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November 3, 2010

Dear colleague,

Attached please find a copy of the Prodromal Questionnaire, Brief Version (PQ-B), a screening measure for symptoms indicating risk for psychosis. Please note that this measure does NOT diagnosis a psychosis prodrome- it is intended to be followed by an interview-based assessment with a trained clinician to identify young people at ultra high risk for a psychotic disorder. This 21-item self-report questionnaire is comprised of positive symptom items plus follow-up questions about related distress/impairment. Scoring guidelines are described below. When using this instrument, please cite it as follows:

Loewy, RL & Cannon, TD. (2010). The Prodromal Questionnaire, Brief Version (PQ-B). University of California.

Please use the following to cite the preliminary validation data for the PQ-B; we will send you the final citation, once it is published:

Loewy, RL, Pearson R, Vinogradov S, Bearden, CE & Cannon TD. (2010). Psychosis Risk Screening with the Prodromal Questionnaire – Brief version (PQ-B). (Manuscript under review).

Scoring:

Total Score = Sum of all 21 items with No = 0, Yes = 1.

Distress Score= Sum of all 21 items with No = 0; Yes: strongly disagree = 1, disagree = 2, neutral = 3, agree = 4, strongly agree = 5.

Cutoff scores:

The choice of which cutoff scores to use should be determined by a number of individual factors including the intent of your research, the extent of your resources and your recruitment sources and goals. Here, we provide some initial validity data to help guide your choice:

We have examined the concurrent validity of the PQ-B in a sample of 141 adolescents and young adults who presented consecutively for assessment either the Prodrome, Assessment, Research & Treatment (PART) program at the University of California, San Francisco or the Staglin Music Festival Center for Assessment and Prevention of Prodromal States (CAPPS) at UCLA. All participants were administered the Structured Interview for Prodromal Syndromes (SIPS) and the PQ-B at intake. Based on agreement between the PQ-B and SIPS/SOPS in this sample, we recommend the following:

Maximizing sensitivity and specificity:

A **Distress Score of 6 or more** on the PQ-B differentiated between patients with no SIPS diagnosis and those with Ultra High Risk/Psychotic Syndrome diagnoses with 88% sensitivity, 68% specificity, 95% Positive Predictive Value, 50% Negative Predictive Value and a positive Likelihood Ratio of 2.83. In practice, this results in missing about 1 out of every 9 true UHR cases, while eliminating interviews for over two-thirds of the non-psychotic spectrum cases. These values are very similar when patients with psychotic syndromes are excluded from the analyses.

Maximizing Sensitivity:

In our validity sample, we found that increasing sensitivity to 96% resulted in an unacceptable loss of specificity (16%). However, if you wish to capture as many true cases as possible, even at the risk of conducting a very large number of interviews, you may wish to use this cutoff of a **Total Score of 1 or more** positive symptom items endorsed as present.

Maximizing specificity:

In our validity sample, we found that increasing specificity to 100% resulted in an unacceptable loss of sensitivity (31%). However, if you wish to conduct as few interviews as possible in order to ascertain your sample, you may wish to use this cutoff of a **Total Score of 6 or more** positive symptom items endorsed as present.

The PQ-B is less than adequate at differentiating prodromal from fully psychotic patients, as this distinction requires information regarding duration, frequency and severity that must be addressed by clinical interview.

Thank you for your interest in the PQ-B, and please feel free to contact us with any further questions.

Sincerely,

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PQ-B Rachel Loewy, PhD and Tyrone D. Cannon, PhD ©University of California May 2010

Please indicate whether you have had the following thoughts, feelings and experiences in the past month by checking "yes" or "no" for each item. Do not include experiences that occur only while under the influence of alcohol, drugs or medications that were not prescribed to you. If you answer "YES" to an item, also indicate how distressing that experience has been for you.

