

STRUCTURED CLINICAL INTERVIEW FOR VOICE-HEARERS: CLINICIAN ADMINISTERED (SCIV) v. 1.6

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INTERVIEW DATE: ___ / ___ / _____

PARTICIPANT: _____

INTERVIEWER: _____

PARTICIPANT DETAILS AND MEDICAL HISTORY

Date of birth ___ / ___ / _____

Gender male female other

Ethnicity White Asian Black; other _____

Country of birth

In what country have you
lived most of your life?

Religion

Marital status single married informal relationship
 divorced widowed

Children yes (how many?) _____ no children;

Siblings _____

Educational
(highest degree obtained) below high school / secondary school
 high school / secondary school Bachelor's degree
 Master's degree or higher

Occupational status employed unemployed student
 self-employed unable to work retired
 supported employment other: _____

1. Have you ever used any psychiatric or psychological services in the past? YES / NO / UNCLEAR

If yes, what kind of treatment were you offered?

How many / how long?

- In a hospital _____
- In a day treatment unit _____
- Outpatient treatment _____
- Other _____

2. Have you been given a diagnosis? YES / NO / UNCLEAR

If yes, what was it? _____
How old were you at that moment? _____

3. Were you prescribed medication? YES / NO / UNCLEAR

If yes, what kind? _____
Are you taking the medication currently? _____
Can you specify its name? _____
Did it help with the voices? _____

YES / NO / UNCLEAR

YES / NO / UNCLEAR

If yes, can you explain in what way?

CHARACTERISTICS OF THE VOICES

4. Can you hear voices even when there is no one around who could speak to you? YES / NO / UNCLEAR

If yes, can you describe the experience?

Does it occur only under the influence of alcohol or drugs? YES / NO / UNCLEAR
If yes, please give details.

If no, have you ever had such an experience in the past? YES / NO / UNCLEAR

5. Can you hear them as clearly as you can hear me now?

YES / NO / UNCLEAR

6. Sometimes people can hear clear voices and sometimes thought-like voices. Indicate the predominant way in which you experience your voices.

I _____ I _____ I _____ I _____
Thoughts _____ Voices

7. How do they differ from your own thoughts?

8. Do you hear things that are not actual voices: sounds or music playing?

YES / NO / UNCLEAR

Please, give an example.

9. Can other people hear these voices as well?

YES / NO / UNCLEAR

If yes, can you explain that?

If no, can you explain that?

10. Some people experience voices as coming from inside or from outside. Can you specify, where are the voices usually coming from?

YES / NO / UNCLEAR

I _____ I _____ I _____ I _____
Internal _____ External

Please, describe.

11. Are they coming from a particular side (left or right, front or back)? YES / NO / UNCLEAR

Please, describe.

12. How loud are these voices most of the time?

I _____ I _____ I _____ I _____
Quiet Very loud

13. How many voices can you hear? _____

14. Are there:

male voices YES / NO / UNCLEAR

female voices YES / NO / UNCLEAR

child voices YES / NO / UNCLEAR

non-human voices (If yes, can you describe them?) YES / NO / UNCLEAR

15. Do they have names? YES / NO / UNCLEAR

Instruction for interviewer: *If yes, write them down.*

How did you learn their names (e.g., did they introduce themselves, someone else gave them names, or you got an idea from books, films, social media etc.)?

Do you address them by their names? YES / NO / UNCLEAR

16. Do you know their age? YES / NO / UNCLEAR

If yes, what age are they?

17. Can you also see the voices? YES / NO /UNCLEAR

If yes, please describe. YES /

Can you have any physical contact with them (touch / push them or be touched / pushed etc.)? NO /UNCLEAR

18. What do you feel in your body while hearing voices?

Do voices directly evoke these feelings? YES / NO /UNCLEAR

Instruction for interviewer: *Explore to what extent they are an adequate response to voices, and to what extent the person perceives these sensations as strange or alien?*

19. Do you experience positive or friendly voices? YES / NO / UNCLEAR

What do they say? Please, give an example.

