

The 16-item Version of the Prodromal Questionnaire (PQ-16)

If TRUE: how much distress did you experience?

		None	Mild	Moderate	Severe
1.	I feel uninterested in the things I used to enjoy.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
2.	I often seem to live through events exactly as they happened before (déjà vu).	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
3.	I sometimes smell or taste things that other people can't smell or taste.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
4.	I often hear unusual sounds like banging, clicking, hissing, clapping or ringing in my ears.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
5.	I have been confused at times whether something I experienced was real or imaginary.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
6.	When I look at a person, or look at myself in a mirror, I have seen the face change right before my eyes.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
7.	I get extremely anxious when meeting people for the first time.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
8.	I have seen things that other people apparently can't see.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
9.	My thoughts are sometimes so strong that I can almost hear them.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
10.	I sometimes see special meanings in advertisements, shop windows, or in the way things are arranged around me.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
11.	Sometimes I have felt that I'm not in control of my own ideas or thoughts.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
12.	Sometimes I feel suddenly distracted by distant sounds that I am not normally aware of.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
13.	I have heard things other people can't hear like voices of people whispering or talking.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
14.	I often feel that others have it in for me.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
15.	I have had the sense that some person or force is around me, even though I could not see anyone.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
16.	I feel that parts of my body have changed in some way, or that parts of my body are working differently than before.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		