

# Teenager Schizophrenia Test

**Instructions:** Please answer the following questions as honestly and accurately as possible.

(a) Never	(b) Sometimes	(c) Often	(d) Always
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Question	(a)	(b)	(c)	(d)
1. Do you ever hear voices that other people can't hear?				
2. Do you ever think that people are watching you or trying to control your thoughts?				
3. Do you ever feel like you are having strange or unusual thoughts that no one else understands?				
4. Do you have trouble concentrating or following a conversation?				
5. Do you have trouble making decisions or completing tasks you used to enjoy?				
6. Do you feel like you are losing touch with reality or feel like things are not real?				
7. Do you avoid spending time with friends and family?				
8. Do you feel like you have lost interest in activities you used to enjoy?				
9. Do you have trouble sleeping?				
10. Do you have trouble eating?				

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**Scoring:** If you answered "Often" or "Always" to 3 or more of the questions, please talk to a mental health professional about your symptoms.

**Please note:** This is just a brief screening test and is not intended to be a diagnostic tool. If you are concerned about your mental health, please talk to a mental health professional.