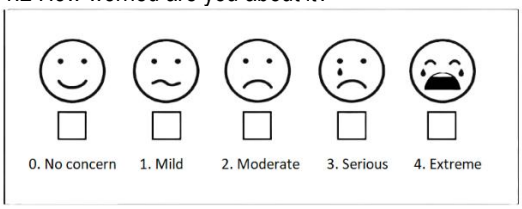
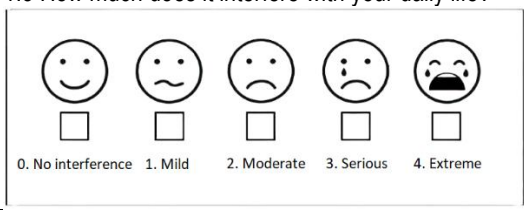
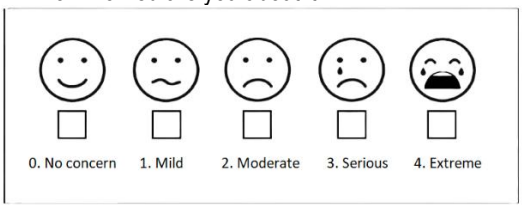
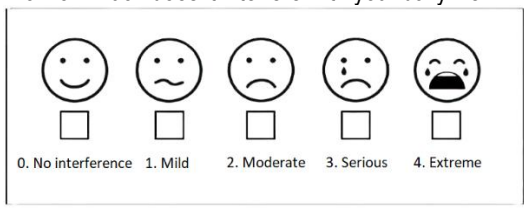
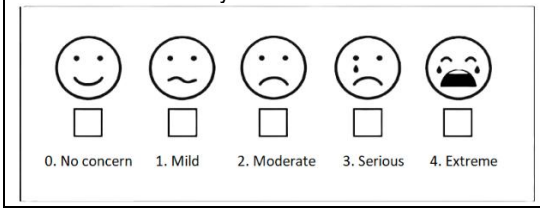
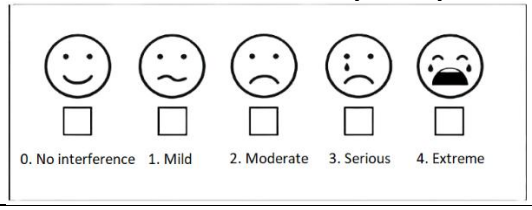
Patient-Reported Impact of Symptoms in Schizophrenia Scale (PRISS)

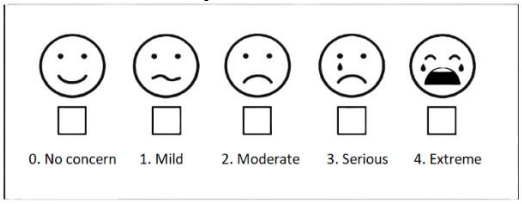
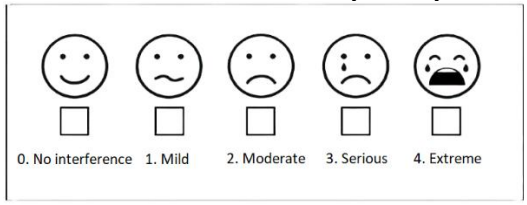
Self-administered questionnaire

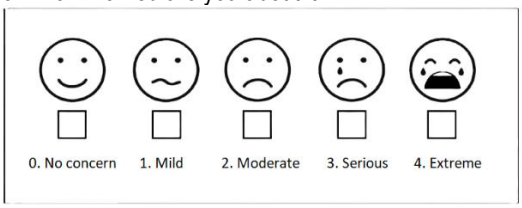
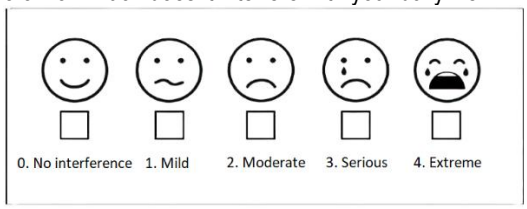
*Please respond to the questions below concerning different thoughts, feelings and experiences that may have occurred **in the past week**. Mark the corresponding box with an "X". If the first answer is negative, go on to the next question without answering the frequency, concern or interference subsections.*