Instruction for interviewer: *It is useful to get examples of the precise words / sentences the voices use most frequently, and not just generalisations. This can be challenging for the voice hearer, because they may be shameful, intimate or vulgar.*

20. Do you experience negative or unfriendly voices? YES / NO / UNCLEAR

What do they say? Please, give examples

21. Do they ever command you or forbid you to do something? YES / NO / UNCLEAR

What do they say? Please, give examples.

22. Do the voices make comments about you? YES / NO / UNCLEAR

	other people?	YES / NO / UNCLEAR
	certain situations?	YES / NO / UNCLEAR
	themselves (their feelings, aspirations, plans)?	YES / NO / UNCLEAR
	other voices?	YES / NO / UNCLEAR
	What do they say? Please, give examples.	
	Is their verbal content limited to simple words or short phrases?	YES / NO / UNCLEAR
	If no: Please provide examples of more complex things they can say.	
23.	Do the voices ever express your ideas or feelings as if they were talking on your behalf (e.g. I...) ?	YES / NO / UNCLEAR
24.	Do the voices speak in a particular way, e.g.: have specific accents, tone, language?	YES / NO / UNCLEAR
	If yes, please give an example.	
25.	Do the voices use the same words or phrases?	YES / NO / UNCLEAR
	If yes, please give examples.	
26.	Do they talk about the same theme most of the time?	YES / NO / UNCLEAR
	If yes, please give an example	
	If no, please provide examples of how the content of the voices changes over time?	

27.	Do they occur continuously (e.g. on a daily basis) or only periodically?	CONTIN / PERIOD
	If periodically: Can you describe in what circumstances they appear?	YES / NO / UNCLEAR
	Is it accompanied by other unusual experiences?	YES / NO / UNCLEAR
	If yes, describe them.	
	Is it accompanied by mood problems, like depression or feeling extremely good?	YES / NO / UNCLEAR
	If yes, describe that.	
28.	On average how many times a day (over a 24 hour period) do you hear your voices?	_____
29.	How many minutes / hours a day are they active?	_____
30.	If the voices are not active, can you feel their presence?	YES / NO / UNCLEAR
31.	Do the voices speak directly to you (second person)?	YES / NO / UNCLEAR
32.	Do the voices talk amongst themselves?	YES / NO / UNCLEAR
	If yes, who or what do they talk about?	YES / NO / UNCLEAR
33.	Do the voices know each other?	YES / NO / UNCLEAR
	If yes, do they like each other?	YES / NO / UNCLEAR
34.	Do the voices have their individual goals, likes and dislikes?	YES / NO / UNCLEAR

If yes, please describe.

35. Do individual voices have different memories?

YES / NO / UNCLEAR

If yes, please describe.

36. Do they seem to have their own character or personality?

YES / NO / UNCLEAR

If yes, please describe.

37. Does the mood of the voices usually correspond with your own mood?

YES / NO / UNCLEAR

Please describe.

If not, can the voices trigger thoughts or emotions in you that seem alien? Please give examples:

38. Are you hearing them now?

YES / NO / UNCLEAR

39. Do they have any opinion about this interview?

YES / NO / UNCLEAR

If yes, can you tell me?

YES / NO / UNCLEAR

HISTORY OF HEARING VOICES

40. At what age did you hear a voice for the very first time? _____

41. Was it any of the voices you hear now? YES / NO / UNCLEAR

42. Can you tell me when each of the listed voices appeared for the first time? YES / NO / UNCLEAR

1. _____, 2. _____,

3. _____, 4. _____

43. In what circumstances did the first voice appear?
(e.g. alone, with someone / many people, day or night, at school / home / work, during a challenging experience, time of year, accompanying feelings)

44. Did you tell anyone else about the voice / voices? YES / NO / UNCLEAR

If yes, why and what was the effect?

