



**11. 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

**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