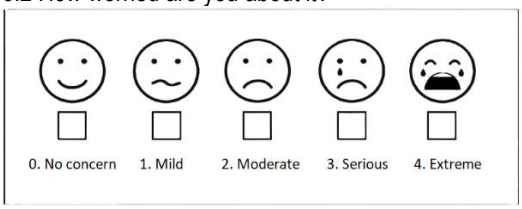
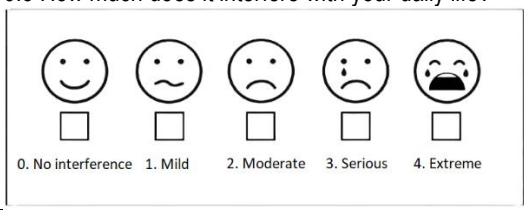
1. Have you had the feeling that a strange force has controlled your mind or has been trying to communicate with you in the past week?	No ☐ 0 Yes ☐ 1
If you answered No, go to question 2. If you answered Yes, please continue.	
1.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
1.2 How worried are you about it?  	1.3 How much does it interfere with your daily life? 

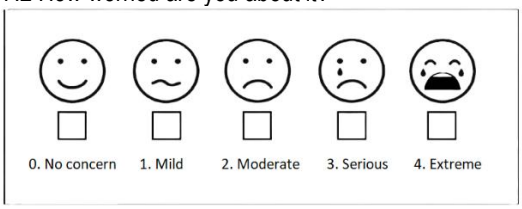
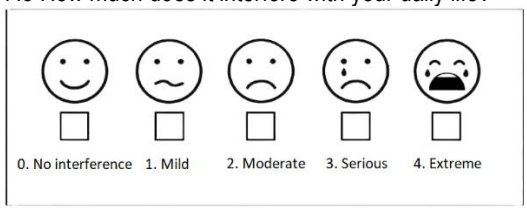
2. Have you had trouble organizing your thoughts coherently in a conversation in the past week?	No ☐ 0 Yes ☐ 1
If you answered No, go to question 3. If you answered Yes, please continue.	
2.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
2.2 How worried are you about it?  	P.3 How much does it interfere with your daily life? 

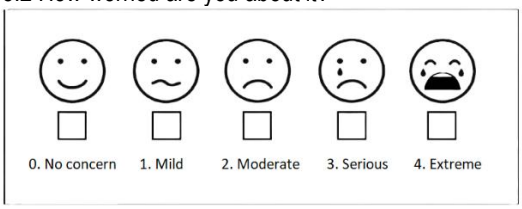
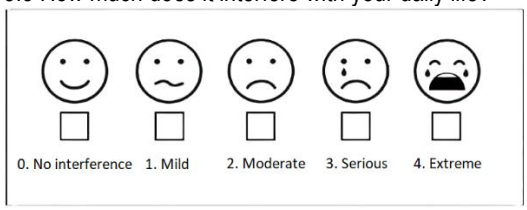
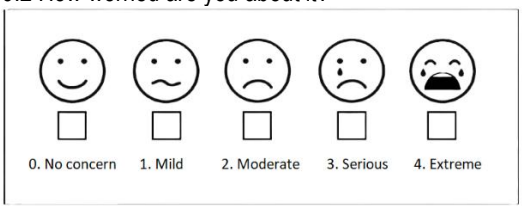
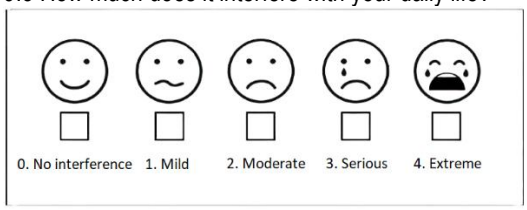
3. Have you seen, felt or heard things that other people have not been able to in the past week?	No ☐ 0 Yes ☐ 1
If you answered No, go to question 4. If you answered Yes, please continue.	
3.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
3.2 How worried are you about it?  	3.3 How much does it interfere with your daily life? 

4. Have you felt agitated or hyperactive in the past week?	No ☐ 0 Yes ☐ 1
If you answered No, go to question 5. If you answered Yes, please continue.	
4.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
4.2 How worried are you about it?	4.3 How much does it interfere with your daily life?
	

