

**AUDITORY HALLUCINATION (AH) FOLLOW UP QUESTIONS**

<b>Participant ID</b>	<b>Date</b>
<b>Interviewer</b>	<b>Source(s) of Information:</b> ___ Participant interview ___ Collateral (relationship _____) ___ Medical Record

**AH Substance (AH-S)**

I want to ask you about hearing \_\_\_\_\_. When this happened(s) had you been using drugs or alcohol at the time? Yes No

Does it ever happen when you are not intoxicated? Yes No

*If NO (i.e. all AH's are experienced only while intoxicated), skip AH follow-up questions.*

**AH Lifetime History**

Description of AH (e.g. voices, phone ringing, music, etc.): \_\_\_\_\_

When did you first hear \_\_\_\_\_?

Did you have any other similar experiences hearing things before that? Yes No

*If yes: When was that?*

**Any others?**

Types of separately recurring AH's (Circle One): 1 – History of only 1 type of AH  
2 – History of 2 or more types of AH

Hallucinations include (Check all that apply)  Voices  Other Sounds

Estimated date of first AH (month/day/year): \_\_\_\_\_

When was the last time you heard any of these? (month/day/year) \_\_\_\_\_

**When were these experiences at their worst, whatever that may mean to you? For how long was it like that?** *(Provide examples if needed, such as when they were the most overwhelming, out of control, problematic, upsetting, frequent, etc.)*

Time period of "Past" AH experience being rated (age or year): \_\_\_\_\_

**Were you receiving medication during this time period?** Yes No

**For the next few questions, I will ask you more about your experiences during this "worst time".**

*(If subject has experienced AH in the previous 2 days)*

**I will also ask about what your experience with hearing \_\_\_\_ has been like in the last couple of days.**

### AH-PSD1 Frequency

<b>How often do/did these experiences happen, on average?</b>	PAST	CURRENT
AH not present	0	0
Occur less than once a week	1	1
Occur at least once a week	2	2
Occur at least once a day	3	3
Occur continuously or almost continuously (once an hour or more; stops for only a few minutes at most)	4	4

### AH-PSD2 Duration

<b>Once it starts, how long do these experiences typically last?</b>	PAST	CURRENT
AH not present	0	0
Last for a few seconds (e.g. fleeting hallucinations)	1	1
Last for several minutes	2	2
Last for at least one hour	3	3
Last for hours at a time	4	4

### AH-PSD3 Intensity - Loudness

<b>How loud are these experiences for you?</b>	PAST	CURRENT
AH not present	0	0
Quieter than participant's own voice (e.g. whispers)	1	1
About same loudness as participant's voice	2	2
Somewhat louder than participant's voice	3	3
Extremely loud (e.g. shouting)	4	4

### AH-PSD4 Complexity

<b><i>If not clear from the description of the hallucination: Tell me a little more about what you usually hear.</i></b>	PAST	CURRENT
AH not present	0	0
Simple, meaningless sounds (e.g. pure tones, white noise, or other unidentified non-human sounds)	1	1
Word-like sounds, a simple melody, or wordless but meaningful sounds (e.g. crying, unintelligible murmuring, laughter, etc.), or may be a coherent but isolated nonhuman sound like a whistle	2	2
Words, short phrases, short parts of songs	3	3
Complete sentences, songs, or multiple voices conversing	4	4

### AH-PSD5 Interference with Other Sounds

<b>How much do these experiences interfere with your ability to hear other sounds? <i>Distinguish from concentration interference if needed</i></b>	PAST	CURRENT
AH not present	0	0
No interference with other sounds	1	1
Mild: Can hear most but not all other sounds during AH (e.g. might not hear the phone ringing)	2	2
Moderate: Difficult to hear other sounds during AH (e.g. might miss large parts of a conversation due to AH interruption)	3	3
Severe: Unable to hear all or almost all other sounds during AH (e.g. is unable to follow a TV show, conversation, etc.)	4	4

**AH-CSD1 Interruption of Thought Processes/Concentration**

<b>How much do these experiences interfere with your ability to concentrate?</b>	PAST	CURRENT
AH not present	0	0
No concentration difficulties during AH	1	1
Mild difficulty concentrating on other tasks during AH	2	2
Moderate difficulty concentrating on other tasks during AH	3	3
Unable to concentrate on anything else during AH	4	4

**AH-CSD2 Frequency of Control**

<b>How much of the time do you feel you can control these experiences?</b> <i>Rate in reference to dimension(s) reported as controllable</i>	PAST	CURRENT
AH not present	0	0
Participant always feels some type of control over AH	1	1
More than half of the time, participant is able to control AH	2	2
Less than half of the time, participant is able to control AH	3	3
Participant is never able to control AH	4	4

*\*If 1, 2, or 3 are circled, then what about the experience does the individual feel they can control? (circle all that apply) Frequency Duration Intensity Other: \_\_\_\_\_*

**Is there anything you do to cope with these experiences?** \_\_\_\_\_

**AH-CSD3 Attentional Demand**

<b>How easily are you able to ignore these experiences?</b>	PAST	CURRENT
AH not present	0	0
Easy: Able to ignore AH with no effort	1	1
Moderately: Able to ignore AH but takes some effort	2	2
Difficult: Ignoring AH takes lots of effort	3	3
Unable to ignore AH	4	4

**AH-ESD1 Amount of Negative Content**

<b>Regardless of how they make you feel, how often do these experiences have an unpleasant (angry, frightening, sad) quality?</b>	PAST	CURRENT
AH not present	0	0
No unpleasant or negative content; positive or neutral content	1	1
Minority of contents are unpleasant or negative (less than half of the time)	2	2
Majority but not all of contents are unpleasant or negative (more than half of the time)	3	3
All of contents are unpleasant or negative	4	4

**AH-ESD2a Degree of Negative Content (RATER'S JUDGMENT)**

<b>How negative are these experiences?</b>	PAST	CURRENT
AH not present	0	0
No unpleasant or negative content; positive or neutral content	1	1
Mild: May include vaguely morbid or violent comments, i.e. negative but not personal for participant	2	2
Moderate: May include explicit morbid or violent comments, personal negativity (e.g. criticisms)	3	3
Severe: Contents perceived as threatening, excessively morbid, or violent (e.g. harm commands)	4	4

