

The Subjective Experiences of Psychosis Scale

Service users and clinicians have developed this scale. It aims to assess people's personal experience of psychosis. Psychosis can include things like hearing voices, seeing things others don't see, paranoia and unusual beliefs that others don't share. Sometimes these are called psychotic experiences or symptoms. The questions ask about different ways that these can change or affect people's lives. Some of these may apply to you and some may not. Everyone's experiences are different. The scale can be completed alone, with a friend, carer or mental health worker.

This questionnaire has three sections. There are examples to show you how to fill out each section.

Instructions for Section One and Two

1. Think about what you call your experiences (e.g. symptoms, psychosis, voices, illness, paranoia etc). You may want to write this in the space below.

My experiences are.....
.....
.....

2. Spend time looking at each question and rate how your experiences have affected you **OVER THE LAST WEEK**. For each question, consider whether there has been a positive or negative effect. There is an example on the next page that shows you how to do this.

Participant

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Date

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An example of how to fill out Section One:

John has been hearing voices for some time. They vary in how much they bother him. Sometimes he feels glad that the voices are there as they can be helpful and supportive. This gives him confidence to get out and meet people. At other times he finds them demeaning. This sometimes makes him feel anxious and he avoids his friends.

So, for John, the experiences he has sometimes have a positive effect on his ability to socialise as well as a negative effect. This scale is designed to let you rate both the good aspects of your experiences as well as the bad aspects. An example of how John might fill out an item is shown below:

In the past week, how have your 'Voices' affected your:

		Not at all	A little	Moderately	Quite a lot	Very much
1. Ability to socialise?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As John only has voices, he has used this term to describe his experiences in the sentence above.

He has identified that his voices have had a moderately positive effect on his ability to socialise, and a little negative effect.

Participant

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Section 1- In the past week, how have your experiences affected your.....

Not at all A little Moderately Quite a lot Very much

1. Ability to socialise?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to trust others?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Relationships with friends and loved ones?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Levels of anxiety and stress?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Levels of energy?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ability to look after yourself?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Hope for the future?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Personality/character?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Motivation to change any experiences you may have?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participant

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Section 1- In the past week, how have your experiences affected your.....

Not at all A little Moderately Quite a lot Very much

10. Amount and/or quality of sleep?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Ability to enjoy hobbies and/or activities?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Feelings of Isolation?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Concerns about becoming unwell?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Concentration?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Levels of depression?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Feelings of empowerment?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Ability to find work (e.g.paid/voluntary)?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Worries over your financial situation?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participant

Section 1- In the past week, how have your experiences affected your.....

Not at all A little Mode- rately Quite a lot Very much

19. Ability to control your own thoughts?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Ability to cope with everyday life?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Memory?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Your feelings of control over any experiences you may have?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Levels of embarrassment?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Feelings about your freedom and personal rights?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Feelings of discrimination or being judged?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Ability to feel emotion?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Feelings of vulnerability?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participant

Section 1- In the past week, how have your experiences affected your.....

Not at all A little Moderately Quite a lot Very much

28. Sense of personal identity?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Amount of anger and frustration?	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn over for Section Two

Participant

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An example of how to fill out Section Two:

This section is interested in how things have affected your experiences. This may again be in a positive or a negative way. For example John felt his medication affected his voices moderately in a positive way as his bad voices happened less often. The medication also affected his voices in a negative way as his supportive voices reduced.

So John rated this item as follows:

In the last week, how have the following things affected your experiences:

	Not Applicable		Not at all	A little	Mode- rately	Quite a lot	Very much
30. Medication that you have taken.	<input checked="" type="radio"/>	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		In a negative way	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any of the questions don't apply to you then you can just tick the 'not applicable' option, for example if you don't take any medication or use any alcohol/drugs.

In the last week, how have the following things affected your experiences:

	Not Applicable		Not at all	A little	Mode- rately	Quite a lot	Very much
30. Medication that you have taken.	<input checked="" type="radio"/>	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participant

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Section 2- In the last week, how have the following things affected your experiences?

		Not Applicable	Not at all	A little	Moderately	Quite a lot	Very much
30. Medication that you have taken?	<input type="radio"/>	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Support from other service users?	<input type="radio"/>	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Support from friends and loved ones?	<input type="radio"/>	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Support that you have got from mental health services?	<input type="radio"/>	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Alcohol and/or drug use?	<input type="radio"/>	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Spirituality/religious beliefs?	<input type="radio"/>	In a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		In a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participant

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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An example of how to fill out Section Three:

The last section looks at different aspects of your experiences and how they have been in the last week. For this section there is no positive or negative rating. So, for example, John has thought about his voices quite a lot in the past week so he would answer the question as follows:

In this section, you have to think about different aspects of your experiences and how they have been in the last week.

	Not at all	A little	Moderately	Quite a lot	Very much
36. How much have you thought about your experiences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Section 3 - In this section, you have to think about different aspects of your experiences and how they have been in the last week.

	Not at all	A little	Moderately	Quite a lot	Very much
36. How much have you thought about your experiences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. How much of the time have your experiences been pleasant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. How much of the time have your experiences been unpleasant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. How much have you associated your experiences with a psychotic illness or mental health problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. How much have you viewed having your experiences as positive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. How frequently have your experiences occurred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participant

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Finally, we would also be interested in whether this has caused you any upset/distress when filling this out.

Not at all	A little	Moderately	Quite a lot	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use this space to comment on any issues that have been highlighted whilst completing this questionnaire:

Participant