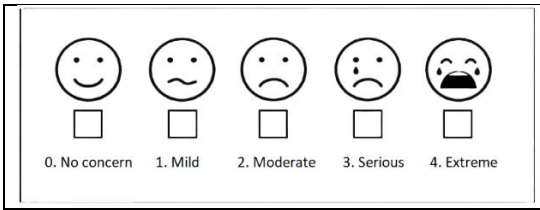
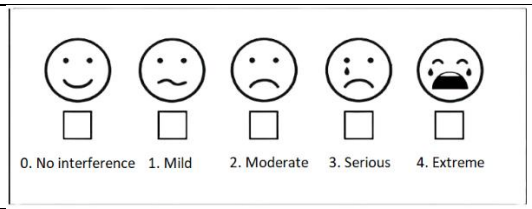
5. Have you had the feeling of possessing special abilities that other people do not have in the past week?	No ☐ 0 Yes ☐ 1
If you answered No, go to question 6. If you answered Yes, please continue.	
5.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
5.2 How worried are you about it?	5.3 How much does it interfere with your daily life?
	

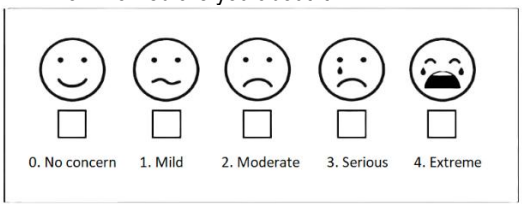
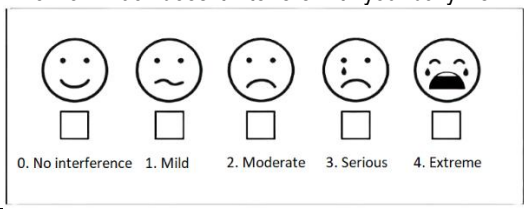
6. Have you had the feeling that people want to hurt you or have been chasing you in the past week?	No ☐ 0 Yes ☐ 1
If you answered No, go to question 7. If you answered Yes, please continue.	
6.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
6.2 How worried are you about it?	6.3 How much does it interfere with your daily life?
	

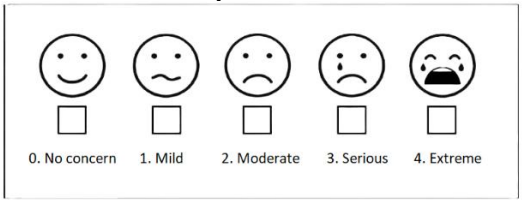
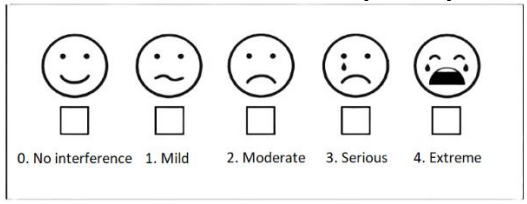
7. Have you had an aggressive attitude (verbal or physical) in the past week?	No ☐ 0 Yes ☐ 1
If you answered No, go to question 8. If you answered Yes, please continue.	
7.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
7.2 How worried are you about it?	7.3 How much does it interfere with your daily life?
	

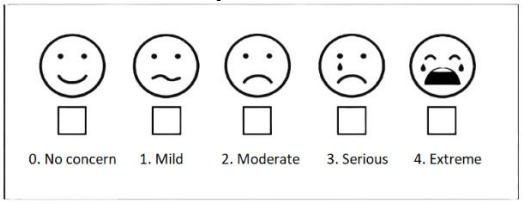
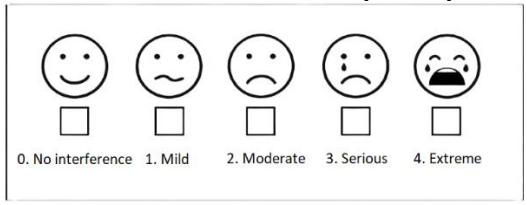
8. Has it been difficult for you to communicate emotions through facial expressions or body language in the past week?	No ☐ 0 Yes ☐ 1
If you answered No, go to question 9. If you answered Yes, please continue.	
8.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
8.2 How worried are you about it?	8.3 How much does it interfere with your daily life?
	
9. Have you found it hard to maintain eye contact when interacting with other people in the past week?	No ☐ 0 Yes ☐ 1
If you answered No, go to question 10. If you answered Yes, please continue.	
9.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
9.2 How worried are you about it?	9.3 How much does it interfere with your daily life?
	

