

CHICAGO HALLUCINATION ASSESSMENT TOOL

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

MODALITY SCREENING

Modalities already endorsed prior to this screen: AH VH OH TH GH
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Now I'd like to ask you about some specific types of experiences you may have had.

S1. Auditory Hallucination Screening Questions	
Have you ever thought you heard someone call your name, but then realized you must have been mistaken?	Yes No
Have you ever heard your phone ringing, but then realized the phone hadn't rung?	Yes No
When you are falling asleep, do you ever hear strange noises? What about when you are waking up in the morning?	Yes No
What about hearing music or other noises that other people around you did not seem to hear?	Yes No
Have you ever had an experience where you heard things, such as loud noises, voices talking, or people whispering, that other people could not hear?	Yes No
Have you ever had an auditory hallucination?	Yes No
Have you ever been told that you are hearing things that are not real or are not really there?	Yes No
Has a doctor or family member ever told you that you have had an auditory hallucination?	Yes No
Description:	
Need to do AH follow-up?	Yes No

S2. Visual Hallucination Screening Questions	
Have you ever had an experience in which you thought you saw something, but when you looked, nothing was there?	Yes No
When you are falling asleep, do you ever see things?	Yes No
Have you ever seen things move, but then realized that your eyes were playing tricks on you?	Yes No
Have you ever seen things that other people could not see, such as flashes of light, or figures that were people or animals or other objects?	Yes No
Have you ever had a visual hallucination?	Yes No
Have you ever been told that you are seeing things that are not real or are not really there?	Yes No
Has a friend, family member, or doctor ever told you that you have had a visual	Yes No

hallucination?	
Description:	
Need to do VH follow-up?	Yes No

S3. Olfactory Hallucination Screening Questions	
Have you ever detected an odor, such a perfume, burning, food, or trash, but could not figure out where it was coming from?	Yes No
Have you ever been near an object that seemed to have an odor it shouldn't, or to a place that had a very unusual, mismatched odor? (such as the smell of rotting eggs when you were nowhere near a trash bin, or the smell of smoke when you couldn't see any?)	Yes No
Have you ever noticed smells that other people around you do not notice?	Yes No
Have you ever smelled something but then realized that it must have been your mind playing tricks on you?	Yes No
Have you ever had an olfactory, or smell, hallucination?	Yes No
Have you ever been told that you are smelling things that are not real or are not really there?	Yes No
Has a family member or doctor ever told you that you have had an olfactory hallucination?	Yes No
Description:	
Need to do OH follow-up?	Yes No

S4. Tactile/Somatic Hallucination Screening Questions	
Have you ever felt something on or under your skin, but then realized you just had an itch?	Yes No
Have you ever had a sensation on or under your skin that didn't make any sense to you?	Yes No
Have you ever felt things on or under your skin, like bugs crawling or something scratching or biting you, but when you looked there was nothing there?	Yes No
Have you ever told a doctor about sensations on your body that concerned you but you were told nothing is wrong?	Yes No
Have you ever had a tactile hallucination?	Yes No
Have you ever been told that you are feeling tingling, itches or other sensations on your body that are not real?	Yes No
Has a family member or doctor ever told you that you have had somatic or tactile hallucinations?	Yes No
Description:	
Need to do TH follow-up?	Yes No

S5. Gustatory Hallucination Screening Questions	
Have you ever been so hungry you thought you could actually taste food in your mouth?	Yes No
Have you ever eaten or drank something that tasted much different than you thought it should?	Yes No

Have you ever suddenly had a taste in your mouth as if out of the blue, when you were not eating or drinking anything at the time?	Yes	No
Have you ever had a gustatory, or taste, hallucination?	Yes	No
Have you ever been told that you were tasting things in your mouth that are not real, or are not really there?	Yes	No
Has a family member or doctor ever told you that you were having a gustatory, or taste, hallucination?	Yes	No
Description:		
Need to do GH follow-up?		
	Yes	No

<p>S6. <u>General / Additional Hallucination Screening Questions</u></p> <p>Have you even been told that you have had any kind of hallucination that I did not ask about?</p> <p style="text-align: right;">Yes No</p> <p><i>If yes, solicit description and determine whether any hallucination is likely.</i></p>

Circle all modalities needing follow-up:	AH VH OH TH GH
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