

## Experiences with Sensory Misperceptions

Part 1: Sometimes, people may feel like their senses (hearing, vision, taste, smell, touch) are playing tricks on them, making it difficult to figure out what is real and what is not. While these experiences are more common in people with Parkinson's disease, they can occur in people without Parkinson's disease, as well as in people with other conditions.

[Page Break]

Part 2: We are interested in learning more about the frequency and impact of these experiences, which researchers call “**sensory misperceptions**”. We are also interested in learning about how these symptoms may change over time. To do so, it is helpful to compare the experiences of people with Parkinson's disease to those without Parkinson's disease.

Fox Insight does not actively monitor information provided. Some questions may make you feel uncomfortable. Please remember that you do not need to answer any questions that make you uncomfortable. You may take a break at any point and come back to complete the questions at a later time. Thank you for your willingness to help us advance Parkinson's disease research.

Below, we provide a list of common symptoms that some people may experience.

1. **Illusions** – thinking an object, odor, sound, or taste is something else (e.g., *mistaking your rose bush for a dog*)
2. **Passage phenomena** – seeing something that is not there pass out of the corner of your eye (e.g., *seeing shadows or animals passing by*)
3. **Presence phenomena** – feeling something that is not there (e.g., *feeling the presence of another person in your kitchen when you know you are alone*)
4. **Hallucinations** – seeing, hearing, tasting, smelling, or feeling something that is not there (e.g., *watching a group of children play quietly in the corner*)
5. **Delusions** – fixed, false beliefs (e.g., *thinking that your spouse who is with you 24/7 is having an affair*)

**Please consider your experiences over the past month as you review the questions below.**

*Multiple choice, single answer, required*

0. Do you currently have a diagnosis of Parkinson's disease, or parkinsonism, by a physician or other health care professional?
  - a. Yes
  - b. No

*Multiple choice, single answer, required*

1. Is anyone helping you complete this questionnaire?
  - a. Yes
  - b. No

Skip Logic: If (b) is selected, skip to Q3

*Multiple choice, single answer, required*

2. Who is helping you?
  - a. Spouse/partner
  - b. Child
  - c. Other family member
  - d. Friend
  - e. Home health aide
  - f. Other (specify):

[Text Box]

*Multiple choice, single answer, required*

3. Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?
  - a. Yes
  - b. No

Display Logic: If (a) is selected for Q0

Skip Logic: If (b) is selected, skip to Q5

*Multiple choice, multiple answer, required*

4. What medication(s) are you currently taking for your Parkinson's disease? Please select all that apply.
- a. Carbidopa-Levodopa (Sinemet, Sinemet CR, Sinemet Extended Release, Parcopa, Rytary, Stalevo)
  - b. Intestinal infusion of carbidopa-levodopa (Duopa, Duodopa)
  - c. Entacapone (Comtan)
  - d. Pramipexole (Mirapex or Mirapex ER)
  - e. Ropinirole (Requip or Requip XL)
  - f. Rotigotine (Neupro Patch)
  - g. Apomorphine (Apokyn)
  - h. Amantadine (Symmetrel, Gocovri, or Osmolex ER)
  - i. Safinamide (Xadago)
  - j. Selegiline (Deprenyl, Eldepryl, Zelapar)
  - k. Rasagiline (Azilect)
  - l. Trihexyphenidyl (Artane, Trihexane)
  - m. Take medication for Parkinson's disease, but none of the medications listed above (please specify):

[Text Box]

Display Logic: If (a) is selected for Q0

**Minor Hallucinations (Header Not Respondent-Facing)**

*Multiple choice, single answer, required*

5. In the past month, have you thought a real stimulus (an object, odor, sound, or taste) was something else?
- a. Yes
  - b. No
  - c. Prefer not to answer

Skip Logic: If (b) or (c) is selected, skip to Q42

*Multiple choice, single answer, required*

6. Have you thought a real object appeared to look like another object or person?
- a. Yes
  - b. No
  - c. Prefer not to answer

Skip Logic: If (b) or (c) is selected, skip to Q15

*Text entry, optional*

7. Please describe what you have seen when you thought a real object appeared to look like another object or person:

[Text Box]

*Multiple choice, single answer, required*

8. How often do you experience a real object looking like another object or person?
- a. Every day
  - b. Almost every day
  - c. Weekly
  - d. Rarely
  - e. Prefer not to answer

*Multiple choice, multiple answer, required*

9. When do you experience a real object looking like another object or person? (Select all that apply)
- a. When awake
  - b. When asleep
  - c. When falling asleep or waking up
  - d. Prefer not to answer

*Skip Logic:* If (b), (c), or (d) is selected, skip to Q15. If (a) is selected, continue to next Q.

