

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	Mode- rately	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.

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"/>

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

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

10. Amount and/or quality of sleep? In a positive way
In a negative way

11. Ability to enjoy hobbies and/or activities? In a positive way
In a negative way

12. Feelings of Isolation? In a positive way
In a negative way

13. Concerns about becoming unwell? In a positive way
In a negative way

14. Concentration? In a positive way
In a negative way

15. Levels of depression? In a positive way
In a negative way

16. Feelings of empowerment? In a positive way
In a negative way

17. Ability to find work (e.g.paid/voluntary)? In a positive way
In a negative way

18. Worries over your financial situation? In a positive way
In a negative way

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

Not at all A little Moderately Quite a lot Very much

19. Ability to control your own thoughts? In a positive way

In a negative way

20. Ability to cope with everyday life? In a positive way

In a negative way

21. Memory? In a positive way

In a negative way

22. Your feelings of control over any experiences you may have? In a positive way

In a negative way

23. Levels of embarrassment? In a positive way

In a negative way

24. Feelings about your freedom and personal rights? In a positive way

In a negative way

25. Feelings of discrimination or being judged? In a positive way

In a negative way

26. Ability to feel emotion? In a positive way

In a negative way

27. Feelings of vulnerability? In a positive way

In a negative way

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

In a negative way

29. Amount of anger and frustration? In a positive way

In a negative way

Please turn over for Section Two

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 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"/>

Section 2- 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?

In a positive way

In a negative way

31. Support from other service users?

In a positive way

In a negative way

32. Support from friends and loved ones?

In a positive way

In a negative way

33. Support that you have got from mental health services?

In a positive way

In a negative way

34. Alcohol and/or drug use?

In a positive way

In a negative way

35. Spirituality/religious beliefs?

In a positive way

In a negative way

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

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