RELATIONSHIP WITH THE VOICES

45. How do the voices impact upon your everyday life?

46. Do you feel support from the voices? YES / NO / UNCLEAR

Please, explain why yes or no?

47. Are you afraid of your voices?

YES / NO / UNCLEAR

Please, explain why yes or no?

48. Do the voices disrupt your daily activities?

YES / NO / UNCLEAR

If yes, how do they do this? Please give an example.

49. How would you describe your personal experience with the voices in the beginning and now?

	Neutral	Mostly positive	Both pos & neg	Mostly negative
in the beginning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in the present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. Are you able to hold a conversation with the voices?

YES / NO / UNCLEAR

If yes, do you do this?

YES / NO / UNCLEAR

If no, have you ever tried?

YES / NO / UNCLEAR

If you haven't tried, why not?

51. If you talk to your voices...

a. do you talk to them out loud?

YES / NO / UNCLEAR

b. do you talk to them in your mind?

YES / NO / UNCLEAR

52. Do the voices react if you try to talk to them?

YES / NO / UNCLEAR

If they react then:

- they make faces or gestures
- they give cursory / casual answers

- there is a sequence of several two-way statements
- it is possible to maintain a fluent conversation for a longer period

53. Have they always reacted in this way? YES / NO / UNCLEAR

If no, why? Please, explain.

54. Are you able to influence the voices in any way? YES / NO / UNCLEAR

Please give an example. (*If no: skip the next questions*)

55. Are you able to call the voices (request that they appear)? YES / NO / UNCLEAR

If yes, how do they normally respond?

56. If you receive orders from the voices, can you refuse them? YES / NO / UNCLEAR

If yes, which of these orders can be refused and which cannot?
What happens if you refuse to do what the voices order you?

TRIGGERS AND COPING STRATEGIES

57. Sometimes voices become active in specific circumstances. Are you aware of any such factors (situations, activities, emotional states) which activate your voices? YES / NO / UNCLEAR

If yes, please describe them.

If no, can you remember last time when the voice was activated and describe the situation and your emotional state? YES / NO / UNCLEAR

58. Do the voices keep talking while you are engaged in a conversation with another person? YES / NO / UNCLEAR

59. Have you observed that different triggers activate different voices? YES / NO / UNCLEAR

If yes please specify with respect to the voices listed before:

1. _____, 2. _____,

3. _____, 4. _____

60. If you know what activates the voices, do you then avoid these triggers? YES / NO / UNCLEAR

If yes, please give an example.

61. I will read some example strategies people use to cope with voices. Please, tell me if you have ever tried any of these strategies, how often and what was their effect.

No.	Strategies	Ever used?	Effects
a.	Sending the voices away	YES / NO	_____
b.	Trying to ignore the voices	YES / NO	_____
c.	Concentrating on listening to voices	YES / NO	_____
d.	Thinking about something else	YES / NO	_____
e.	Making a deal with the voices	YES / NO	_____
f.	Getting busy with some activity	YES / NO	_____
g.	Keeping a diary about the voices	YES / NO	_____
h.	Carrying out certain rituals / actions	YES / NO	_____
i.	Talking to or arguing with the voices	YES / NO	_____

- | | | | |
|----|--|----------|-------|
| j. | Doing what the voices want | YES / NO | _____ |
| k. | Going to sleep | YES / NO | _____ |
| l. | Doing relaxation, meditation, etc. | YES / NO | _____ |
| m. | Doing physical exercise, yoga, etc. | YES / NO | _____ |
| n. | Taking medication | YES / NO | _____ |
| o. | Taking alcohol or drugs | YES / NO | _____ |
| p. | Eating something | YES / NO | _____ |
| q. | Self-harming | YES / NO | _____ |
| r. | Making a phone call or meeting someone | YES / NO | _____ |
| s. | Talking to someone about the voices | YES / NO | _____ |
| t. | Other: please describe | YES / NO | _____ |
| | _____ | | |

62.

**Which coping strategies do you use most frequently?
Indicate, how often you use them.**

Coping strategy

Frequency:

- a) A few times a month
- b) A few times a week
- c) Once a day
- d) A few times a day

- | | | | | |
|----------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. _____ | <input type="checkbox"/> a | <input type="checkbox"/> b | <input type="checkbox"/> c | <input type="checkbox"/> d |
| 2. _____ | <input type="checkbox"/> a | <input type="checkbox"/> b | <input type="checkbox"/> c | <input type="checkbox"/> d |
| 3. _____ | <input type="checkbox"/> a | <input type="checkbox"/> b | <input type="checkbox"/> c | <input type="checkbox"/> d |
| 4. _____ | <input type="checkbox"/> a | <input type="checkbox"/> b | <input type="checkbox"/> c | <input type="checkbox"/> d |

63.

Do these strategies help?

YES / NO / UNCLEAR

If yes, please rate how helpful they are:

- a little bit moderately very much

64.

**If you have any effective coping strategies, is there anything
which prevents you from using them regularly?**

YES / NO / UNCLEAR

If yes, please explain.

65. Can you tell me about those with whom you have a personal relationship do they know about the voices, are they willing to talk about them, are they supportive in that respect?

No.	Name	Knows about voices	Talks about voices	Perceived level of support
1		YES / NO	YES / NO	none / some / plenty
2		YES / NO	YES / NO	none / some / plenty
3		YES / NO	YES / NO	none / some / plenty
4		YES / NO	YES / NO	none / some / plenty
5		YES / NO	YES / NO	none / some / plenty

66. Have you ever talked to a mental health professional about voices? YES / NO / UNCLEAR

If no, please explain why.

If yes, whom, when and what did they do?

67. Have you ever sought help from alternative or complementary health practitioners? YES / NO / UNCLEAR

If yes, please elaborate on how that worked for you.

68. Have you sought assistance from spiritual or religious sources? YES / NO / UNCLEAR

If yes, please elaborate on how that worked for you.

PERCEIVED ORIGIN OF VOICES

69. Do you consider them to be your own voices? YES / NO / UNCLEAR

70. Who or what do you think the voices might represent?

Can you explain that?

71. Do you think the voices are coming from a living person? YES / NO / UNCLEAR

YES / NO / UNCLEAR

If yes: **Is it someone you know?**

If yes: **Who?**

If no: **Have you got any ideas about who could that be?**

YES / NO / UNCLEAR

72. Do you think the voices are coming from a deceased person? YES / NO / UNCLEAR

YES / NO / UNCLEAR

If yes: **Is it someone you know?**

If yes: **Who?**

If no: **Have you got any ideas about who could that be?**

YES / NO / UNCLEAR

73. Do you think the voices are a symptom of an illness? YES / NO / UNCLEAR

If yes, which illness and why?

74. Do you think that hearing voices may be connected with using alcohol or drugs? YES / NO / UNCLEAR

If yes, please explain.

75. Do you think the voices are a replay of memories or conversations from the past? YES / NO / UNCLEAR

If yes, please explain.

76. Do you think the voices are your guide? YES / NO / UNCLEAR

If yes, what makes you think that?

77. Do you think they belong to a good spirit, angel, or god? YES / NO / UNCLEAR

If yes, what makes you think that?

78. Do you think they belong to an evil spirit or a devil? YES / NO / UNCLEAR

If yes, what makes you think that?

79. Do you think the voices are supernatural beings and only you can hear / sense them? YES / NO / UNCLEAR

If yes, what makes you think that?

80. **Do you think the voices represent extraordinary perceptions, such as telepathy, medium, clairvoyance?** YES / NO / UNCLEAR

If yes, what makes you think that?

81. **Do you think the voices are the result of the pain of other people around you?** YES / NO / UNCLEAR

If yes, what makes you think that?

82. **If none of the above describes why you hear voices, what is your own explanation?**

83. **Do the voices each have their own explanations for why they are there?** YES / NO / UNCLEAR

If yes, what are these?

