Please 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.	1. Do familiar surroundings sometimes seem strange, confusing, threatening or unreal to you?							
	☐ YES	□ NO	If YES:	When this happen	s, I feel frighte	ned, concerr	ned, or it ca	uses problems for me:
				Strongly disagree	□ disagree	☐ neutral	□ agree	☐ strongly agree
2.	Have yo	u heard unusi	ual soun	ds like banging, cl	icking, hissin	g, clapping	or ringing	in your ears?
	☐ YES	□ NO	If YES:	When this happen	s, I feel frighte	ned, concerr	ned, or it ca	uses problems for me:
				Strongly disagree	☐ disagree	☐ neutral	□ agree	☐ strongly agree
3.		s that you see		different from the	way they usu	ıally do (briç	ghter or du	iller, larger or smaller, or
	☐ YES			When this happen	s, I feel frighte	ned, concerr	ned, or it ca	uses problems for me:
				Strongly disagree	☐ disagree	☐ neutral	□ agree	☐ strongly agree
4.	Have yo	u had experie	nces wit	h telepathy, psych	ic forces, or f	ortune tellir	ıg?	
	☐ YES	□ NO	If YES:	When this happen	s, I feel frighte	ned, concerr	ned, or it ca	uses problems for me:
				Strongly disagree	☐ disagree	□ neutral	☐ agree	☐ strongly agree
5.	Have yo	u felt that you	are not	in control of your	own ideas or	thoughts?		
STEEL	☐ YES	□ NO	If YES:	When this happen	s, I feel frighte	ned, concerr	ned, or it ca	uses problems for me:
À.				Strongly disagree	☐ disagree	□ neutral	□ agree	☐ strongly agree
6.	Do you l	nave difficulty	getting	your point across,	because you	ı ramble or ç	go off the t	rack a lot when you talk?
	☐ YES	□ NO	If YES:	When this happen	s, I feel frighte	ned, concerr	ned, or it ca	uses problems for me:
				Strongly disagree	□ disagree	□ neutral	□ agree	☐ strongly agree
7.	Do you h	ave strong fe	elings oı	r beliefs about bei	ng unusually	gifted or tal	ented in so	ome way?
	☐ YES	□ NO	If YES:	When this happen	s, I feel frighte	ned, concerr	ned, or it ca	suses problems for me:
				Strongly disagree	☐ disagree	□ neutral	□ agree	☐ strongly agree
8.	Do you f	eel that other	people a	are watching you c	r talking abo	ut you?		
	☐ YES	□ NO	If YES:	When this happen	s, I feel frighte	ned, concerr	ned, or it ca	uses problems for me:
				Strongly disagree	☐ disagree	□ neutral	☐ agree	☐ strongly agree
9.	Do you s	ometimes ge	t strange	feelings on or jus	t beneath you	ır skin, like	bugs craw	ling?
	☐ YES	□ NO	If YES:	When this happen	s, I feel frighte	ned, concerr	ned, or it ca	luses problems for me:
				Strongly disagree	□ disagree	□ neutral	□ agree	☐ strongly agree
10	Do νου	sometimes fe	el sudde	enly distracted by	distant sound	is that vou a	re not nor	maliv aware of?
	☐ YES	□ NO		-		-		uses problems for me:
, i i i i i				Strongly disagree	•			•