**AH-ESD2b Check Box:**

Content is definitively pleasant

**AH-ESD3 Frequency of Negative Emotion Associated with Hallucination**

How often are you distressed/worried/frightened by these experiences?	PAST	CURRENT
AH not present	0	0
Participant is never distressed by AH	1	1
Less than half of the time, participant is distressed by AH	2	2
More than half of the time, participant is distressed by AH	3	3
Participant is always distressed by AH	4	4

**AH-ESD4 Intensity of Negative Emotional Impact**

How distressing are these experiences for you?	PAST	CURRENT
AH not present	0	0
Not distressing	1	1
Somewhat distressing	2	2
Very distressing, although participant could feel worse	3	3
Extremely distressing, feel the worst he/she could possibly feel	4	4

**AH Medication Effects (Provide medication list):**

**Did you ever try a medication that somehow improved, reduced, or stopped your experiences of hearing \_\_\_\_\_?** Yes No

*If Yes: Thinking of the time that it seemed to be most improved, what about it improved?*

Inquire as needed to determine whether any of the following specific properties of the AH improved. (**Did you hear it less frequently? Did it last for a shorter time? Was it softer? Seem to be coming from further away?**). Check all that may apply.

\_\_\_ Reduced frequency (number of occurrences)

\_\_\_ Shorter duration (length of time each occurrence lasted)

\_\_\_ Reduced intensity (loudness)

\_\_\_ Other (specify \_\_\_\_\_)

**Are you currently taking medication that has (reduced, improved) these experiences?**

Yes No

**Have you continued to have these experiences while taking medication?**

Yes No

***IF YES: Even if you are not concerned about continuing to hear \_\_\_\_\_, is a family member or doctor concerned?***

Yes No

ASK ANY ADDITIONAL QUESTIONS AS NEEDED TO RATE LIFETIME AND CURRENT MEDICATION RESPONSE:

**AH-Antipsychotic Effects LIFETIME** (Circle ONE):

- 1 *Lifetime Responder*: Prior or current antipsychotics have reduced AH substantially. Hallucinations are nearly gone or minimal and do not interfere with functioning.
- 2 *Lifetime Partial Responder*: Prior or current antipsychotics have reduced AH a significant amount and functioning is somewhat improved. Some AH may remain.
- 3 *Lifetime Minimal Responder*: Prior or current antipsychotics have reduced AH only minimally/slightly. Functioning and need for care/treatment have changed very little.
- 4 *Lifetime Non-Responder*: Prior or current antipsychotics have resulted in no change in symptoms or improvement in functioning.
- 5 No history of trying antipsychotic medication at all/while experiencing AH.
- 6 Unknown (*use this option sparingly, e.g. only if a reasonable possibility of any past or current antipsychotic exposure cannot be established. Being unable to name an antipsychotic or confirm they were on anything in the antipsychotic drug class does not necessarily warrant this rating; if there is history where antipsychotic use can be reasonably presumed, do so. Prior hospitalizations for psychosis, for example, likely included antipsychotic administration.*)

**AH-Antipsychotic Effects CURRENT** (Circle ONE):

- 1 *Current Responder*: Current antipsychotics have reduced AH substantially. Hallucinations are nearly gone or minimal and do not interfere with functioning.
- 2 *Current Partial Responder*: Current antipsychotics have reduced AH a significant amount and functioning is somewhat improved. Some AH may remain.
- 3 *Current Minimal Responder*: Current antipsychotics have reduced AH only minimally/slightly. Functioning and need for care/treatment have changed very little.
- 4 *Current Non-Responder*: Current antipsychotics have resulted in no change in symptoms or improvement in functioning.
- 5 Not currently taking an antipsychotic that has reduced AH.

**Additional Auditory Hallucinations Questions**

Is it more common during a particular time of day, like morning or at night? \_\_\_\_\_

Is it familiar or unfamiliar in content? \_\_\_\_\_ Familiar / Unfamiliar

If voices are heard, does it sound like anyone you know? \_\_\_\_\_ Yes No

If voices are heard, how many voices are talking at a time usually? \_\_\_\_\_

Does anything trigger the hallucination? (e.g. specific locations, sights, memories) \_\_\_\_\_

Are hallucinations present at a social setting or during social interactions? \_\_\_\_\_ Yes No



**VH-PSD1 Frequency**

<b>How often do/did these experiences happen on average?</b>	PAST	CURRENT
VH not present	0	0
Occur less than once a week	1	1
Occur at least once a week	2	2
Occur at least once a day	3	3
Occur continuously or almost continuously (once an hour or more; stops for only a few minutes at most)	4	4

**VH-PSD2 Duration**

<b>Once it starts, how long do these experiences typically last?</b>	PAST	CURRENT
VH not present	0	0
Last for a few seconds (e.g. fleeting hallucinations)	1	1
Last for several minutes	2	2
Last for at least one hour	3	3
Last for hours at a time	4	4

**VH-PSD3 Intensity - Transparency**

<b>How solid do these visions appear to be?</b>	PAST	CURRENT
VH not present	0	0
Transparent, similar to shadows, occurring only in dim light/darkness	1	1
Transparent or similar to shadows but do not occur exclusively in dim light/darkness	2	2
Mixed or intermediate between opaque and shadowlike/transparent	3	3
Always opaque	4	4

**VH-PSD4 Intensity - Brightness**

<b>How bright are these visions for you?</b>	PAST	CURRENT
VH not present	0	0
Dimmer than other objects	1	1
Equally as bright as other objects	2	2
Brighter than other objects	3	3
Extremely bright	4	4

**VH-PSD5 Complexity**

<i>If not clear from the description of the hallucination: Tell me a little more about what you see.</i>	PAST	CURRENT
VH not present	0	0
Formless, may only consist of spots of light or color	1	1
Simple forms, shapes, or lines (e.g. abstract forms)	2	2
Somewhat resemble objects or human-like figures but not fully formed	3	3
Fully formed detailed humans, animals, or other objects	4	4

