CLINICIAN RATED VERSION (VAGUS-CR) – STRUCTURED INTERVIEW

VAGUS©

NAME/ID:

RATER NAME:

DATE:

Read the initial statement (italics) to the participant or patient and then ask the following questions in order to gather information to complete the related VAGUS-CR Insight Scale.

"I am interested in your own understanding of your unusual or unique experiences ***at the present moment****. I am* ***NOT*** *interested in what others may wish you to believe about your experiences."*

1) Describe your unusual or unique experiences. For example,

		Yes	No
A)	Have you ever heard voices or sounds that others can't hear?	☐	☐
B)	Have you ever had visions or seen things that others can't see?	☐	☐
C)	Have you ever feared that someone, some force or entity was after you or out to get you or hurt you?	☐	☐
D)	Have you ever received special messages just for you from the TV, radio, newspaper or any other device?	☐	☐
E)	Have you ever received special messages just for you from strangers on the street?	☐	☐
F)	Have you ever had any special gifts or abilities?	☐	☐
G)	Could you ever read minds?	☐	☐
H)	Have you ever felt that others could read your thoughts or 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 or aliens?	☐	☐
K)	Have you ever felt excessively guilty or that you had done something very bad?	☐	☐
L)	Have you ever felt that some outside force controlled your thoughts or actions?	☐	☐
M)	Have you ever felt that you were possessed?	☐	☐
N)	Have you ever felt that your body or some part of your body was diseased, rotting, or dying?	☐	☐
O)	Other: _____	☐	☐

2) How do you explain your unusual or unique experiences? **At the *present moment***, what do you believe the cause is for these experiences?

3) Do you ***currently*** believe you have a mental illness or a psychiatric disorder, such as Schizophrenia, Bipolar Disorder or Depression with psychosis, etc.? Please elaborate.

4) Do you think your unusual or unique experiences require treatment? Do you NEED antipsychotic medication? Please elaborate.

5) Have you experienced any negative consequences as a result of your unusual or unique experiences? Or as a result of your emotional or psychiatric problems? (e.g. hospitalization, occupational or social dysfunction).