Teenager Schizophrenia Test

Personal information
Name: Katie Millagin
Date of birth: 21/08/2007
Gender: Female
Date of test: 13/01/2025
Instructions: Answer the following questions honestly and accurately to gain meaningful insights into your mental health.
Scale: a) Never b) Sometimes c) Often d) always

Question	(a) Never	(b) Sometimes	(c) Often	(d) Always
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?	○	○	◉	○

Question	(a) Never	(b) Sometimes	(c) Often	(d) Always
9. Do you have trouble sleeping?	○	○	○	◉
10. Do you have trouble eating?	○	◉	○	○
11. Do you feel paranoid or excessively suspicious of others?	○	○	◉	○
12. Do you experience sudden mood swings or extreme emotions?	○	◉	○	○
13. Do you feel like your thoughts are being "blocked" or "taken away"?	○	◉	○	○
14. Do you feel disconnected from yourself or your surroundings?	○	○	◉	○
15. Do you feel like your thoughts are racing or jumbled?	○	○	◉	○
16. Do you struggle with remembering important things or events?	○	○	○	○
17. Do you feel like you have difficulty trusting those close to you?	○	○	○	◉
18. Do you ever feel like your body is moving or acting without your control?	○	○	◉	○
19. Do you feel overly sensitive to sights, sounds, or other sensory experiences?	○	○	◉	○
20. Do you feel an overwhelming sense of fear or dread for no apparent reason?	○	○	◉	○

This self-report is a preliminary screening tool and is not intended to diagnose schizophrenia or any other mental health condition. It should be used to facilitate discussions and guide further evaluation.

For clinician use only

Score
Number of questions answered "Often" or "Always": 16

- **0-4:** Responses may suggest a low likelihood of symptoms related to schizophrenia. Immediate concerns are unlikely based on this self-report.
- **5-9:** Responses may suggest a moderate likelihood of experiencing symptoms associated with schizophrenia. Consider discussing the results with the client and exploring their experiences further.
- **10 or more:** Responses may suggest a high likelihood of experiencing symptoms associated with schizophrenia. Strongly recommend a comprehensive evaluation by a mental health professional.

Additional notes

The patient's responses suggest a high likelihood of experiencing symptoms associated with schizophrenia. It is strongly recommended that the patient undergo a comprehensive evaluation by a mental health professional.

Name of clinician: John Hops	**Date of assessment:** 13/01/2025
License number: 9876	**Signature:** John Hops

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