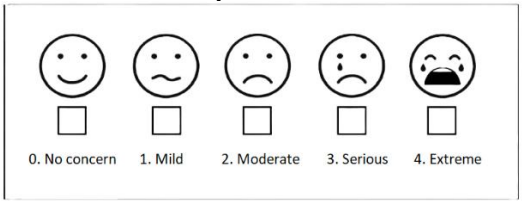
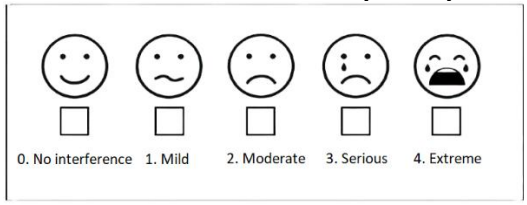
10. Have you found it difficult to participate in social activities due to lack of interest in the past week?	No ☐ 0 Yes ☐ 1
If you answered No, go to question 11. If you answered Yes, please continue.	
10.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
10.2 How worried are you about it?	10.3 How much does it interfere with your daily life?

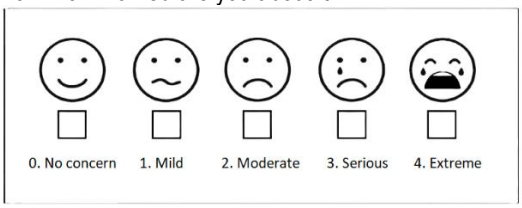
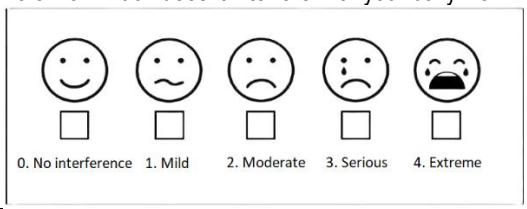
	

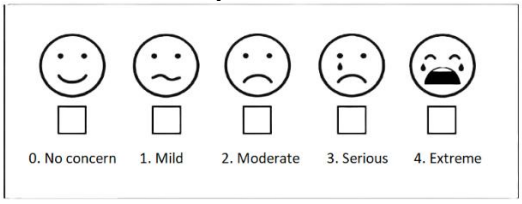
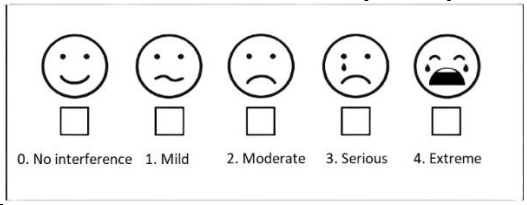
11. Have you had trouble understanding what other people mean when they use idiomatic expressions, sayings or figurative language in the past week?	No ☐ 0 Yes ☐ 1
If you answered No, go to question 12. If you answered Yes, please continue.	
11.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
11.2 How worried are you about it? 	11.3 How much does it interfere with your daily life? 

12. Have you had trouble communicating spontaneously and fluently in the past week?	No ☐ 0 Yes ☐ 1
If you answered No, go to question 13. If you answered Yes, please continue.	
12.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
12.2 How worried are you about it? 	12.3 How much does it interfere with your daily life? 

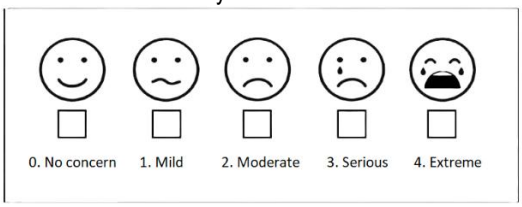
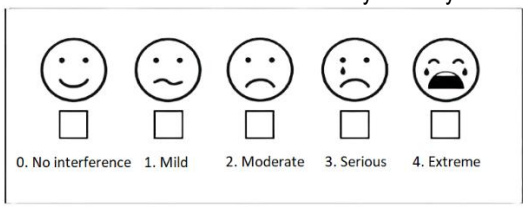
13. Have you noticed that you thought or talked about the same subject constantly in the past week?	No ☐ 0 Yes ☐ 1
If you answered No, go to question 14. If you answered Yes, please continue.	
13.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
13.2 How worried are you about it? 	13.3 How much does it interfere with your daily life? 