1. Do familiar surroundings sometimes seem strange, confusing, threatening or unreal to you?

 □ YES
 NO
 If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

 □ Strongly disagree
 □ disagree
 □ neutral
 □ agree
 □ strongly agree

2. Have you heard unusual sounds like banging, clicking, hissing, clapping or ringing in your ears?

 □ YES
 NO
 If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

 □ Strongly disagree
 □ disagree
 □ neutral
 □ agree
 □ strongly agree

3. Do things that you see appear different from the way they usually do (brighter or duller, larger or smaller, or changed in some other way)?
 YES INO If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

□ Strongly disagree □ disagree □ neutral □ agree □ strongly agree

Have you had experiences with telepathy, psychic forces, or fortune telling?
 YES INO If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

□ Strongly disagree □ disagree □ neutral □ agree □ strongly agree

5. Have you felt that you are not in control of your own ideas or thoughts?

 □ YES
 NO
 If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

 □ Strongly disagree
 □ disagree
 □ neutral
 □ agree
 □ strongly agree

- 6. Do you have difficulty getting your point across, because you ramble or go off the track a lot when you talk?
 YES NO If YES: When this happens, I feel frightened, concerned, or it causes problems for me:
 Strongly disagree I disagree I neutral I agree I strongly agree
- 7. Do you have strong feelings or beliefs about being unusually gifted or talented in some way?
 YES INO If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

□ Strongly disagree □ disagree □ neutral □ agree □ strongly agree

- 8. Do you feel that other people are watching you or talking about you?
 YES INO If YES: When this happens, I feel frightened, concerned, or it causes problems for me:
 Strongly disagree I disagree I neutral I agree I strongly agree
- 9. Do you sometimes get strange feelings on or just beneath your skin, like bugs crawling?
 YES INO If YES: When this happens, I feel frightened, concerned, or it causes problems for me:
 Strongly disagree I disagree I neutral I agree I strongly agree
- 10. Do you sometimes feel suddenly distracted by distant sounds that you are not normally aware of?

 Image: YES
 NO
 If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

 Image: I

11. Have you had the sense that some person or force is around you, although you couldn't see anyone?

□ YES □ NO If YES: When this happens, I feel frightened, concerned, or it causes problems for me: □ Strongly disagree □ disagree □ neutral □ agree □ strongly agree

12. Do you worry at times that something may be wrong with your mind?

 □ YES
 □ NO
 If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

 □ Strongly disagree
 □ disagree
 □ neutral
 □ agree
 □ strongly agree

13. Have you ever felt that you don't exist, the world does not exist, or that you are dead?

 □ YES
 NO
 If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

 □ Strongly disagree
 □ disagree
 □ neutral
 □ agree
 □ strongly agree

- 14. Have you been confused at times whether something you experienced was real or imaginary?

 □ YES □ NO
 If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

 □ Strongly disagree □ disagree □ neutral □ agree □ strongly agree
- 15. Do you hold beliefs that other people would find unusual or bizarre?

 □ YES
 NO
 If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

 □ Strongly disagree
 □ disagree
 □ neutral
 □ agree
 □ strongly agree

16. Do you feel that parts of your body have changed in some way, or that parts of your body are working differently?

 □ YES
 □ NO
 If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

 □ Strongly disagree
 □ disagree
 □ neutral
 □ agree
 □ strongly agree

17. Are your thoughts sometimes so strong that you can almost hear them?

 □ YES
 NO
 If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

 □ Strongly disagree
 □ disagree
 □ neutral
 □ agree
 □ strongly agree

18. Do you find yourself feeling mistrustful or suspicious of other people?

 □ YES
 NO
 If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

 □ Strongly disagree
 □ disagree
 □ neutral
 □ agree
 □ strongly agree

19. Have you seen unusual things like flashes, flames, blinding light, or geometric figures?

 □ YES
 NO
 If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

 □ Strongly disagree
 □ disagree
 □ neutral
 □ agree
 □ strongly agree

20. Have you seen things that other people can't see or don't seem to see?

 □ YES
 NO
 If YES:
 When this happens, I feel frightened, concerned, or it causes problems for me:

 □ Strongly disagree
 □ disagree
 □ neutral
 □ agree
 □ strongly agree

21. Do people sometimes find it hard to understand what you are saying?

 □ YES
 NO
 If YES: When this happens, I feel frightened, concerned, or it causes problems for me:

 □ Strongly disagree
 □ disagree
 □ neutral
 □ agree
 □ strongly agree