11. Have you had the sense that some person or force is around you, although you couldn't see anyone?									
	☐ YE\$	□ NO	If YES:	When this happen	s, I feel frighte	ned, concerr	ned, or it ca	uses problems for me:	
				Strongly disagree	□ disagree	□ neutral	□ agree	☐ strongly agree	
12.	Do you	worry at time	s that so	mething may be w	rong with you	ur mind?			
	☐ YES	□ NO	If YES:	When this happen	s, I feel frighte	ned, concerr	ned, or it ca	uses problems for me:	
				Strongly disagree	□ disagree	□ neutral	□ agree	☐ strongly agree	
13.	Have yo	u ever felt tha	t vou dor	i't exist, the world	does not exis	st, or that vo	ou are dea	d?	
	☐ YES		-			-		uses problems for me:	
				Strongly disagree	-				
					Ü		J	0, 0	
14.	Have vo	u been confus	sed at tim	es whether some	thing you exp	erlenced wa	as real or i	maginary?	
	☐ YES							uses problems for me:	
				Strongly disagree				·	
				o o g. o g. o .	_ a.oug. 00	124 170 011 011	_ vg. s s	_ 0.000.90, 0.9000	
15	Do you	hald ballafa th	at ather	people would find	unucual or b	lanrro 2			
15,	☐ YES			•			and orition	uses problems for me:	
	□ 1E9	LI NO		* *			agree □		
			L	Strongly disagree	□ disagree	Li neutrai	□ agree	☐ strongly agree	
16.		•	of your b	ody have change	d in some way	y, or that pa	rts of your	body are working	
	different	-	/5.VE0			,			
	☐ YES	⊔ NO						uses problems for me:	
				Strongly disagree	⊔ disagree	Li neutral	⊔ agree	☐ strongly agree	
17.	_	_		so strong that you					
	☐ YES	□ NO		• • •	-	-		uses problems for me:	
				Strongly disagree	☐ disagree	☐ neutral	☐ agree	☐ strongly agree	
18.				strustful or suspic					
	☐ YES	□ NO						uses problems for me:	
				Strongly disagree	□ disagree	☐ neutral	□ agree	☐ strongly agree	
19.	Have yo	u seen unusu	al things	like flashes, flame	es, blinding li	ght, or geon	netric figu	res?	
	☐ YES	□ NO	If YES:	When this happen	s, I feel frighte	ened, concerr	ned, or it ca	uses problems for me:	
				Strongly disagree	☐ disagree	☐ neutral	☐ agree	☐ strongly agree	
20.	Have yo	u seen things	that other	er people can't see	e or don't see	m to see?			
	☐ YES	□ NO	If YES:	When this happen	s, I feel frighte	ened, concer	ned, or it ca	uses problems for me:	
				Strongly disagree	☐ disagree	□ neutral	□ agree	☐ strongly agree	
21.	Do peon	le sometimes	find it ha	ard to understand	what you are	saying?			
	☐ YES				_		ned, or it ca	uses problems for me:	
								☐ strongly agree	

Patient ID: _	
Date:	

PQ-B Scoring

		Yes, and when this happens, I feel frightened, concerned, or it causes problems for me						
Item	No	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree		
1	0	1	2	3	4	5 .		
2	0	1	2	3	4	5		
3	0	1	2	3	4	5		
4	0	1	2	. 3	4	5		
5	0	1	2	3	4	5		
6	0	1	2	3	4	5		
7	0	1	2	3	4	5		
8	0	1	2	3	4	5		
9	0	1	2	3	4	5		
10	0	1	2	3	4	5		
11	0	1	2	3	4	5		
12	0	1	2	3	4	5		
13	0	1	2	3	4	5		
14	0	1	2	3	4	5		
15	0	1	2	3	4	5		
16	0	1	2	3	4	5		
17	0	1	2	3	4	5		
18	0	1	2	3	4	5		
19	0	1	2	3	4	5		
20	0	1	2	3	4	5		
21	0	1	2	3	4	5		

Total Score:	((sum	of ratings	across	items	1	to	21)
Total Score.		(Sum	or radings	across	1101113	Ţ	w	41 <i>)</i>

Instructions:

Transfer the subject's responses to this score sheet. Each item is scored on a 0 to 5 scale. A "No" response corresponds to 0; a "Yes" response, with a rating of "Strongly disagree" on distress, corresponds to a 1; a "Yes" response, with a rating of "Disagree" on distress, corresponds to a 2; a "Yes" response, with a rating of "Neutral" on distress, corresponds to a 3; a "Yes" response, with a rating of "Agree" on distress, corresponds to a 4; and a "Yes" response, with a rating of "Strongly Agree" on distress, corresponds to a 5. The total score is generated by summing the point-equivalents for the ratings across the 21 items; this score ranges between 0 and 105.

Among a help-seeking population referred for evaluation of a potential prodromal risk syndrome, those with a Total Score of 6 or higher should be interviewed using the Structured Interview for Psychosis Risk Syndromes (SIPS).

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