**VH-PSD6 Visual Field Interference**

<b>How large is the image/object?</b>	PAST	CURRENT
VH not present	0	0
Small: Subsumes a small part of the visual field (small animal, insect)	1	1
Medium: Takes up about half of visual field, still able to perceive the environment (e.g. human, furniture, or medium sized animals )	2	2
Large: Takes up a large portion of perceived environment (e.g. a wall of color or elephant) but not a total distortion or loss of visual field	3	3
Entire environment is altered (e.g. as if you entered a different place)	4	4

**VH-CSD1 Interruption of Thought Processes/Concentration**

<b>How much do these experiences interfere with your ability to concentrate?</b>	PAST	CURRENT
VH not present	0	0
No concentration difficulties during VH	1	1
Mild: Minimal difficulty concentrating on other tasks during VH	2	2
Moderate: Difficult to concentrate during VH	3	3
Severe: Unable to concentrate during VH	4	4

**VH-CSD2 Frequency of Control**

<b>How much of the time do you feel you can control these experiences?</b> <i>Rate in reference to dimension(s) reported as controllable</i>	PAST	CURRENT
VH not present	0	0
Participant always feels some type of control over VH	1	1
More than half of the time, participant is able to control VH	2	2
Less than half of the time, participant is able to control VH	3	3
Participant is never able to control VH	4	4

*\*If 1, 2, or 3 are circled, then what about the experience does the individual feel they can control? (circle all that apply) Frequency Duration Intensity Other: \_\_\_\_\_*

**Is there anything you do to cope with these experiences?** \_\_\_\_\_

**VH-CSD3 Attentional Demand**

<b>How easily are you able to ignore these experiences?</b>	PAST	CURRENT
VH not present	0	0
Easy: Able to ignore VH with no effort	1	1
Moderate: Able to ignore VH with effort	2	2
Difficult: Ignoring VH takes lots of effort	3	3
Not able to ignore VH	4	4

**VH-ESD1 Amount of Negative Content**

<b>Regardless of how they make you feel, how often do these experiences have an unpleasant (angry, frightening, sad) quality?</b>	PAST	CURRENT
VH not present	0	0
No unpleasant or negative content; positive or neutral content	1	1
Minority of contents are unpleasant or negative (less than half of the time)	2	2
Majority but not all of contents are unpleasant or negative (more than half of the time)	3	3
All of contents are unpleasant or negative	4	4

**VH-ESD2a Degree of Negative Content (RATER'S JUDGMENT)**

<b>How negative are these experiences?</b>	<b>PAST</b>	<b>CURRENT</b>
VH not present	0	0
No unpleasant or negative content; positive or neutral content	1	1
Mild: May include vaguely morbid or violent images, i.e. negative but not personal for participant	2	2
Moderate: May include explicit morbid or violent images, i.e. negativity that seems directed at participant	3	3
Severe: Contents are perceived as threatening, excessively morbid, or violent	4	4

**VH-ESD2b Check Box:**

Content is definitively pleasant

**VH-ESD3 Frequency of Negative Emotion Associated with Hallucination**

<b>How often are you distressed/worried/frightened by these experiences?</b>	<b>PAST</b>	<b>CURRENT</b>
VH not present	0	0
Participant is never distressed by VH	1	1
Less than half of the time, participant is distressed by VH	2	2
More than half of the time, participant is distressed by VH	3	3
Participant is always distressed by VH	4	4

**VH-ESD4 Intensity of Negative Emotional Impact**

<b>How distressing are these experiences for you?</b>	<b>PAST</b>	<b>CURRENT</b>
VH not present	0	0
Not distressing	1	1
Somewhat distressing	2	2
Very distressing, although participant could feel worse	3	3
Extremely distressing, feel the worst he/she could possibly feel	4	4

**VH Medication Effects (Provide medication list):**

**Did you ever try a medication that somehow improved, reduced, or stopped your experiences of seeing \_\_\_\_\_?** Yes No

***If Yes: Thinking of the time that it seemed to be most improved, what about it improved?***

Inquire as needed to determine whether any of the following specific properties of the VH improved. (**Did you see it less frequently? Did it last for a shorter time? Was it less vivid or clear?**). Check all that may apply.

\_\_\_ Reduced frequency (number of occurrences)

\_\_\_ Shorter duration (length of time each occurrence lasted)

\_\_\_ Reduced intensity (vividness/clarity)

\_\_\_ Other (specify \_\_\_\_\_)

Are you currently taking medication that has (reduced, improved) these experiences? Yes No

Have you continued to have these experiences while taking medication? Yes No

If YES: Even if you are not concerned about continuing to see \_\_\_\_\_, is a family member or doctor concerned? Yes No

ASK ANY ADDITIONAL QUESTIONS AS NEEDED TO RATE LIFETIME AND CURRENT MEDICATION RESPONSE:

**VH-Antipsychotic Effects LIFETIME** (Circle ONE):

- 1 *Lifetime Responder:* Prior or current antipsychotics have reduced VH substantially. Hallucinations are nearly gone or minimal and do not interfere with functioning.
- 2 *Lifetime Partial Responder:* Prior or current antipsychotics have reduced VH a significant amount and functioning is somewhat improved. Some VH may remain.
- 3 *Lifetime Minimal Responder:* Prior or current antipsychotics have reduced VH only minimally/slightly. Functioning and need for care/treatment have changed very little.
- 4 *Lifetime Non-Responder:* Prior or current antipsychotics have resulted in no change in symptoms or improvement in functioning.
- 5 No history of trying antipsychotic medication at all/while experiencing VH.
- 6 *Unknown (use this option sparingly, e.g. only if a reasonable possibility of any past or current antipsychotic exposure cannot be established. Being unable to name an antipsychotic or confirm they were on anything in the antipsychotic drug class does not necessarily warrant this rating; if there is history where antipsychotic use can be reasonably presumed, do so. Prior hospitalizations for psychosis, for example, likely included antipsychotic administration.)*

**VH-Antipsychotic Effects CURRENT** (Circle ONE):

- 1 *Current Responder:* Current antipsychotics have reduced VH substantially. Hallucinations are nearly gone or minimal and do not interfere with functioning.
- 2 *Current Partial Responder:* Current antipsychotics have reduced VH a significant amount and functioning is somewhat improved. Some VH may remain.
- 3 *Current Minimal Responder:* Current antipsychotics have reduced VH only minimally/slightly. Functioning and need for care/treatment have changed very little.
- 4 *Current Non-Responder:* Current antipsychotics have resulted in no change in symptoms or improvement in functioning.
- 5 Not currently taking an antipsychotic that has reduced VH.

