

ID: _____

Age: _____

Date: _____

PQ-B

Rachel Loewy, PhD and Tyrone Cannon, PhD

©University of California, Los Angeles & University of California, San Francisco

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.

If you answer “YES” to an item, also indicate how distressing that experience has been for you.

1. Do familiar surroundings sometimes seem strange, confusing, threatening or unreal to 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**2. Have you heard unusual sounds like banging, clicking, hissing, clapping or ringing in your ears?**☐ YES ☐ NO*If YES:* When this happens, I feel frightened, concerned, or it causes problems for me:☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree**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*If YES:* When this happens, I feel frightened, concerned, or it causes problems for me:☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree**4. Have you had experiences with telepathy, psychic forces, or fortune telling?**☐ YES ☐ NO*If YES:* When this happens, I feel frightened, concerned, or it causes problems for me:☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree**5. Have you felt that you are not in control of your own ideas or thoughts?**☐ YES ☐ NO*If YES:* When this happens, I feel frightened, concerned, or it causes problems for me:☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree**6. Do you have difficulty getting your point across, because you ramble or go off the track a lot when you talk?**☐ YES ☐ NO*If YES:* When this happens, I feel frightened, concerned, or it causes problems for me:☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree**7. Do you have strong feelings or beliefs about being unusually gifted or talented in some way?**☐ YES ☐ NO*If YES:* When this happens, I feel frightened, concerned, or it causes problems for me:☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree**8. Do you feel that other people are watching you or talking about 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

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. 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:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

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. 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. 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, I feel frightened, concerned, 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, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

20. Are your thoughts sometimes so strong that you can almost hear them?

☐ YES ☐ NO

If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

21. Do you find yourself feeling mistrustful or suspicious of other people?

☐ YES ☐ NO

If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

22. Have you seen unusual things like flashes, flames, blinding light, or geometric figures?

☐ YES ☐ NO

If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

23. Have you seen things that other people can't see or don't seem to see?

☐ YES ☐ NO

If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

24. Do people sometimes find it hard to understand what you are saying?

☐ YES ☐ NO

If YES: When this happens, I feel frightened, concerned, 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, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree