**Schizotypal and Early Psychosis Warning Signs Self Assessment Worksheet**

**Introduction**

Welcome to the Schizotypal and Early Psychosis Warning Signs Self-Assessment Worksheet—a preliminary self-screening tool designed to help you recognize potential early warning signs of psychotic experiences. This worksheet is intended to assist you in noticing unusual perceptions, social withdrawal, or disorganized thinking that might signal early psychosis or schizotypal traits. It is important to understand that the presence of some unusual experiences does not necessarily mean that you have a psychotic disorder. Rather, this tool serves as a guide to help you document your experiences, assess their frequency, and reflect on their impact on your life. By engaging with this self-assessment, you are taking a proactive step toward understanding your mental health and, if needed, opening the door for further discussion with a mental health professional.

This worksheet is not a diagnostic instrument but a resource for self-reflection and early identification of patterns that might warrant professional attention. As you work through the checklist, you will rate the frequency of various symptoms and note any personal reflections that illustrate how these experiences affect you. The goal is to help you become more aware of any changes in your perceptions, thoughts, or social behaviors, and to empower you with information that can facilitate timely intervention and support if required.

We encourage you to answer honestly and to use the reflection prompts to detail specific examples or thoughts related to each symptom. The insights you gather here may be useful for your own self-understanding or as a basis for discussing your concerns with a healthcare provider. Remember, recognizing early warning signs is an important step toward maintaining mental well-being, and seeking guidance when needed is a sign of strength.

Before you begin, please note that this worksheet is intended for self-assessment and informational purposes only. It is not a substitute for professional evaluation or treatment. If you are experiencing severe distress or if these experiences interfere significantly with your daily life, please consider seeking help from a qualified mental health professional.

**Instructions**

For each of the following statements, please indicate how often you have experienced the described symptom or behavior over the past several months. Use the following scale to record your responses:

* **0** – Not at all / Never
* **1** – Rarely
* **2** – Sometimes
* **3** – Often
* **4** – Almost always / Very frequently

After each item, use the provided space to note any examples, thoughts, or additional reflections. Your honest reflections will help you understand how these symptoms may be affecting your daily life.

**Self-Assessment Questions**

1. **Unusual Perceptual Experiences:**
*I notice perceptual distortions or unusual sensory experiences (e.g., hearing faint voices, visual distortions, or feeling as though things are unreal).*
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Describe any specific instances or sensations you have experienced. How do these perceptions affect your comfort in daily activities?
2. **Ideas of Reference:**
*I often interpret random events or environmental cues as having special personal meaning (e.g., believing that certain gestures, comments, or coincidences are directed at me).*
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Provide an example of when you felt that everyday events carried personal significance. How did this affect your behavior or mood?
3. **Magical Thinking or Unusual Beliefs:**
*I hold beliefs or engage in thinking that might be considered outside of conventional reality (e.g., believing in psychic phenomena or that my thoughts can influence events).*
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Reflect on any beliefs that you consider unconventional. How do these beliefs impact your interactions with others?
4. **Social Withdrawal and Isolation:**
*I frequently avoid social interactions or withdraw from relationships due to feelings of discomfort or mistrust.*
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Describe situations where you have chosen isolation over social engagement. What emotions or thoughts typically accompany this withdrawal?
5. **Disorganized or Tangential Thinking:**
*I sometimes experience difficulty organizing my thoughts, leading to speech or writing that is hard to follow or tangential.*
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Think about a time when you struggled to express your thoughts clearly. How did others react, and how did it make you feel?
6. **Suspiciousness or Paranoid Ideation:**
*I often feel that others may have hidden motives or that I am being watched or targeted.*
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Provide an example of a situation where you felt suspicious or paranoid. What triggered these feelings?
7. **Eccentric or Odd Behavior:**
*I engage in behaviors or express ideas that others might consider odd or eccentric.*
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Describe any behaviors or habits that you feel set you apart from others. How do these differences affect your social interactions?
8. **Emotional Blunting or Restricted Affect:**
*I sometimes experience a reduced range of emotional expression, feeling detached or numb even in situations that typically evoke strong emotions.*
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Reflect on times when you felt emotionally flat or disconnected. How does this impact your relationships and overall mood?
9. **Difficulty in Social Relationships:**
*I struggle to establish or maintain close relationships, often feeling misunderstood or out of sync with others.*
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Describe any challenges you have encountered in forming or sustaining friendships or romantic relationships.
10. **Strange Speech Patterns:**
*I sometimes speak in a way that others find difficult to follow, using unusual phrasing or shifting topics abruptly.*
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Reflect on feedback you may have received regarding your communication style. How do you perceive your own speech patterns?
11. **Cognitive Disorganization:**
*I experience difficulty concentrating or organizing my thoughts, which can interfere with work or daily tasks.*
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Provide an example of when disorganized thinking has affected your productivity or decision-making.
12. **Uncertainty About Self-Identity:**
*I sometimes feel unsure about my identity or struggle to understand my own beliefs and values.*
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Write about any experiences where you felt confused about who you are or what you believe. How does this uncertainty affect your daily life?
13. **Perceptual Aberrations:**
*I occasionally experience mild perceptual distortions, such as feeling that objects are larger or smaller than usual or that time is speeding up or slowing down.*
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Describe any such experiences and how they affect your interpretation of everyday events.
14. **Over-Sensitivity to Social Cues:**
*I am extremely sensitive to subtle social cues, which sometimes leads to misinterpretation of others’ intentions or feelings.*
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Reflect on a time when heightened sensitivity to social cues led to misunderstanding or distress.
15. **Unusual Interests or Fixations:**
*I have intense, focused interests in topics or activities that may seem unusual to others.*
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Describe one of your intense interests. How do you feel these fixations contribute to your sense of self or differentiate you from your peers?
16. **Social Anxiety Related to Unusual Behaviors:**
*I sometimes feel anxious in social situations because I worry that my unusual thoughts or behaviors might be judged by others.*
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Consider how your awareness of your own differences influences your comfort in social settings.
17. **Difficulty Processing Social Feedback:**
*I often find it challenging to understand or appropriately respond to social feedback, such as compliments or criticism.*
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Reflect on a situation where social feedback left you confused or unsettled. How did you respond?
18. **Preoccupation with Unusual Ideas:**
*I frequently spend time thinking about topics or ideas that others might consider eccentric or highly abstract.*
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Share how these preoccupations influence your day-to-day thoughts or activities.
19. **Struggles with Sensory Processing in Social Contexts:**
*I am particularly sensitive to sensory input (e.g., noise, light, textures) in social environments, which can overwhelm me or cause discomfort.*
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Identify the sensory stimuli that are most challenging for you and explain how they affect your social experiences.
20. **Inconsistency in Social Engagement:**
*I sometimes oscillate between seeking social interaction and withdrawing completely, making my social behavior unpredictable to others.*
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Describe any patterns you have noticed regarding your social engagement. How do these shifts affect your relationships and daily functioning?

**Scoring and Analysis**

There is no single numerical cutoff for this self-assessment; instead, review your total scores alongside your detailed reflections. Consider the following points in your analysis:

* **High Scores in Specific Areas:**
Identify the clusters of questions where you consistently scored 3 or 4. These areas may be particularly challenging and could warrant closer attention or professional consultation.
* **Recurring Themes:**
Reflect on any patterns or themes that emerge from your responses and written reflections. Are there specific triggers or contexts where your symptoms are more pronounced?
* **Impact on Daily Life:**
Consider how the symptoms you noted have affected your personal relationships, work, or general well-being. Which behaviors or experiences cause the most distress?
* **Next Steps for Reflection:**
Use your insights to determine whether further self-exploration or a discussion with a mental health professional might be beneficial. Document any areas you wish to focus on in future self-assessments or therapeutic sessions.

**Next Steps and Further Resources**

If you find that many of these questions resonate with your experiences, or if your reflections indicate significant distress or disruption in your life, consider seeking further evaluation by a mental health professional. In addition to this self-assessment, our website offers a comprehensive suite of resources that can support your mental, emotional, and even spiritual health. We recommend exploring:

* **General Emotion Worksheets:** To gain further insight into how your emotions interact with your daily life.
* **Emotional Regulation Workbook:** To learn strategies for managing intense emotional responses.
* **Coping Skills Toolbox:** To discover practical techniques to mitigate distress in challenging situations.
* **Building Emotional Resilience:** To strengthen your capacity to cope with stress and recover from setbacks.
* **Releasing Emotional Baggage:** To help let go of patterns and thoughts that no longer serve you.

Additionally, you will find guided practices, educational videos, and curated reading lists that delve into topics related to schizotypal traits and early psychosis. These resources are designed to empower you with knowledge and practical tools as you continue your journey toward self-understanding and improved mental health.

**Disclaimer:**
This self-assessment worksheet is intended for informational and self-reflection purposes only. It is not a substitute for professional diagnosis or treatment. If you have concerns about your mental health or experience significant distress, please consult a qualified mental health professional.

Take your time with these questions, and approach your reflections with openness and self-compassion. Every insight you gain is a step toward a deeper understanding of your mental health and a more empowered future.