**Additional Visual Hallucinations Questions**

**Is it more common during a particular time of day, like morning or at night?** \_\_\_\_\_

**Does this occur right in front of you, or is it more like in the corner of your eye?** Front/Periphery

**Do you usually see this more in your left or right field of vision?** L / R / Central

**Does it look close by or far away?** Close / Far

**Does it seem close enough to touch?** Yes No

**Does the image move when you turn your head?** Yes No

**If human, did it talk or make noise?** Yes No

**Is it familiar or unfamiliar in content?** Familiar / Unfamiliar

**Does it look like anyone you know?** Yes No

**Did it seem to be black and white, one color, or many colors?** \_\_\_\_\_

**Does anything trigger the hallucination? (e.g. specific locations, sights, memories)** \_\_\_\_\_

**OLFACTORY HALLUCINATION (OH) FOLLOW UP QUESTIONS**

<b>Participant ID</b>	<b>Date</b>
<b>Interviewer</b>	<b>Source(s) of Information:</b> <input type="checkbox"/> Participant interview <input type="checkbox"/> Collateral (relationship _____) <input type="checkbox"/> Medical Record

**OH Substance (OH-S)**  
**I want to ask you about smelling \_\_\_\_\_. When this happened(s) had you been using drugs or alcohol at the time?** Yes No

**Does it ever happen when you are not intoxicated?** Yes No  
*If NO (i.e. all OH's are experienced only while intoxicated), skip OH follow-up questions.*

**OH Lifetime History**

Description of OH (e.g. perfume, body odor, smoke, etc.) \_\_\_\_\_

**When did you first smell \_\_\_\_\_?**

**Did you have any other similar experiences smelling things before that?** Yes No  
*If yes: When was that?*  
**Any others?**

Types of separately recurring OH's (Circle One): 1- History of only 1 type of OH  
2- History of 2 or more types of OH

Estimated date of first OH (month/day/year): \_\_\_\_\_

**When was the last time you smelled any of these?** (month/day/year) \_\_\_\_\_

**When were these experiences at their worst, whatever that may mean to you? For how long was it like that?** *(Provide examples if needed, such as when they were the most overwhelming, out of control, problematic, upsetting, frequent, etc.)*

Time period of "Past" OH experience being rated (age or year): \_\_\_\_\_

**Were you receiving medication during this time period?** Yes No

**For the next few questions, I will ask you more about your experiences during this "worst time".**

*(If subject has experienced OH in the previous 2 days)*

**I will also ask about what your experience with smelling \_\_\_\_ has been like in the last couple of days.**

**OH-PSD1 Frequency**

<b>How often do/did these experiences happen on average?</b>	<b>PAST</b>	<b>CURRENT</b>
OH not present	0	0
Occur less than once a week	1	1
Occur at least once a week	2	2
Occur at least once a day	3	3
Occur continuously or almost continuously (once an hour or more; stops for only a few minutes at most)	4	4

**OH-PSD2 Duration**

<b>Once it starts, how long do these experiences typically last?</b>	<b>PAST</b>	<b>CURRENT</b>
OH not present	0	0
Last for a few seconds (e.g. fleeting hallucinations)	1	1
Last for several minutes	2	2
Last for at least one hour	3	3
Last for hours at a time	4	4

**OH-PSD3 Intensity - Pungency**

<b>How strong are these odors for you?</b>	<b>PAST</b>	<b>CURRENT</b>
OH not present	0	0
Fainter than other external odors	1	1
Equally as strong as external odors	2	2
Stronger than external odors	3	3
Extremely strong or pungent	4	4

**OH-PSD4 Interference with Other Odors**

<b>How much do these experiences interfere with your ability to smell other odors?</b>	<b>PAST</b>	<b>CURRENT</b>
OH not present	0	0
No interference with other smells	1	1
Mild: Can smell some other things but not all during OH	2	2
Moderate: Difficult to smell other scents during OH	3	3
Severe: Unable to smell anything else during OH (e.g. unable to smell cooking smells during OH)	4	4

**OH-CSD1 Interruption of Thought Processes/Concentration**

<b>How much do these experiences interfere with your ability to concentrate?</b>	<b>PAST</b>	<b>CURRENT</b>
OH not present	0	0
No concentration difficulties during OH	1	1
Mild difficulty concentrating on other tasks during OH	2	2
Moderate difficulty concentrating on other tasks during OH	3	3
Unable to concentrate on anything else during OH	4	4

**OH-CSD2 Frequency of Control**

<b>How much of the time do you feel you can control these experiences?</b> <i>Rate in reference to dimension(s) reported as controllable</i>	PAST	CURRENT
OH not present	0	0
Participant always feels some type of control over OH	1	1
More than half of the time, participant is able to control OH	2	2
Less than half of the time, participant is able to control OH	3	3
Participant is never able to control OH	4	4

*\*If 1, 2, or 3 are circled, then what about the experience does the individual feel they can control? (circle all that apply) Frequency Duration Intensity Other: \_\_\_\_\_*

**Is there anything you do to cope with these experiences?** \_\_\_\_\_

**OH-CSD3 Attentional Demand**

<b>How easily are you able to ignore these experiences?</b>	PAST	CURRENT
OH not present	0	0
Easy: Able to ignore OH with no effort	1	1
Moderate: Able to ignore OH with effort	2	2
Difficult: Ignoring OH takes lots of effort	3	3
Not able to ignore OH	4	4