*Multiple choice, multiple answer, required*

10. At what time(s) do you experience a real object looking like another object or person when you are awake? (Select all that apply)
- a. Morning
  - b. Afternoon
  - c. Evening
  - d. Night
  - e. Prefer not to answer

*Multiple choice, multiple answer, required*

11. Do you experience a real object looking like another object or person when you are alone or with other people? (Select all that apply)
- a. Alone
  - b. With other people
  - c. Prefer Not to Answer

*Multiple choice, multiple answer, required*

12. What are you doing when you experience a real object looking like another object or person? (Select all that apply)
- a. Lying down
  - b. Sitting
  - c. Standing
  - d. Moving around
  - e. Prefer not to answer

*Multiple choice, multiple answer, required*

13. Where are you when you experience an object looking like another object or person? (Select all that apply)
- a. Indoors
  - b. Outdoors
  - c. Prefer not to answer

*Multiple choice, multiple answer, required*

14. When do you experience an object looking like another object or person in relationship to taking your Parkinson's disease medication(s)? (Select all that apply)
- a. Not long after taking a dose
  - b. Not long before I am due for my next dose
  - c. I do not notice any relationship
  - d. Prefer not to answer

Display Logic: Show to respondent if (a) is selected for Q3

*Multiple choice, single answer, required*

15. Have you thought a real odor smelled like something else?
- a. Yes
  - b. No
  - c. Prefer not to answer

Skip Logic: If (b) or (c) is selected, skip to Q24

*Text entry, optional*

16. Please describe what you have smelled when you thought a real odor smelled like something else:

[Text box]

*Multiple choice, single answer, required*

17. How often do you experience a real odor smelling like something else?

- a. Every day
- b. Almost every day
- c. Weekly
- d. Rarely
- e. Prefer not to answer

*Multiple choice, single answer, required*

18. When do you experience a real odor smelling like something else? (Select all that apply)

- a. When awake
- b. When asleep
- c. When falling asleep or waking up
- d. Prefer not to answer

*Skip Logic:* If (b), (c), or (d) is selected, skip to Q24. If (a) is selected, continue to next Q.

*Multiple choice, multiple answer, required*

19. At what time(s) do you experience a real odor smelling like something else when you are awake? (Select all that apply)

- a. Morning
- b. Afternoon
- c. Evening
- d. Night
- e. Prefer not to answer

*Multiple choice, multiple answer, required*

20. Do you experience a real odor smelling like something else when you are alone or with other people? (Select all that apply)

- a. Alone
- b. With other people
- c. Prefer not to answer

*Multiple choice, multiple answer, required*

21. What are you doing when you experience a real odor smelling like something else? (Select all that apply)

- a. Lying down
- b. Sitting
- c. Standing
- d. Moving around
- e. Prefer not to answer

*Multiple choice, multiple answer, required*

22. Where are you when you experience a real odor smelling like something else? (Select all that apply)
- a. Indoors
  - b. Outdoors
  - c. Prefer not to answer

*Multiple choice, multiple answer, required*

23. When do you experience a real odor smelling like something else in relationship to taking your Parkinson's disease medication(s)? (Select all that apply)
- a. Not long after taking a dose
  - b. Not long before I am due for my next dose
  - c. I do not notice any relationship
  - d. Prefer not to answer

Display Logic: Show to respondent if (a) is selected for Q3

*Multiple choice, single answer, required*

24. Have you thought a real noise sounded like something else?
- a. Yes
  - b. No
  - c. Prefer not to answer

Skip Logic: If (b) or (c) is selected, skip to Q33

*Text entry, optional*

25. Please describe what you have heard when you thought a real noise sounded like something else:

[Text box]

*Multiple choice, single answer, required*

26. How often do you experience a real noise sounding like something else?
- a. Every day
  - b. Almost every day
  - c. Weekly
  - d. Rarely
  - e. Prefer not to answer

*Multiple choice, single answer, required*

27. When do you experience a real noise sounding like something else? (Select all that apply)

- a. When awake
- b. When asleep
- c. When falling asleep or waking up
- d. Prefer not to answer

*Skip Logic:* If (b), (c), or (d) is selected, skip to Q33. If (a) is selected, continue to next Q.

*Multiple choice, multiple answer, required*

28. At what time(s) do you experience a noise sounding like something else when you are awake? (Select all that apply)

- a. Morning
- b. Afternoon
- c. Evening
- d. Night
- e. Prefer not to answer

*Multiple choice, multiple answer, required*

29. Do you experience a noise sounding like something else when you are alone or with other people? (Select all that apply)

- a. Alone
- b. With other people
- c. Prefer not to answer

*Multiple choice, multiple answer, required*

30. What are you doing when you experience a noise sounding like something else? (Select all that apply)

- a. Lying down
- b. Sitting
- c. Standing
- d. Moving around
- e. Prefer not to answer

*Multiple choice, multiple answer, required*

31. Where are you when you experience a noise sounding like something else? (Select all that apply)

- a. Indoors
- b. Outdoors
- c. Prefer not to answer



*Multiple choice, multiple answer, required*

32. When do you experience a noise sounding like something else in relationship to taking your Parkinson's disease medication(s)? (Select all that apply)
- a. Not long after taking a dose
  - b. Not long before I am due for my next dose
  - c. I do not notice any relationship
  - d. Prefer not to answer

Display Logic: Show to respondent only if (a) is selected for Q3

*Multiple choice, single answer, required*

33. Have you thought a food or drink tasted like something else?
- a. Yes
  - b. No
  - c. Prefer not to answer

Skip Logic: If (b) or (c) is selected, skip to Q42

*Text entry, optional*

34. Please describe what you have tasted when you thought a food or drink tasted like something else:

[Text Box]

*Multiple choice, single answer, required*

35. How often do you experience a food or drink tasting like something else?
- a. Every day
  - b. Almost every day
  - c. Weekly
  - d. Rarely
  - e. Prefer not to answer

*Multiple choice, single answer, required*

36. When do you experience a food or drink tasting like something else? (Select all that apply)
- a. When awake
  - b. When asleep
  - c. When falling asleep or waking up
  - d. Prefer not to answer

Skip Logic: If (b), (c), or (d) is selected, skip to Q42. If (a) is selected, continue to next Q.

*Multiple choice, multiple answer, required*

37. At what time(s) do you experience a food or drink tasting like something else? (Select all that apply)
- a. Morning
  - b. Afternoon
  - c. Evening
  - d. Night
  - e. Prefer not to answer

*Multiple choice, multiple answer, required*

38. Do you experience a food or drink tasting like something else when you are alone or with other people? (Select all that apply)
- a. Alone
  - b. With other people
  - c. Prefer not to answer

*Multiple choice, multiple answer, required*

39. What are you doing when you experience a food or drink tasting like something else? (Select all that apply)
- a. Lying down
  - b. Sitting
  - c. Standing
  - d. Moving around
  - e. Prefer not to answer

*Multiple choice, multiple answer, required*

40. Where are you when you experience a food or drink tasting like something else? (Select all that apply)
- a. Indoors
  - b. Outdoors
  - c. Prefer not to answer

*Multiple choice, multiple answer, required*

41. When do you experience a food or drink tasting like something else in relationship to taking your Parkinson's disease medication(s)? (Select all that apply)
- a. Not long after taking a dose
  - b. Not long before I am due for my next dose
  - c. I do not notice any relationship
  - d. Prefer not to answer

Display Logic: Show to respondent only if (a) is selected for Q3

*Multiple choice, single answer, required*

42. In the past month, have you seen something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye?
- a. Yes
  - b. No
  - c. Prefer not to answer

Skip Logic: If (b) or (c) is selected, skip to Q51

*Text entry, optional*

43. Please describe what you have seen when you saw something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye:
- [Text box]

*Multiple choice, single answer, required*

44. How often do you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye?
- a. Every day
  - b. Almost every day
  - c. Weekly
  - d. Rarely
  - e. Prefer not to answer

*Multiple choice, single answer, required*

45. When do you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye? (Select all that apply)
- a. When awake
  - b. When asleep
  - c. When falling asleep or waking up
  - d. Prefer not to answer

Skip Logic: If (b), (c), or (d) is selected, skip to Q51. If (a) is selected, continue to next question.

*Multiple choice, multiple answer, required*

46. At what time(s) do you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye when you are awake? (Select all that apply)
- a. Morning
  - b. Afternoon
  - c. Evening
  - d. Night
  - e. Prefer not to answer

*Multiple choice, multiple answer, required*

47. Do you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye when you are alone or with other people? (Select all that apply)
- a. Alone
  - b. With other people
  - c. Prefer not to answer

*Multiple choice, multiple answer, required*

48. What are you doing when you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye? (Select all that apply)
- a. Lying down
  - b. Sitting
  - c. Standing
  - d. Moving around
  - e. Prefer not to answer

*Multiple choice, multiple answer, required*

49. Where are you when you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye? (Select all that apply)
- a. Indoors
  - b. Outdoors
  - c. Prefer not to answer

*Multiple choice, multiple answer, required*

50. When do you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye in relationship to taking your Parkinson's disease medication(s)? (Select all that apply)
- a. Not long after taking a dose
  - b. Not long before I am due for my next dose
  - c. I do not notice any relationship
  - d. Prefer not to answer

Display Logic: Show to respondent only if (a) is selected for Q3

*Multiple choice, single answer, required*

51. In the past month, have you felt the presence of someone or something nearby that you could not see and was not really there?
- a. Yes
  - b. No
  - c. Prefer not to answer

Skip Logic: If (b) or (c) selected, skip to Q60

*Text entry, optional*

52. Please describe what you have experienced when you felt the presence of someone or something nearby that you could not see and was not really there:

[Text box]

*Multiple choice, single answer, required*

53. How often do you experience feeling the presence of someone or something nearby that you could not see and was not really there?
- a. Every day
  - b. Almost every day
  - c. Weekly
  - d. Rarely
  - e. Prefer not to answer

*Multiple choice, single answer, required*

54. When do you experience feeling the presence of someone or something nearby that you could not see and was not really there? (Select all that apply)
- a. When awake
  - b. When asleep
  - c. When falling asleep or waking up
  - d. Prefer not to answer

Skip Logic: If (b), (c), or (d) is selected, skip to Q60. If (a) is selected, continue to next Q.

*Multiple choice, multiple answer, required*

55. At what time(s) do you experience feeling the presence of someone or something nearby that you could not see and was not really there when you are awake? (Select all that apply)
- a. Morning
  - b. Afternoon
  - c. Evening
  - d. Night
  - e. Prefer not to answer

*Multiple choice, multiple answer, required*

56. Do you experience feeling the presence of someone or something nearby that you could not see and was not really there when you are alone or with other people? (Select all that apply)
- a. Alone
  - b. With other people
  - c. Prefer not to answer

*Multiple choice, multiple answer, required*

57. What are you doing when you experience feeling the presence of someone or something nearby that you could not see and was not really there? (Select all that apply)
- a. Lying down
  - b. Sitting
  - c. Standing
  - d. Moving around
  - e. Prefer not to answer

*Multiple choice, multiple answer, required*

58. Where are you when you experience feeling the presence of someone or something nearby that you could not see and was not really there? (Select all that apply)
- a. Indoors
  - b. Outdoors
  - c. Prefer not to answer

*Multiple choice, multiple answer, required*

59. When do you experience feeling the presence of someone or something nearby that you could not see and was not really there in relationship to taking your Parkinson's disease medication(s)? (Select all that apply)
- a. Not long after taking a dose
  - b. Not long before I am due for my next dose
  - c. I do not notice any relationship
  - d. Prefer not to answer

Display Logic: Show to respondent only if (a) is selected for Q3

## Major Hallucinations (Header Not Respondent-Facing)

*Multiple choice, single answer, required*

60. In the past month, have you had the sensation of tasting something for no reason when you were not eating or drinking?

- a. Yes
- b. No
- c. Prefer not to answer

Skip Logic: If (b) or (c) is selected, skip to Q64

*Text entry, optional*

61. Please describe what you have tasted when you had the sensation of tasting something for no reason when you were not eating or drinking:

[Text box]

*Multiple choice, single answer, required*

62. How often do you experience the sensation of tasting something for no reason when you were not eating or drinking?

- a. Every day
- b. Almost every day
- c. Weekly
- d. Rarely
- e. Prefer not to answer

*Multiple choice, single answer, required*

63. When do you experience the sensation of tasting something for no reason when you were not eating or drinking? (Select all that apply)

- a. When awake
- b. When asleep
- c. When falling asleep or waking up
- d. Prefer not to answer

*Multiple choice, single answer, required*

64. In the past month, have you smelled odors that other people cannot smell or tell you are not really there? This does not include mistaking a real odor for something else.

