PERCEPTUAL ABERRATION SCALE


Typically, this scale has been combined with other scales of schizoptypic signs with the items intermixed on a single form. The following general instructions are given for testing.

Here are some statements about attitudes and experiences. Please mark each statement as true or false to describe your own attitudes and experiences. We want you to describe yourself as you have been during most of your adult life. Some of the items may refer to experiences that you have had while taking drugs or medications. Unless you have had the experience at times other than when you were taking drugs, mark the item as not having had the experience. Please mark every statement, even if you are not quite sure about the answer.

1. Ordinary colors sometimes seem much too bright to me (without taking drugs). (True)
2. I have felt that something outside my body was a part of my body. (True)
3. Now and then when I look in the mirror, my face seems quite different than usual. (True)
4. I have sometimes felt confused as to whether my body was really my own. (True)
5. For several days at a time I have had such a heightened awareness of sights and sounds that I cannot shut them out. (True)
6. I sometimes have had the feeling that some parts of my body are not attached to the same person. (True)
7. Often I have a day when indoor lights seem so bright that they bother my eyes. (True)
8. Sometimes I have felt that I could not distinguish my body from other objects around me. (True)
9. I can remember when it seemed as though one of my limbs took on an unusual shape. (True)
10. I have felt that my body and another person’s body were one and the same. (True)
11. I have never felt that my arms or legs have momentarily grown in size. (False)
12. My hearing is sometimes so sensitive that ordinary sounds become uncomfortable. (True)
13. The boundaries of my body always seem clear. (False)
14. I sometimes have had the feeling that my body is abnormal. (True)
15. Sometimes I have had a passing thought that some part of my body was rotting away. (True)
16. I have sometimes had the feeling that my body is decaying inside. (True)
17. I have sometimes had the feeling that one of my arms or legs is disconnected from the rest of my body. (True)
18. I have had the momentary feeling that the things I touch remain attached to my body. (True)
19. Occasionally it has seemed as if my body had taken on the appearance of another person’s body. (True)
20. Sometimes I have had feelings that I am united with an object near me. (True)
21. I sometimes have to touch myself to make sure I’m still there. (True)
22. Sometimes I have had the feeling that a part of my body is larger than it usually is. (True)
23. I have never had the passing feeling that my arms or legs had become longer than usual. (False)
24. Sometimes I feel like everything around me is tilting. (True)
25. At times I have wondered if my body was really my own. (True)
26. I have felt as though my head or limbs were somehow not my own. (True)
27. I have had the momentary feeling that my body has become misshapen. (True)
28. It has seemed at times as if my body was melting into my surroundings. (True)
29. Occasionally I have felt as though my body did not exist. (True)
30. Parts of my body occasionally seem dead or unreal. (True)
31. My hands or feet have never seemed far away. (False)
32. Sometimes part of my body has seemed smaller than it usually is. (True)
33. Sometimes people whom I know well begin to look like strangers. (True)
34. Sometimes when I look at things like tables and chairs, they seem strange. (True)
35. I have sometimes felt that some part of my body no longer belonged to me. (True)