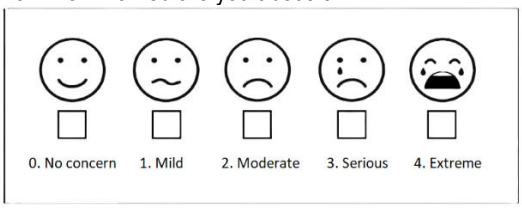
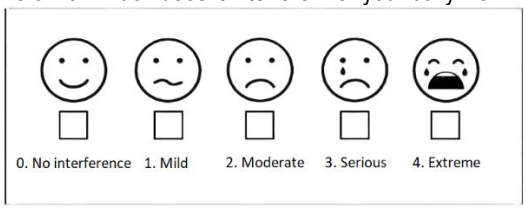
14. Have you been excessively worried about your physical health in the past week?	No ☐ 0 Yes ☐ 1
If you answered No, go to question 15. If you answered Yes, please continue.	
14.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
14.2 How worried are you about it?  	14.3 How much does it interfere with your daily life? 

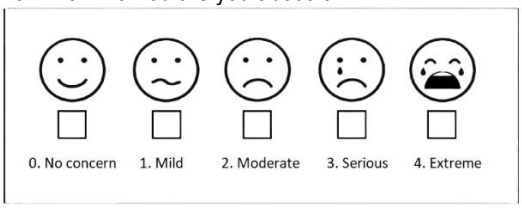
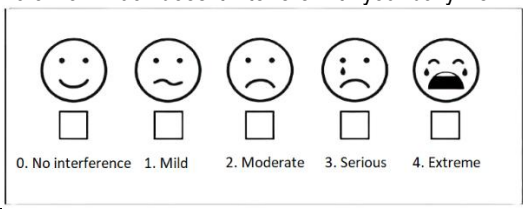
15. Have you felt anxious, nervous or uneasy in the past week?	No ☐ 0 Yes ☐ 1
If you answered is no, go to question 16. If you answered Yes, please continue	
15.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
15.2 How worried are you about it?  	15.3 How much does it interfere with your daily life? 

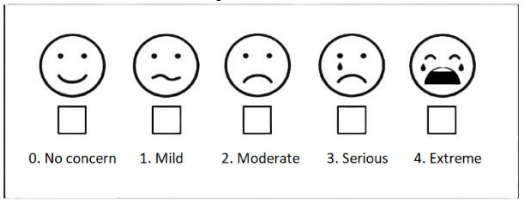
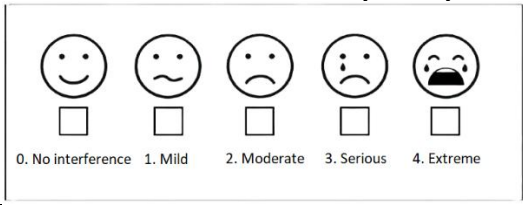
16. Have you had feelings of guilt for past events in the past in week?	No ☐ 0 Yes ☐ 1
If you answered No, go to question 17. If you answered Yes, please continue.	
16.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
16.2 How worried are you about it?  	16.3 How much does it interfere with your daily life? 

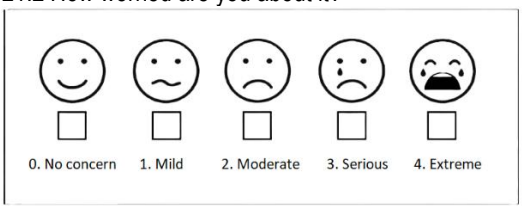
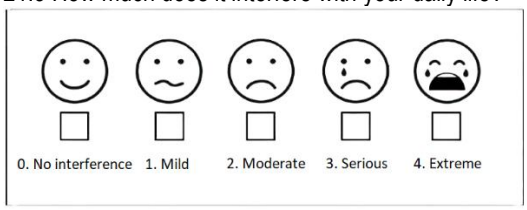
17. Have you felt restless or had shaky or sweaty hands in the past week?	No ☐ 0 Yes ☐ 1
If you answered is no, go to question 18.	
17.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4

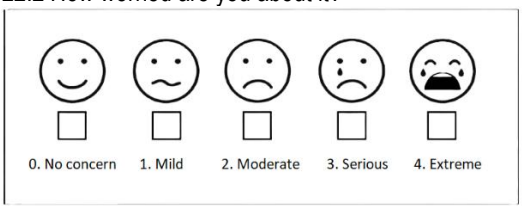
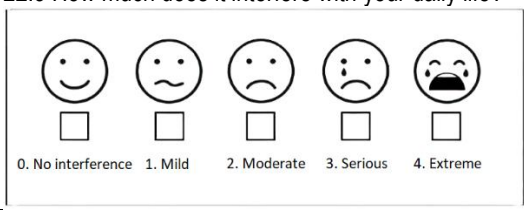
17.2 How worried are you about it?	17.3 How much does it interfere with your daily life?
	

