	metimes seem s	strange, con	fusing, thre	eatening o	or unreal to you?	
	☐ YES		NO	If YES:	When this happens	s, I feel frighte	ned, concerr	ned, or it ca	uses problems for me:	
					Strongly disagree	□ disagree	□ neutral	□ agree	☐ strongly agree	
2.	2. Have you heard unusual sounds like banging, clicking, hissing, clapping or ringing in your ears?									
	☐ YES		NO	If YES:	When this happens	s, I feel frighte	ned, concerr	ned, or it ca	uses problems for me:	
					Strongly disagree	□ disagree	□ neutral	□ agree	□ strongly agree	
3. sn	3. Do things that you see appear different from the way they usually do (brighter or duller, larger or smaller, or changed in some other way)?									
	☐ YES		NO		• •	s, I feel frighte	ned, concerr	ned, or it ca	uses problems for me:	
					Strongly disagree	☐ disagree	□ neutral	□ agree	☐ strongly agree	
4.	Have y	ou l	nad expei	riences v	vith telepathy, ps	sychic force	s, or fortur	ne telling?	•	
	□ YES		NO	If YES:	When this happens	s, I feel frighte	ned, concerr	ned, or it ca	uses problems for me:	
					Strongly disagree	□ disagree	□ neutral	□ agree	☐ strongly agree	
5.	5. Have you felt that you are not in control of your own ideas or thoughts?									
	□ YES		NO	If YES:	When this happens	s, I feel frighte	ned, concerr	ned, or it ca	uses problems for me:	
					Strongly disagree	□ disagree	□ neutral	□ agree	□ strongly agree	
6.	Do you	hav	e difficul	ty getting	g your point acro	oss, becaus	e you ramb	ole or go o	off the track a lot who	en you
tal	k? □ Y	ΈS	□ NO	If YES:	When this happens	s, I feel frighter	ned, concern	ed, or it ca	uses problems for me:	
					Strongly disagree	□ disagree	□ neutral	□ agree	□ strongly agree	
7.	Do you	hav	e strong	feelings	or beliefs about	being unus	ually gifted	l or talent	ed in some way?	
	□ YES		NO	If YES:	When this happens	s, I feel frighte	ned, concerr	ned, or it ca	uses problems for me:	
					Strongly disagree	□ disagree	□ neutral	□ agree	☐ strongly agree	
8.	8. Do you feel that other people are watching you or talking about you?									
	□ YES		NO	If YES:	When this happens	s, I feel frighte	ned, concerr	ned, or it ca	uses problems for me:	
					Strongly disagree	□ disagree	□ neutral	□ agree	□ strongly agree	

Age: _____

Date: _____

ID:_____

ID	:		Age: Date:					
9.	. Do you sometimes get strange feelings on or just beneath your skin, like bugs crawling?							
	☐ YES	□ NO	If YES: When this happens, I feel frightened, concerned, or it causes problems for me:					
			☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree					
10	10. Do you sometimes feel suddenly distracted by distant sounds that you are not normally aware of?							
	☐ YES	□ NO	If YES: When this happens, I feel frightened, concerned, or it causes problems for me:					
			☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree					
11. Do you find that you are not interested in talking or getting together with your friends?								
	☐ YES	□ NO	If YES: When this happens, I feel frightened, concerned, or it causes problems for me:					
			☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree					
12. Have you had the sense that some person or force is around you, even though you could not see anyone? YES NO If YES: When this happens, I feel frightened, concerned, or it causes problems for me:								
۵.,	y 0.1.0 .	0	☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree					
			☐ Strongly disagree ☐ disagree ☐ fledital ☐ agree ☐ strongly agree					
13	13. Do you ever feel that people might be intending to harm you?							
	☐ YES	□ NO	If YES: When this happens, I feel frightened, concerned, or it causes problems for me:					
			☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree					
14. Do you worry at times that something may be wrong with your mind?								
	☐ YES	□ NO	If YES: When this happens, I feel frightened, concerned, or it causes problems for me:					
			☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree					
15	15. Have you ever felt that you don't exist, the world does not exist, or that you are dead?							
	□ YES	□ NO	If YES: When this happens, I feel frightened, concerned, or it causes problems for me:					
			☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree					
16. Have you been confused at times whether something you experienced was real or imaginary?								
	☐ YES	□ NO	If YES: When this happens, I feel frightened, concerned, or it causes problems for me:					
			☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree					
17	17. Do you hold beliefs that other people would find unusual or bizarre?							
	□ YES	□ NO	If YES: When this happens, I feel frightened, concerned, or it causes problems for me:					
			☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree					

ID:	Age:	Date: _						
18. Do you feel that parts of your body have changed in some way, or that parts of your body are working differently?								
☐ YES ☐ NO	If YES: When this happens	s, I feel frightened, concer	ned, or it causes problems for	me:				
	☐ Strongly disagree	□ disagree □ neutral	□ agree □ strongly agree					
19. Do you ever think of yourself as a famous or particularly important person?								
☐ YES ☐ NO	If YES: When this happens	s, I feel frightened, concer	ned, or it causes problems for	me:				
	☐ Strongly disagree	☐ disagree ☐ neutral	□ agree □ strongly agree					
20. Are your thoughts	20. Are your thoughts sometimes so strong that you can almost hear them?							
☐ YES ☐ NO	If YES: When this happens	s, I feel frightened, concer	ned, or it causes problems for	me:				
	☐ Strongly disagree	☐ disagree ☐ neutral	□ agree □ strongly agree					
21. Do you find yourse	21. Do you find yourself feeling mistrustful or suspicious of other people?							
☐ YES ☐ NO	If YES: When this happens	s, I feel frightened, concer	ned, or it causes problems for	me:				
	☐ Strongly disagree	☐ disagree ☐ neutral	☐ agree ☐ strongly agree					
22. Have you seen un	22. Have you seen unusual things like flashes, flames, blinding light, or geometric figures?							
☐ YES ☐ NO	If YES: When this happens	s, I feel frightened, concer	ned, or it causes problems for	me:				
	☐ Strongly disagree	☐ disagree ☐ neutral	□ agree □ strongly agree					
23. Have you seen thir	23. Have you seen things that other people can't see or don't seem to see?							
☐ YES ☐ NO	If YES: When this happens	s, I feel frightened, concer	ned, or it causes problems for	me:				
	☐ Strongly disagree	☐ disagree ☐ neutral	☐ agree ☐ strongly agree					
24. Do people sometin	24. Do people sometimes find it hard to understand what you are saying?							
☐ YES ☐ NO	If YES: When this happens	s, I feel frightened, concer	ned, or it causes problems for	me:				
	☐ Strongly disagree	□ disagree □ neutral	□ agree □ strongly agree					
25. Do you find it difficult to handle your responsibilities, like work, school or chores?								
□ YES □ NO	If YES: When this happens	s, I feel frightened, concer	ned, or it causes problems for	me:				

 \square Strongly disagree \square disagree \square neutral \square agree \square strongly agree