**OH-ESD1 Amount of Negative Content**

<b>Regardless of how they make you feel, how often do these experiences have an unpleasant (nauseating, offensive, noxious) quality?</b>	PAST	CURRENT
OH not present	0	0
No unpleasant or negative content; positive or neutral content	1	1
Minority of contents are unpleasant or negative (less than half of the time)	2	2
Majority but not all of contents are unpleasant or negative (more than half of the time)	3	3
All of contents are unpleasant or negative	4	4

**OH-ESD2a Degree of Negative Content (RATER'S JUDGMENT)**

<b>How negative are these experiences?</b>	PAST	CURRENT
OH not present	0	0
No unpleasant or negative content; positive or neutral content	1	1
Mild: May include vaguely negative or offensive odors	2	2
Moderate: May include explicit negative or offensive odors	3	3
Severe: Contents perceived as threatening, excessively offensive, morbid or dangerous	4	4

**OH-ESD2b Check Box:**  Content is definitively pleasant

**OH-ESD3 Frequency of Negative Emotion Associated with Hallucination**

<b>How often are you distressed/worried/frightened by these experiences?</b>	PAST	CURRENT
OH not present	0	0
Participant is never distressed by OH	1	1
Less than half of the time, participant is distressed by OH	2	2
More than half of the time, participant is distressed by OH	3	3

Participant is always distressed by OH	4	4
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**OH-ESD4 Intensity of Negative Emotional Impact**

How distressing are these experiences for you?	PAST	CURRENT
OH not present	0	0
Not distressing	1	1
Somewhat distressing	2	2
Very distressing, although participant could feel worse	3	3
Extremely distressing, feel the worst he/she could possibly feel	4	4

**OH Medication Effects (Provide medication list):**

**Did you ever try a medication that somehow improved, reduced, or stopped your experiences of smelling \_\_\_\_\_?** Yes No

*If Yes: Thinking of the time that it seemed to be most improved, what about it improved?*

Inquire as needed to determine whether any of the following specific properties of the OH improved. (**Did you smell it less frequently? Did it last for a shorter time? Was it less intense?**) Check all that may apply.

\_\_\_ Reduced frequency (number of occurrences)

\_\_\_ Shorter duration (length of time each occurrence lasted)

\_\_\_ Reduced intensity (pungency)

\_\_\_ Other (specify \_\_\_\_\_)

**Are you currently taking medication that has (reduced, improved) these experiences?**

Yes No

**Have you continued to have these experiences while taking medication?**

Yes No

**IF YES: Even if you are not concerned about continuing to smell \_\_\_\_\_, is a family member or doctor concerned?**

Yes No

ASK ANY ADDITIONAL QUESTIONS AS NEEDED TO RATE LIFETIME AND CURRENT MEDICATION RESPONSE:

**OH-Antipsychotic Effects LIFETIME** (Circle ONE):

- 1 *Lifetime Responder:* Prior or current antipsychotics have reduced OH substantially. Hallucinations are nearly gone or minimal and do not interfere with functioning.
- 2 *Lifetime Partial Responder:* Prior or current antipsychotics have reduced OH a significant amount and functioning is somewhat improved. Some OH may remain.
- 3 *Lifetime Minimal Responder:* Prior or current antipsychotics have reduced OH only minimally/slightly. Functioning and need for care/treatment have changed very little.

- 4 *Lifetime Non-Responder*: Prior or current antipsychotics have resulted in no change in symptoms or improvement in functioning.
- 5 No history of trying antipsychotic medication at all/while experiencing OH.
- 6 **Unknown** *(use this option sparingly, e.g. only if a reasonable possibility of any past or current antipsychotic exposure cannot be established. Being unable to name an antipsychotic or confirm they were on anything in the antipsychotic drug class does not necessarily warrant this rating; if there is history where antipsychotic use can be reasonably presumed, do so. Prior hospitalizations for psychosis, for example, likely included antipsychotic administration.)*

**OH-Antipsychotic Effects CURRENT** (Circle ONE):

- 1 *Current Responder*: Current antipsychotics have reduced OH substantially. Hallucinations are nearly gone or minimal and do not interfere with functioning.
- 2 *Current Partial Responder*: Current antipsychotics have reduced OH a significant amount and functioning is somewhat improved. Some OH may remain.
- 3 *Current Minimal Responder*: Current antipsychotics have reduced OH only minimally/slightly. Functioning and need for care/treatment have changed very little.
- 4 *Current Non-Responder*: Current antipsychotics have resulted in no change in symptoms or improvement in functioning.
- 5 Not currently taking an antipsychotic that has reduced OH.

**Additional Olfactory Hallucinations Questions**

**Is it more common during a particular time of day, like morning or at night?** \_\_\_\_\_

**Is it familiar or unfamiliar in content?** Familiar / Unfamiliar

**Does anything trigger the hallucination?** (e.g. specific locations, cue or memories) \_\_\_\_\_

**TACTILE HALLUCINATION (TH) FOLLOW UP QUESTIONS**

<b>Participant ID</b>	<b>Date</b>
<b>Interviewer</b>	<b>Source(s) of Information:</b> <input type="checkbox"/> Participant interview <input type="checkbox"/> Collateral (relationship _____) <input type="checkbox"/> Medical Record

**TH Substance (TH-S)**  
**I want to ask you about feeling \_\_\_\_\_. When this happened(s) had you been using drugs or alcohol at the time?** Yes No

**Does it ever happen when you are not intoxicated?** Yes No  
*If NO (i.e. all TH's are experienced only while intoxicated), skip TH follow-up questions.*

**TH Lifetime History**

Description of TH (e.g. tingling, electricity, etc.) \_\_\_\_\_

**When did you first feel \_\_\_\_\_?**

**Did you have any other similar experiences feeling things before that?** Yes No  
*If yes: When was that?*  
**Any others?**

Types of separately recurring TH's (Circle One): 1- History of only 1 type of TH  
2- History of 2 or more types of TH

Estimated date of first TH (month/day/year): \_\_\_\_\_

**When was the last time you felt any of these?** (month/day/year) \_\_\_\_\_

**When were these experiences at their worst, whatever that may mean to you? For how long was it like that?** *(Provide examples if needed, such as when they were the most overwhelming, out of control, problematic, upsetting, frequent, etc.)*