- a. Yes
- b. No
- c. Prefer not to answer

Skip Logic: If (b) or (c) is selected, skip to Q68

*Text entry, optional*

65. Please describe what you have smelled when you have smelled odors that other people cannot smell or tell you are not really there:

[Text box]

*Multiple choice, single answer, required*

66. How often do you experience smelling odors that other people cannot smell or tell you are not really there? This does not include mistaking a real odor for something else.
- a. Every day
  - b. Almost every day
  - c. Weekly
  - d. Rarely
  - e. Prefer not to answer

*Multiple choice, single answer, required*

67. When do you experience smelling odors that other people cannot smell or tell you are not really there? This does not include mistaking a real odor for something else. (Select all that apply)
- a. When awake
  - b. When asleep
  - c. When falling asleep or waking up
  - d. Prefer not to answer

*Multiple choice, single answer, required*

68. In the past month, have you had the sensation that someone or something was touching you when nothing was really there?
- a. Yes
  - b. No
  - c. Prefer not to answer

Skip Logic: If (b) or (c) is selected, skip to Q72

*Text entry, optional*

69. Please describe what you have experienced when you had the sensation that someone or something was touching you when nothing was really there:

[Text box]



*Multiple choice, single answer, required*

70. How often do you experience the sensation that someone or something was touching you when nothing was really there?
- a. Every day
  - b. Almost every day
  - c. Weekly
  - d. Rarely
  - e. Prefer not to answer

*Multiple choice, single answer, required*

71. When do you experience the sensation that someone or something was touching you when nothing was really there? (Select all that apply)
- a. When awake
  - b. When asleep
  - c. When falling asleep or waking up
  - d. Prefer not to answer

*Multiple choice, single answer, required*

72. In the past month, have you seen things that other people cannot see or tell you are not really there? This does not include mistaking a real object for something else.
- a. Yes
  - b. No
  - c. Prefer not to answer

Skip Logic: If (b) or (c) is selected, skip to Q76

*Text entry, optional*

73. Please describe what you have seen when you have seen things that other people cannot see or tell you are not really there:

[Text box]

*Multiple choice, single answer, required*

74. How often do you experience seeing things that other people cannot see or tell you are not really there? This does not include mistaking a real object for something else.
- a. Every day
  - b. Almost every day
  - c. Weekly
  - d. Rarely
  - e. Prefer not to answer

*Multiple choice, single answer, required*

75. When do you experience seeing things that other people cannot see or tell you are not really there? This does not include mistaking a real object for something else. (Select all that apply)
- a. When awake
  - b. When asleep
  - c. When falling asleep or waking up
  - d. Prefer not to answer

*Multiple choice, single answer, required*

76. In the past month, have you heard voices that other people cannot hear or tell you are not really there? This does not include mistaking a real sound for a voice.
- a. Yes
  - b. No
  - c. Prefer not to answer

Skip Logic: If (b) or (c) is selected, skip to Q80

*Text entry, optional*

77. Please describe what you have heard when you heard voices that other people cannot hear or tell you are not really there:

[Text box]

*Multiple choice, single answer, required*

78. How often do you experience hearing voices that other people cannot hear or tell you are not really there? This does not include mistaking a real sound for a voice.
- a. Every day
  - b. Almost every day
  - c. Weekly
  - d. Rarely
  - e. Prefer not to answer

*Multiple choice, single answer, required*

79. When do you experience hearing voices that other people cannot hear or tell you are not really there? This does not include mistaking a real sound for a voice. (Select all that apply)
- a. When awake
  - b. When asleep
  - c. When falling asleep or waking up
  - d. Prefer not to answer

*Multiple choice, single answer, required*

80. In the past month, have you heard noises, music, or other sounds that other people cannot hear or tell you are not really there? This does not include mistaking a real noise for something else.

