



PQ-B (PSYCHOSIS SCREENING)

PQ-B

Rachel Loewy, PhD and Tyrone D. Cannon, PhD | ©University of California | May 2010

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. **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

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. **Have you had the sense that some person or force is around you, although you couldn't 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

12. **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

13. **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

14. **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

15. **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

16. **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

17. **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

18. **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

19. **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

20. **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

21. **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