Time period of "Past" TH experience being rated (age or year): \_\_\_\_\_

**Were you receiving medication during this time period?** Yes No

**For the next few questions, I will ask you more about your experiences during this "worst time".**

*(If subject has experienced TH in the previous 2 days)*

**I will also ask about what your experience with feeling \_\_\_\_ has been like in the last couple of days.**

**TH-PSD1 Frequency**

<b>How often do/did these experiences happen on average?</b>	PAST	CURRENT
TH not present	0	0
Occur less than once a week	1	1
Occur at least once a week	2	2
Occur at least once a day	3	3
Occur continuously or almost continuously (once an hour or more; stops for only a few minutes at most)	4	4

**TH-PSD2 Duration**

<b>Once it starts, how long do these experiences typically last?</b>	PAST	CURRENT
TH not present	0	0
Last for a few seconds (e.g. fleeting hallucinations)	1	1
Last for several minutes	2	2
Last for at least one hour	3	3
Last for hours at a time	4	4

**TH-PSD3 Intensity - Strength**

<b>How strong are these sensations for you?</b>	PAST	CURRENT
TH not present	0	0
Fainter than other external sensations (e.g. a light touch)	1	1
Equally as strong as external sensations	2	2
Stronger than external sensations	3	3
Extremely strong (sensation is overwhelming)	4	4

**TH-PSD4 Complexity**

<i>If not clear from the description of the hallucination: Tell me a little more about what you felt.</i>	PAST	CURRENT
TH not present	0	0
Formless, not discernable	1	1
Simple sensations (e.g. tingle, pressure)	2	2
Somewhat resemble textures or more complex sensations	3	3
Consist of fully discernable/identifiable sensations such as nails of a hand scratching or a bug crawling	4	4

**TH-PSD5 Interference with Other Skin Sensations**

<b>How much do these experiences interfere with your ability to feel other sensations?</b>	PAST	CURRENT
TH not present	0	0
No interference with other sensations	1	1
Mild: Can feel most but not all other sensations during TH (e.g. other sensations may be more dull than usual)	2	2
Moderate: Difficult to feel some other sensations during TH	3	3
Severe: Unable to feel almost all or all other sensations during TH (e.g. if another person touched the area associated with the TH, it would not be felt)	4	4

**TH-CSD1 Interruption of Thought Processes/Concentration**

<b>How much of the time do these experiences interfere with your ability to concentrate?</b>	PAST	CURRENT
TH not present	0	0
No concentration difficulties during TH	1	1
Mild difficulty concentrating on other tasks during TH	2	2
Moderate difficulty concentrating on other tasks during TH	3	3
Unable to concentrate on other anything else during TH	4	4

**TH-CSD2 Frequency of Control**

<b>How much of the time do you feel you can control these experiences?</b> <i>Rate in reference to dimension(s) reported as controllable</i>	PAST	CURRENT
TH not present	0	0
Participant always feels some type of control over TH	1	1
More than half of the time, participant is able to control TH	2	2
Less than half of the time, participant is able to control TH	3	3
Participant is never able to control TH	4	4

*\*If 1, 2, or 3 are circled, then what about the experience does the individual feel they can control? (circle all that apply) Frequency Duration Intensity Other: \_\_\_\_\_*

**Is there anything you do to cope with these experiences?** \_\_\_\_\_

**TH-CSD3 Attentional Demand**

<b>How easily are you able to ignore these experiences?</b>	PAST	CURRENT
TH not present	0	0
Easy: Able to ignore TH with no effort	1	1
Moderate: Able to ignore TH with effort	2	2
Difficult: Ignoring TH takes lots of effort	3	3
Not able to ignore TH	4	4

**TH-ESD1 Amount of Negative Content**

<b>Regardless of how they make you feel, how often do these experiences have an unpleasant (annoying, frightening, painful) quality?</b>	PAST	CURRENT
TH not present	0	0
No unpleasant or negative content; positive or neutral content	1	1
Minority of contents are unpleasant or negative (less than half of the time)	2	2
Majority but not all of contents are unpleasant or negative (more than half of the time)	3	3
All contents are unpleasant or negative	4	4

**TH-ESD2 Degree of Negative Content (RATER'S JUDGMENT)**

<b>How negative are these experiences?</b>	PAST	CURRENT
TH not present	0	0
No unpleasant or negative content; positive or neutral content	1	1
Mild: May include vaguely unpleasant sensations	2	2
Moderate: May include decidedly unpleasant sensations	3	3
Severe: Contents are perceived as threatening, excessively violent or painful sensations	4	4

TH-ESD2b Check Box:

Content is definitively pleasant

**TH-ESD3 Frequency of Negative Emotion Associated with Hallucination**

How often are you distressed/worried/frightened by these experiences?	PAST	CURRENT
TH not present	0	0
Participant is never distressed by TH	1	1
Less than half of the time, participant is distressed by TH	2	2
More than half of the time, participant is distressed by TH	3	3
Participant is always distressed by TH	4	4

**TH-ESD4 Intensity of Negative Emotional Impact**

How distressing are these experiences for you?	PAST	CURRENT
TH not present	0	0
Not distressing	1	1
Somewhat distressing	2	2
Very distressing, although participant could feel worse	3	3
Extremely distressing, feel the worst he/she could possibly feel	4	4

**TH Medication Effects (Provide medication list):**

**Did you ever try a medication that somehow improved, reduced, or stopped your experiences of feeling \_\_\_\_\_?** Yes No

*If Yes: Thinking of the time that it seemed to be most improved, what about it improved?*

Inquire as needed to determine whether any of the following specific properties of the TH improved. (**Did you feel it less frequently? Did it last for a shorter time? Was it less intense?**) Check all that may apply.

\_\_\_ Reduced frequency (number of occurrences)

\_\_\_ Shorter duration (length of time each occurrence lasted)

\_\_\_ Reduced intensity (pain/pressure/etc.)