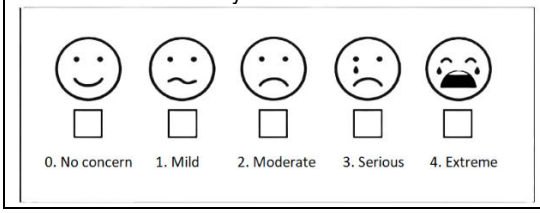
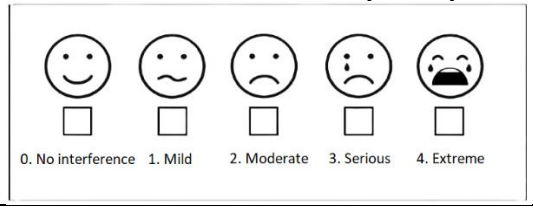
18. Have you made unusual movements, gestures or postures in the past week?	No ☐ 0 Yes ☐ 1
If you answered No, go to question 19. If you answered Yes, please continue.	
18.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
18.2 How worried are you about it?	18.3 How much does it interfere with your daily life?
	

19. Have you felt sad, discouraged or pessimistic in the past week?	No ☐ 0 Yes ☐ 1
If you answered No, go to question 20. If you answered Yes, please continue.	
19.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
19.2 How worried are you about it?	19.3 How much does it interfere with your daily life?
	

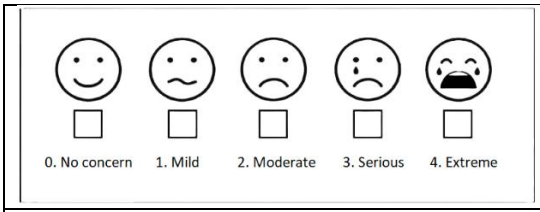
20. Have you had sluggish movements or slurred speech in the past week?	No ☐ 0 Yes ☐ 1
If you answered No, go to question 21. If you answered Yes, please continue.	
20.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
20.2 How worried are you about it?	20.3 How much does it interfere with your daily life?
	

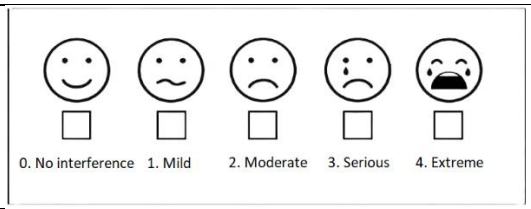
21. Have you refused or avoided interacting with other people in the past week?	No ☐ 0 Yes ☐ 1
If you answered No, go to question 22. If you answered Yes, please continue.	
21.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
21.2 How worried are you about it?  	21.3 How much does it interfere with your daily life? 

22. Have you had any strange, bizarre or peculiar ideas in the past week?	No ☐ 0 Yes ☐ 1
If you answered No, go to question 23. If you answered Yes, please continue.	
22.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
22.2 How worried are you about it?  	22.3 How much does it interfere with your daily life? 

23. Have you had trouble determining what time of day it was or where you were in the past week?	No ☐ 0 Yes ☐ 1
If you answered No, go to question 24. If you answered Yes, please continue.	
23.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
23.2 How worried are you about it?  	23.3 How much does it interfere with your daily life? 

24. Have you found it hard to stay focused in the past week?	No ☐ 0 Yes ☐ 1
If you answered No, go to question 25. If you answered Yes, please continue.	
24.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
24.2 How worried are you about it?	24.3 How much does it interfere with your daily life?





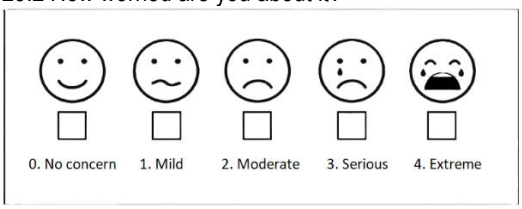
25. Has it been difficult for you to start talking, moving or thinking in the past week? No ☐ 0 Yes ☐ 1

If you answered no, go to question 26.