- a. Yes
- b. No
- c. Prefer not to answer

Skip Logic: If (b) or (c) is selected, skip to Q84

*Text entry, optional*

81. Please describe what you have heard when you heard noises, music, or other sounds that other people cannot hear or tell you are not really there:

[Text box]

*Multiple choice, single answer, required*

82. How often do you experience hearing noises, music, or other sounds that other people cannot hear or tell you are not really there? This does not include mistaking a real noise for something else.

- a. Every day
- b. Almost every day
- c. Weekly
- d. Rarely
- e. Prefer not to answer

*Multiple choice, single answer, required*

83. When do you experience hearing noises, music, or other sounds that other people cannot hear or tell you are not really there? This does not include mistaking a real noise for something else. (Select all that apply)

- a. When awake
- b. When asleep
- c. When falling asleep or waking up
- d. Prefer not to answer

*Multiple choice, single answer, required*

84. Do any of the following symptoms ever happen at the same time?

- Tasting something for no reason when you were not eating or drinking
  - Smelling odors that other people cannot smell or tell you are not really there
  - Sensing something or someone was touching you when nothing was really there
  - Seeing things that other people cannot see or tell you are not there
  - Hearing voices that other people cannot hear or tell you are not really there
  - Hearing noises, music, or other sounds that other people cannot hear or tell you are not really there
- a. Yes
  - b. No
  - c. Prefer not to answer

Display Logic: Display if participant responds "Yes" to 2 or more of the above parent Qs (Q60, 64, 68, 72, 76, 80)

Skip Logic: If (b) or (c) is selected, skip to Q86

*Text entry, optional*

85. Please describe what you experience when any of the following symptoms happen at the same time:

- Tasting something for no reason when you were not eating or drinking
- Smelling odors that other people cannot smell or tell you are not really there
- Sensing something or someone was touching you when nothing was really there
- Seeing things that other people cannot see or tell you are not there
- Hearing voices that other people cannot hear or tell you are not really there
- Hearing noises, music, or other sounds that other people cannot hear or tell you are not really there

[Text box]

Display Logic: If (a) is selected for Q84

## **Delusions (Header Not Respondent-Facing)**

*Multiple choice, single answer, required*

86. In the past month, have you felt that people were against you, trying to harm you, watching you, or monitoring you?

- a. Yes
- b. No
- c. Prefer not to answer

Skip Logic: If (b) or (c) is selected, skip to Q91

*Text entry, optional*

87. Please describe what you have experienced when you felt that people were against you, trying to harm you, watching you, or monitoring you:

[Text box]

*Multiple choice, single answer, required*

88. How often have you felt that people were against you, trying to harm you, watching you, or monitoring you?
- a. Every day
  - b. Almost every day
  - c. Weekly
  - d. Rarely
  - e. Prefer not to answer

*Multiple choice, single answer, required*

89. Have you acted on the belief(s) that people were against you, trying to harm you, watching you, or monitoring you?
- a. Yes
  - b. No
  - c. Prefer not to answer

Skip Logic: If (b) or (c) is selected, skip to Q91

*Text entry, optional*

90. In what ways have you acted on the belief(s) that people were against you, trying to harm you, watching you, or monitoring you?

[Text box]

*Multiple choice, single answer, required*

91. In the past month, have you worried that your spouse or significant other might be unfaithful to you? Please respond no if you do not have a spouse or significant other.
- a. Yes
  - b. No
  - c. Prefer not to answer

Skip Logic: If (b) or (c) is selected, skip to Q96

*Text entry, optional*

92. Please describe what you have experienced when you worried that your spouse or significant other might be unfaithful to you:

[Text box]

*Multiple choice, single answer, required*

93. How often have you worried that your spouse or significant other might be unfaithful to you?
- a. Every day
  - b. Almost every day
  - c. Weekly
  - d. Rarely
  - e. Prefer not to answer

*Multiple choice, single answer, required*

94. Have you acted on the belief(s) that your spouse or significant other might be unfaithful to you?
- a. Yes
  - b. No
  - c. Prefer not to answer

Skip Logic: If (b) or (c) is selected, skip to Q96

*Text entry, optional*

95. In what ways have you acted on the belief(s) that your spouse or significant other might be unfaithful to you?
- [Text box]

*Multiple choice, single answer, required*

96. In the past month, have you walked into a room and thought people were talking about you or laughing at you?
- a. Yes
  - b. No
  - c. Prefer not to answer