\_\_\_ Other (specify \_\_\_\_\_)

**Are you currently taking medication that has (reduced, improved) these experiences?**

Yes No

**Have you continued to have these experiences while taking medication?**

Yes No

*IF YES: Even if you are not concerned about continuing to feel \_\_\_\_\_, is a family member or doctor concerned?*

Yes No

ASK ANY ADDITIONAL QUESTIONS AS NEEDED TO RATE LIFETIME AND CURRENT MEDICATION RESPONSE:

**TH-Antipsychotic Effects LIFETIME** (Circle ONE):

- 1 *Lifetime Responder*: Prior or current antipsychotics have reduced TH substantially. Hallucinations are nearly gone or minimal and do not interfere with functioning.
- 2 *Lifetime Partial Responder*: Prior or current antipsychotics have reduced TH a significant amount and functioning is somewhat improved. Some TH may remain.
- 3 *Lifetime Minimal Responder*: Prior or current antipsychotics have reduced TH only minimally/slightly. Functioning and need for care/treatment have changed very little.
- 4 *Lifetime Non-Responder*: Prior or current antipsychotics have resulted in no change in symptoms or improvement in functioning.
- 5 No history of trying antipsychotic medication at all/while experiencing TH.
- 6 Unknown *(use this option sparingly, e.g. only if a reasonable possibility of any past or current antipsychotic exposure cannot be established. Being unable to name an antipsychotic or confirm they were on anything in the antipsychotic drug class does not necessarily warrant this rating; if there is history where antipsychotic use can be reasonably presumed, do so. Prior hospitalizations for psychosis, for example, likely included antipsychotic administration.)*

**TH-Antipsychotic Effects CURRENT** (Circle ONE):

- 1 *Current Responder*: Current antipsychotics have reduced TH substantially. Hallucinations are nearly gone or minimal and do not interfere with functioning.
- 2 *Current Partial Responder*: Current antipsychotics have reduced TH a significant amount and functioning is somewhat improved. Some TH may remain.
- 3 *Current Minimal Responder*: Current antipsychotics have reduced TH only minimally/slightly. Functioning and need for care/treatment have changed very little.
- 4 *Current Non-Responder*: Current antipsychotics have resulted in no change in symptoms or improvement in functioning.
- 5 Not currently taking an antipsychotic that has reduced TH.

**Additional Tactile Hallucinations Questions**

Is it more common during a particular time of day, like morning or at night? \_\_\_\_\_

Is it familiar or unfamiliar in content? \_\_\_\_\_ Familiar / Unfamiliar

Does anything trigger the hallucination? (e.g. specific locations, sights, memories) \_\_\_\_\_

**GUSTATORY HALLUCINATION (GH) FOLLOW UP QUESTIONS**

<b>Participant ID</b>	<b>Date</b>
<b>Interviewer</b>	<b>Source(s) of Information:</b> <input type="checkbox"/> Participant interview <input type="checkbox"/> Collateral (relationship _____) <input type="checkbox"/> Medical Record

**GH Substance (GH-S)**  
**I want to ask you about tasting \_\_\_\_\_. When this happened(s) had you been using drugs or alcohol at the time?** Yes No

**Does it ever happen when you are not intoxicated?** Yes No  
*If NO (i.e. all GH's are experienced only while intoxicated), skip GH follow-up questions.*

**GH Lifetime History**

Description of GH (e.g. metallic, rotten food, etc.) \_\_\_\_\_

**When did you first taste\_\_\_\_\_?**

**Did you have any other similar experiences tasting things before that?** Yes No  
*If yes: When was that?*  
**Any others?**

Types of separately recurring GH's (Circle One): 1- History of only 1 type of GH  
2- History of 2 or more types of GH

Estimated date of first TH (month/day/year): \_\_\_\_\_

**When was the last time you tasted any of these?** (month/day/year) \_\_\_\_\_

**When were these experiences at their worst, whatever that may mean to you? For how long was it like that?** *(Provide examples if needed, such as when they were the most overwhelming, out of control, problematic, upsetting, frequent, etc.)*

Time period of "Past" TH experience being rated (age or year): \_\_\_\_\_

**Were you receiving medication during this time period?** Yes No

**For the next few questions, I will ask you more about your experiences during this "worst time".**

*(If subject has experienced GH in the previous 2 days)*

**I will also ask about what your experience with tasting \_\_\_\_ has been like in the last couple of days.**

**GH-PSD1 Frequency**

<b>How often do/did these experiences happen on average?</b>	PAST	CURRENT
GH not present	0	0
Occur less than once a week	1	1
Occur at least once a week	2	2
Occur at least once a day	3	3
Occur continuously or almost continuously (once an hour or more; stops for only a few minutes at most)	4	4

**GH-PSD2 Duration**

<b>Once it starts, how long do these experiences typically last?</b>	PAST	CURRENT
GH not present	0	0
Last for a few seconds (e.g. fleeting hallucinations)	1	1
Last for several minutes	2	2
Last for at least one hour	3	3
Last for hours at a time	4	4

**GH-PSD3 Intensity - Strength**

<b>How strong are these tastes for you?</b>	PAST	CURRENT
GH not present	0	0
Fainter than external tastes	1	1
Equally as strong as external tastes	2	2
Stronger than external tastes	3	3
Extremely strong (taste is overwhelming)	4	4

**GH-PSD4 Complexity**

<b><i>If not clear from the description of the hallucination: Tell me a little more about what you taste.</i></b>	PAST	CURRENT
GH not present	0	0
Present but too vague or faint to distinguish	1	1
Simple tastes such as sweet, sour, bitter, salty	2	2
Somewhat resemble food, drink, medicine or other tastes	3	3
Consist of fully formed rich flavors and temperature	4	4

**GH-PSD5 Interference with Other Tastes**

<b>How much do these experiences interfere with your ability to taste other things? <i>Distinguish from concentration interference if needed</i></b>	PAST	CURRENT
GH not present	0	0
No interference with other tastes	1	1
Mild: Can taste most but not all other things during GH	2	2
Moderate: Difficult to taste some other things during GH	3	3
Severe: Unable to taste almost all or all other tastes during GH (e.g. if food was eaten, the flavor would not be tasted during GH)	4	4

