

**AUDITORY HALLUCINATION (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 other things before that?**      Yes      No

*If yes:*    **When was that?**

**Any others?**

Types of separately recurring AH (circle one):

1 – History of only 1 type of AH

2 – History of 2 or more types of AH

AH 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): \_\_\_\_\_

**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>	<b>PAST</b>	<b>CURRENT</b>
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 they start, how long do these experiences typically last?</b>	<b>PAST</b>	<b>CURRENT</b>
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**

<i>If not clear from the description of the hallucination: Tell me a little more about what you usually hear.</i>	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? Distinguish from concentration interference if needed</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-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>
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**

<b>How distressing are these experiences for you?</b>	<b>PAST</b>	<b>CURRENT</b>
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

**VISUAL HALLUCINATION (VH) FOLLOW-UP QUESTIONS**

<b><u>VH Lifetime History</u></b>	
Description of VH (e.g. shadows, human figures, etc.): _____	
<b>When did you first see ____?</b>	
<b>Did you have any other similar experiences seeing things before that?</b>	Yes    No
<i>If yes: When was that?</i>	
<b>Any others?</b>	
Type of separately recurring VH (circle one):	1 – History of only 1 type of VH 2 – History of 2 or more types of VH
Estimated date of first VH (month/day/year):	_____
<b>When was the last time you saw any of these?</b> (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” VH experience being rated (age or year): \_\_\_\_\_

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

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

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

**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 they start, 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>	PAST	CURRENT
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-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

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

<b><u>OH Lifetime History</u></b>	
Description of OH (e.g. perfume, body odor, smoke, etc.): _____	
<b>When did you first smell ____?</b>	
<b>Did you have any other similar experiences smelling other things before that?</b> Yes    No	
<i>If yes: When was that?</i>	
<b>Any others?</b>	
Types of separately recurring OH (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):	_____
<b>When was the last time you smelled any of these?</b> (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): \_\_\_\_\_

**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 experiences smelling \_\_\_\_\_ has been like in the last couple of days.**

**OH-PSD1 Frequency**

<b>How often do/did these experiences happen on average?</b>	PAST	CURRENT
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 they start, how long do these experiences typically last?</b>	PAST	CURRENT
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**

How strong are these odors for you?	PAST	CURRENT
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**

How much do these experiences interfere with your ability to smell other odors?	PAST	CURRENT
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**

How much do these experiences interfere with your ability to concentrate?	PAST	CURRENT
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**

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
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-CS3 Attentional Demand**

How easily are you able to ignore these experiences?	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>	<b>PAST</b>	<b>CURRENT</b>
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>	<b>PAST</b>	<b>CURRENT</b>
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-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>
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

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

<b>How distressing are these experiences for you?</b>	<b>PAST</b>	<b>CURRENT</b>
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

**TACTILE HALLUCINATION (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 other things before that?**                      Yes    No

*If yes: When was that?*

**Any others?**

Types of separately recurring TH (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): \_\_\_\_\_

**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 experiences 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>	<b>PAST</b>	<b>CURRENT</b>
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 they start, how long do these experiences typically last?</b>	<b>PAST</b>	<b>CURRENT</b>
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**

How strong are these sensations for you?	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**

How much do these experiences interfere with your ability to feel other sensations?	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**

How much of the time do these experiences interfere with your ability to concentrate?	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**

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
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-ESD2a 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-ESD3 Frequency of Negative Emotion Associated with Hallucination**

<b>How often are you distressed/worried/frightened by these experiences?</b>	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**

<b>How distressing are these experiences for you?</b>	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

**GUSTATORY HALLUCINATION (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 other things before that?**                      Yes    No

*If yes: When was that?*

**Any others?**

Types of separately recurring GH (circle one):

1 – History of only 1 type of GH

2 – History of 2 or more types of GH

Estimated date of first GH (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” GH being rated (age or year): \_\_\_\_\_

**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>	<b>PAST</b>	<b>CURRENT</b>
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 they start, how long do these experiences typically last?</b>	<b>PAST</b>	<b>CURRENT</b>
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**

<i>If not clear from the description of the hallucination: Tell me a little more about what you taste.</i>	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? Distinguish from concentration interference if needed</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**

<b>How much of the time do these experiences interfere with your ability to concentrate?</b>	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**

<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
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**

<b>How easily are you able to ignore these experiences?</b>	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**

<b>How often do these experiences have an unpleasant (nauseating, offensive, noxious) quality?</b>	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**

<b>How negative are these experiences?</b>	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-ESD3 Frequency of Negative Emotion Associated with Hallucination**

<b>How often are you distressed by these experiences?</b>	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**

<b>How distressing are these experiences for you?</b>	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