

## Instructions and Items

During the past seven days (including today)...

- (1) Never
- (2) Almost Never
- (3) Sometimes
- (4) Often
- (5) Very Often

How often have you felt that your mind was dominated by forces beyond your control?

How often have you felt that thoughts were put into your head that were not your own?

How often have you felt that there were people who wished to do you harm?

## reference>

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