**Appendix A.** **PQ-B** Rachel Loewy, PhD and Tyrone D. Cannon, PhD©University of California 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