Skip Logic: If (b) or (c) is selected, skip to Q101

*Text entry, optional*

97. Please describe what you have experienced when you walked into a room and thought people were talking about you or laughing at you:
- [Text box]

*Multiple choice, single answer, required*

98. How often have you walked into a room and thought people were talking about you or laughing at you?
- a. Every day
  - b. Almost every day
  - c. Weekly
  - d. Rarely
  - e. Prefer not to answer

*Multiple choice, single answer, required*

99. Have you acted on the belief(s) that people were talking about you or laughing at you?
- a. Yes
  - b. No
  - c. Prefer not to answer

*Skip Logic:* If (b) or (c) is selected, skip to Q101

*Text entry, optional*

100. In what ways have you acted on the belief(s) that people were talking about you or laughing at you?

[Text box]

*Multiple choice, single answer, required*

101. In the past month, have you seen things in magazines, newspapers, on the Internet, or on TV that seem to refer to you or contain a special message for you?
- a. Yes
  - b. No
  - c. Prefer not to answer

*Skip Logic:* If (b) or (c) selected, skip to Q106

*Text entry, optional*

102. Please describe what you have experienced when you have seen things in magazines, newspapers, on the Internet, or on TV that seem to refer to you or contain a special message for you:

[Text box]

*Multiple choice, single answer, required*

103. How often have you seen things in magazines, newspapers, on the Internet, or on TV that seem to refer to you or contain a special message for you?
- a. Every day
  - b. Almost every day
  - c. Weekly
  - d. Rarely
  - e. Prefer not to answer

*Multiple choice, single answer, required*

104. Have you acted on the belief(s) that things in magazines, newspapers, on the Internet, or on TV that seem to refer to you or contain a special message for you?
- a. Yes
  - b. No
  - c. Prefer not to answer

Skip Logic: If (b) or (c) is selected, skip to Q106

*Text entry, optional*

105. In what ways have you acted on the belief(s) that things in magazines, newspapers, on the Internet, or on TV that seem to refer to you or contain a special message for you?

[Text box]

*Multiple choice, single answer, required*

106. In the past month, have you believed that others were communicating with you in an unusual way (e.g. telepathically)?
- a. Yes
  - b. No
  - c. Prefer not to answer

Skip Logic: If (b) or (c) selected, skip to Q111

*Text entry, optional*

107. Please describe what you have experienced when you believed that others were communicating with you in an unusual way (e.g. telepathically):

[Text box]



*Multiple choice, single answer, required*

108. How often have you believed that others were communicating with you in an unusual way (e.g. telepathically)?
- a. Every day
  - b. Almost every day
  - c. Weekly
  - d. Rarely
  - e. Prefer not to answer

*Multiple choice, single answer, required*

109. Have you acted on the belief(s) that others were communicating with you in an unusual way (e.g. telepathically)?
- a. Yes
  - b. No
  - c. Prefer not to answer

Skip Logic: If (b) or (c) is selected, skip to Q111

*Text entry, optional*

110. In what ways have you acted on the belief(s) that others were communicating with you in an unusual way (e.g. telepathically)?

[Text box]

*Multiple choice, single answer, required*

111. In the past month, have you felt that someone you know has been replaced by an imposter or double?
- a. Yes
  - b. No
  - c. Prefer not to answer

Skip Logic: If (b) or (c) selected, skip to end of questionnaire message

*Text entry, optional*

112. Please describe what you have experienced when you felt that someone you know has been replaced by an imposter or double:

[Text box]

*Multiple choice, single answer, required*

113. How often have you felt that someone you know has been replaced by an imposter or double?

- a. Every day
- b. Almost every day
- c. Weekly
- d. Rarely
- e. Prefer not to answer

*Multiple choice, single answer, required*

114. Have you acted on the belief(s) that someone you know has been replaced by an imposter or double?

- a. Yes
- b. No
- c. Prefer not to answer

*Skip Logic: If (b) or (c) is selected, skip to end of questionnaire message*

*Text entry, optional*

115. In what ways have you acted on the belief(s) that someone you know has been replaced by an imposter or double?

[Text box]

## **End of Questionnaire**

Thank you for sharing your experiences with sensory misperceptions. **Please click on the next arrow below (>>) to submit your responses and be redirected to the Fox Insight website.**