

Abbreviated Youth Psychosis at Risk Questionnaire (YPARQ-B)

These questions are about the kind of person you generally are—that is, how you have usually felt or behaved over the past several years. Mark “Y” for **yes** if the question completely or mostly applies to you, mark “N” for **no** if the question completely or mostly does **not** apply to you and mark “U” if you are undecided. If you do not understand a question or do not want to answer it, leave it blank.

	Y	N	U
1. Are you more superstitious than other people?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Do you hold beliefs that others would find unusual or different or bizarre?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever feel you can predict the future?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Have you felt that something outside yourself has been controlling your thoughts, feelings, or actions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you ever feel that the world does not exist?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Do familiar surroundings sometimes seem threatening to you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever felt that some person or force interferes with your train of thinking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are your thoughts broadcast so that other people know what you are thinking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Do you ever feel people are plotting against you or planning to harm you?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Do you feel you have unusual healing abilities or powers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Do things sound softer than usual to you?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Do you ever hear the voice of someone talking that other people cannot hear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do things that you see appear different in color, brighter or duller or in some other way changed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is it hard to establish a connection or do you feel at a distance when you are talking with others?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you noticed any unusual bodily sensations such as tingling, pulling, pressure, burning, cold, vibrations, drilling, tearing, or electricity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Do people ever say you do odd or strange things?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you felt at a distance from yourself, as if you were outside your own body?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Do you tend to avoid social activities with others?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you ever hear sounds that are not there?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Do familiar surroundings sometimes seem unreal to you?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Do you ever feel that things or parts in your body are working differently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you see things that others can't or don't see?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you ever felt that you don't exist or are dead?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. Do you get strange feelings on or just beneath your skin?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25. Have you had the sense that some person or force is around you, even though you cannot see anyone?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Do things sound louder than usual to you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Do people ever say your ideas are strange or don't make sense?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you ever felt that someone was playing with your mind?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>