SELF-REPORT VERSION (VAGUS-SR)

NAME/ID:

DATE:

# VAGUS©

**We are interested in your own beliefs about your unusual or unique experiences. We are NOT interested in what others may wish you to believe.**

**Indicate if you have ever had any of the following unusual or unique experiences by reading the questions and marking ☒ either Yes or No.**

| | | Yes | No |
|---|---|---|---|
| A) | Have you ever had visions or seen things that others can't see? | ☐ | ☐ |
| B) | Have you ever feared that someone, some force or entity was after you or out to hurt you? | ☐ | ☐ |
| C) | Have you ever received special messages just for you from the newspaper, TV, radio, or other device? | ☐ | ☐ |
| D) | Have you ever received special messages just for you from strangers on the street? | ☐ | ☐ |
| E) | Have you ever had any special gifts or abilities? | ☐ | ☐ |
| F) | Could you ever read minds? | ☐ | ☐ |
| G) | Have you ever felt that others could read your thoughts? | ☐ | ☐ |
| H) | Have you ever felt that your thoughts were broadcast for others to hear? | ☐ | ☐ |
| I) | Have you ever had a special relationship with God beyond the average person? | ☐ | ☐ |
| J) | Have you ever communicated with spiritual beings, such as angels or demons? | ☐ | ☐ |
| K) | Have you ever communicated with aliens? | ☐ | ☐ |
| L) | Have you ever felt excessively guilty? Or that you had done something very bad? | ☐ | ☐ |
| M) | Have you ever felt that your thoughts or actions were controlled by some outside force? | ☐ | ☐ |
| N) | Have you ever felt that you were possessed? | ☐ | ☐ |
| O) | Have you ever had the sense that something had changed about your body? | ☐ | ☐ |
| P) | Have you ever felt that your body or some part of your body was diseased or dying? | ☐ | ☐ |
| Q) | Other: _____ | ☐ | ☐ |

**Choose the most intense unusual or unique experience from above.**
**Write the corresponding letter here _____.**

**Indicate the extent to which you agree or disagree at the present moment with each of the following statements by circling the appropriate number, keeping in mind your most intense experience.**

1) My unusual or unique experiences are due to my mental illness.

**0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10**

| Strongly Disagree | Moderately Disagree | Slightly Disagree | Unsure | Slightly Agree | Moderately Agree | Strongly Agree |
|---|---|---|---|---|---|---|

2) My unusual or unique experiences are REAL regardless of what other people think about them. (e.g. doctors, family, friends, etc.)

**0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10**

| Strongly Disagree | Moderately Disagree | Slightly Disagree | Unsure | Slightly Agree | Moderately Agree | Strongly Agree |
|---|---|---|---|---|---|---|

**Indicate if you have <u>ever</u> had the following unusual or unique experience by reading the question and marking ☒ either Yes or No.**

| | Yes | No |
|---|---|---|
| **Have you ever heard voices or sounds that others can't hear?** | ☐ | ☐ |

☐ **If 'NO,' please go to the next page.**

☐ **If 'YES' to the above indicate the extent to which you agree or disagree <u>at the present moment</u> with each of the following statements by circling the appropriate number.**

3) The voices other people can't hear are REAL regardless of what my doctor, family or friends believe.

**0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10**

| Strongly Disagree | Moderately Disagree | Slightly Disagree | Unsure | Slightly Agree | Moderately Agree | Strongly Agree |
|---|---|---|---|---|---|---|

4) My mental illness has caused me to hear voices that other people cannot hear.

**0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10**

| Strongly Disagree | Moderately Disagree | Slightly Disagree | Unsure | Slightly Agree | Moderately Agree | Strongly Agree |
|---|---|---|---|---|---|---|

## PLEASE GO TO THE NEXT PAGE

**Please indicate the extent to which you agree or disagree <u>at the present moment</u> with each of the following statements by circling the appropriate number.**

5) I truly believe I have a mental disorder/illness (e.g. Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Depression with Psychosis, etc.).

**0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10**

| Strongly Disagree | Moderately Disagree | Slightly Disagree | Unsure | Slightly Agree | Moderately Agree | Strongly Agree |
|---|---|---|---|---|---|---|

6) I definitely NEED treatment with an antipsychotic medication.

**0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10**

| Strongly Disagree | Moderately Disagree | Slightly Disagree | Unsure | Slightly Agree | Moderately Agree | Strongly Agree |
|---|---|---|---|---|---|---|

7) I have always been mentally healthy.

**0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10**

| Strongly Disagree | Moderately Disagree | Slightly Disagree | Unsure | Slightly Agree | Moderately Agree | Strongly Agree |
|---|---|---|---|---|---|---|

8) I should stop or avoid taking antipsychotic medication.

**0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10**

| Strongly Disagree | Moderately Disagree | Slightly Disagree | Unsure | Slightly Agree | Moderately Agree | Strongly Agree |
|---|---|---|---|---|---|---|

9) My unusual or unique experiences have led to negative consequences in my life (e.g. hospitalization, work, family or social problems).

**0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10**

| Strongly Disagree | Moderately Disagree | Slightly Disagree | Unsure | Slightly Agree | Moderately Agree | Strongly Agree |
|---|---|---|---|---|---|---|

10) Antipsychotic medications have lessened the intensity of my unusual or unique experiences.

□ Not Applicable as I have never taken antipsychotic medication before.

**0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10**

| Strongly Disagree | Moderately Disagree | Slightly Disagree | Unsure | Slightly Agree | Moderately Agree | Strongly Agree |
|---|---|---|---|---|---|---|

## THE END

SELF-REPORT VERSION (VAGUS-SR) – SCORING SHEET

VAGUS©

NAME/ID:

DATE:

| Awareness Category | Calculation | Score [1] |
|---|---|---|
| **Illness Awareness** | Q5___ + (10 – Q7___)<br>÷ total # of responses___ | |
| **Symptom Attribution** | Q1___ + (10 - Q2___) + (10 - Q3___) + Q4___<br>÷ total # of responses___ *<br>*Exclude questions indicated as N/A | |
| **Awareness of Need for Treatment** | Q6___ + (10 – Q8___) + Q10___<br>÷ total # of responses___ *<br>*Exclude questions indicated as N/A | |
| **Awareness of Negative Consequences** | Q9___ | |
| | Subtotal (sum of scores) | |
| **VAGUS-SR Total Score** [2] | Subtotal ÷ ___ | |

[1] **The score for each Awareness Category should be left blank if NO items were completed for that category.**

[2] **The Total Score calculation should be the Subtotal ÷ 4 or the number of Awareness Categories for which a score could be calculated.**