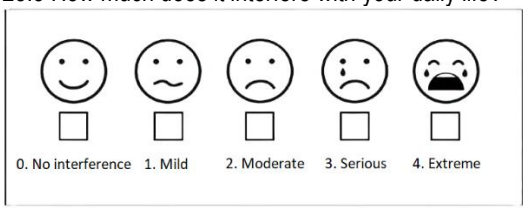
25.1 How often do you experience this?

Almost never ☐ 1
Sometimes ☐ 2
Often ☐ 3
Always ☐ 4

25.2 How worried are you about it?



25.3 How much does it interfere with your daily life?



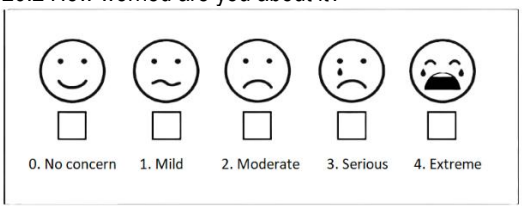
26. Have you had trouble controlling your impulses in the past week? No ☐ 0 Yes ☐ 1

If you answered No, go to question 27. If you answered Yes, please continue.

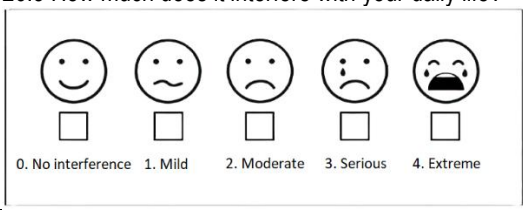
26.1 How often do you experience this?

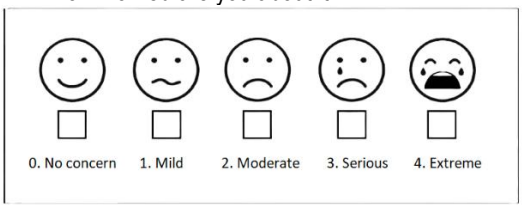
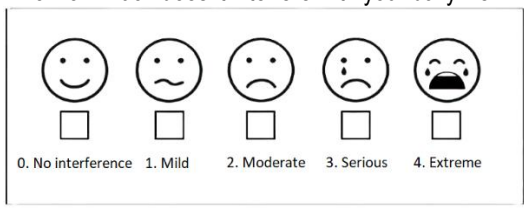
Almost never ☐ 1
Sometimes ☐ 2
Often ☐ 3
Always ☐ 4

26.2 How worried are you about it?



26.3 How much does it interfere with your daily life?



27. Have you been isolated and overly concerned with your thoughts and feelings in the past week?	No ☐ 0 Yes ☐ 1
If you answered No, go to question 28. If you answered Yes, please continue.	
27.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
27.2 How worried are you about it?  	27.3 How much does it interfere with your daily life? 

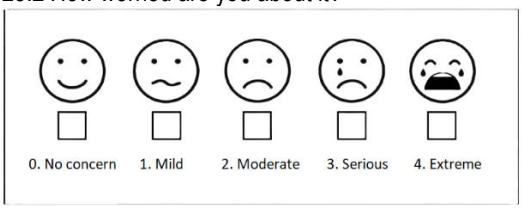
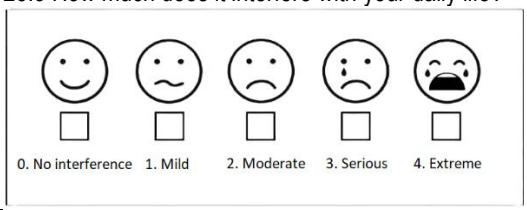
28. Have you avoided interacting with other people out of fear or distrust in the past week?	No ☐ 0 Yes ☐ 1
If you answered is no, you have finished the questionnaire.	
28.1 How often do you experience this?	Almost never ☐ 1 Sometimes ☐ 2 Often ☐ 3 Always ☐ 4
28.2 How worried are you about it?  	28.3 How much does it interfere with your daily life? 

Figure 1. Visual analogue scale used in interviewer-assisted questionnaire