**GH-CSD1 Interruption of Thought Processes/Concentration**

How much of the time do these experiences interfere with your ability to concentrate?	PAST	CURRENT
GH not present	0	0
No concentration difficulties during GH	1	1
Mild difficulty concentrating on other tasks during GH	2	2
Moderate difficulty concentrating on other tasks during GH	3	3
Unable to concentrate on anything else during GH	4	4

**GH-CSD2 Frequency of Control**

How much of the time do you feel you can control these experiences? <i>Rate in reference to dimension(s) reported as controllable</i>	PAST	CURRENT
GH not present	0	0
Participant always feels some type of control over GH	1	1
More than half of the time, participant is able to control GH	2	2
Less than half of the time, participant is able to control GH	3	3
Participant is never able to control GH	4	4

*\*If 1, 2, or 3 are circled, then what about the experience does the individual feel they can control? (circle all that apply) Frequency Duration Intensity Other: \_\_\_\_\_*

**Is there anything you do to cope with these experiences?** \_\_\_\_\_

**GH-CSD3 Attentional Demand**

How easily are you able to ignore these experiences?	PAST	CURRENT
GH not present	0	0
Easy: Able to ignore GH with no effort	1	1
Moderate: Able to ignore GH with effort	2	2
Difficult: Ignoring GH takes lots of effort	3	3
Not able to ignore GH	4	4

**GH-ESD1 Amount of Negative Content**

How often do these experiences have an unpleasant (nauseating, offensive, noxious) quality?	PAST	CURRENT
GH not present	0	0
No unpleasant or negative content; positive or neutral content	1	1
Minority of contents are unpleasant or negative (less than half of the time of the time)	2	2
Majority but not all of contents are unpleasant or negative (more than half of the time)	3	3
All contents are unpleasant or negative	4	4

**GH-ESD2a Degree of Negative Content (RATER'S JUDGMENT)**

How negative are these experiences?	PAST	CURRENT
GH not present	0	0
No unpleasant or negative content; positive or neutral content	1	1
Mild: May include vaguely negative or offensive tastes	2	2
Moderate: May include decidedly negative or offensive tastes	3	3
Severe: Contents are perceived as threatening, excessively offensive or dangerous/noxious tastes	4	4

**GH-ESD2b Check Box:**      Content is definitively pleasant

**GH-ESD3 Frequency of Negative Emotion Associated with Hallucination**

How often are you distressed by these experiences?	PAST	CURRENT
GH not present	0	0
Participant is never distressed by GH	1	1
Less than half of the time, participant is distressed by GH	2	2
More than half of the time, participant is distressed by GH	3	3
Participant is always distressed by GH	4	4

**GH-ESD4 Intensity of Negative Emotional Impact**

How distressing are these experiences for you?	PAST	CURRENT
GH not present	0	0
Not distressing	1	1
Somewhat distressing	2	2
Very distressing, although participant could feel worse	3	3
Extremely distressing, feel the worst he/she could possibly feel	4	4

**GH Medication Effects (Provide medication list):**

**Did you ever try a medication that somehow improved, reduced, or stopped your experiences of tasting \_\_\_\_\_?** Yes No

***If Yes: Thinking of the time that it seemed to be most improved, what about it improved?***

Inquire as needed to determine whether any of the following specific properties of the GH improved. (**Did you taste it less frequently? Did it last for a shorter time? Was it less intense?**) Check all that may apply.

\_\_\_ Reduced frequency (number of occurrences)

\_\_\_ Shorter duration (length of time each occurrence lasted)

\_\_\_ Reduced intensity (strength)

\_\_\_ Other (specify \_\_\_\_\_)

**Are you currently taking medication that has (reduced, improved) these experiences?** Yes No

**Have you continued to have these experiences while taking medication?** Yes No

***IF YES: Even if you are not concerned about continuing to taste \_\_\_\_\_, is a family member or doctor concerned?*** Yes No

**ASK ANY ADDITIONAL QUESTIONS AS NEEDED TO RATE LIFETIME AND CURRENT MEDICATION RESPONSE:**

**GH-Antipsychotic Effects LIFETIME** (Circle ONE):

- 1 *Lifetime Responder*: Prior or current antipsychotics have reduced GH substantially. Hallucinations are nearly gone or minimal and do not interfere with functioning.
- 2 *Lifetime Partial Responder*: Prior or current antipsychotics have reduced GH a significant amount and functioning is somewhat improved. Some GH may remain.
- 3 *Lifetime Minimal Responder*: Prior or current antipsychotics have reduced GH only minimally/slightly. Functioning and need for care/treatment have changed very little.
- 4 *Lifetime Non-Responder*: Prior or current antipsychotics have resulted in no change in symptoms or improvement in functioning.
- 5 No history of trying antipsychotic medication at all/while experiencing GH.
- 6 Unknown (*use this option sparingly, e.g. only if a reasonable possibility of any past or current antipsychotic exposure cannot be established. Being unable to name an antipsychotic or confirm they were on anything in the antipsychotic drug class does not necessarily warrant this rating; if there is history where antipsychotic use can be reasonably presumed, do so. Prior hospitalizations for psychosis, for example, likely included antipsychotic administration.*)

**GH-Antipsychotic Effects CURRENT** (Circle ONE):

- 1 *Current Responder*: Current antipsychotics have reduced GH substantially. Hallucinations are nearly gone or minimal and do not interfere with functioning.
- 2 *Current Partial Responder*: Current antipsychotics have reduced GH a significant amount and functioning is somewhat improved. Some GH may remain.
- 3 *Current Minimal Responder*: Current antipsychotics have reduced GH only minimally/slightly. Functioning and need for care/treatment have changed very little.
- 4 *Current Non-Responder*: Current antipsychotics have resulted in no change in symptoms or improvement in functioning.
- 5 Not currently taking an antipsychotic that has reduced GH.

**Additional Gustatory Hallucinations Questions**

**Is it more common during a particular time of day, like morning or at night?** \_\_\_\_\_

**Is it familiar or unfamiliar in content?** Familiar / Unfamiliar

**Does anything trigger the hallucination?** (e.g. specific locations, sights, memories) \_\_\_\_\_