OTHER UNUSUAL EXPERIENCES

Some people, besides hearing voices, sometime have other unusual experiences.

84. **Do you experience anything that other people would regard exceptional or uncommon?** YES / NO / UNCLEAR

If yes, please describe.

- 85. Do you think sometimes that other people deliberately try to upset you?** YES / NO / UNCLEAR
If yes, please describe.
- 86. Do you think that other people laugh at you or speak critically about you behind your back?** YES / NO / UNCLEAR
If yes, please describe.
- 87. Do you think that other people communicate about you in subtle ways?** YES / NO / UNCLEAR
If yes, please describe.
- Are these messages similar to what voices say? YES / NO / UNCLEAR
- 88. Have you ever had an idea that there are coded messages about you in press, TV, radio or Internet?** YES / NO / UNCLEAR
If yes, please describe.
- 89. Have you ever felt observed by other people or that there are cameras or bugs in your house or workplace?** YES / NO / UNCLEAR
If yes, please describe.
- 90. Have you ever felt that you have a special spiritual or religious meaning?** YES / NO / UNCLEAR
If yes, please describe.
- 91. Have you ever felt that people can read your mind or that you know what is going on in their heads without them telling you?** YES / NO / UNCLEAR
If yes, please describe.

92. Have you ever found yourself in some place but did not remember how you got there (not under the influence of substances)? YES / NO / UNCLEAR

If yes, please describe.

93. Do you ever realise that you cannot recall some of your daily activities or parts of the day even when trying hard (not under the influence of substances)? YES / NO / UNCLEAR

If yes, please describe.

94. Do you find evidence for doing something (e.g. shopping, making notes, socializing etc.) but having no memory of that (not under the influence of substances)? YES / NO / UNCLEAR

If yes, please describe.

95. Do you experience sometimes looking at yourself from a point outside your body, as if you were looking at someone else (not under the influence of substances)? YES / NO / UNCLEAR

If yes, please describe.

96. Have you ever had the experience that you do not recognize your own house or street (other than if you were under the influence of substances)? YES / NO / UNCLEAR

If yes, please describe.

97. Do you think any of these experiences are connected in any way with hearing voices? YES / NO / UNCLEAR

If yes, please describe.

INTERVIEWER'S OBSERVATIONS DURING THE INTERVIEW

A	Were there behavioural indicators that the participant could be listening to the voices (e.g. making short pauses while talking, looking in a particular direction while talking, shaking head etc.)?	YES / NO / UNCLEAR
B.	Did the participant seem to experience an internal conflict associated with talking about the voices (e.g. involuntary facial or body movements, signs of tension, avoiding eye contact etc.)?	YES / NO / UNCLEAR
C	Was participant's emotional state influenced by the voices (e.g. got angry as hostile voices or anxious as any of the fearful voices etc.)?	YES / NO / UNCLEAR
D.	Did the participant behave inadequately to his/her age (e.g. spoke like a little child, an adolescent or a person of a different age)?	YES / NO / UNCLEAR
E.	Did you have an impression that some of the voices spoke through the participant (e.g. when the participant was contacting or listening to a voice, he/she started to talk in a way that the voice usually talk)?	YES / NO / UNCLEAR
F.	Did the participant refer to himself/herself in the third person (e.g "she is doing things wrong") or first person plural ("we") at any point of the interview?	YES / NO / UNCLEAR
G.	Did the participant experience amnesia, depersonalization, derealization or a trance-like state at any point of the interview?	YES / NO / UNCLEAR
H.	Was there any other observation during the interview that you consider relevant to note?	YES / NO / UNCLEAR

If yes, please describe

Assessment of the voice complexity:

Complexity dimension	Check answers to questions	1-5
A) System complexity	13, 22, 32, 33, 34	
B) Content complexity	8, 22, 25, 26, 34, 39, 52, 75	
C) Voice's interest complexity	22, 26, 32, 34, 39	
D) Interaction complexity with voice-hearer	15, 17, 39, 50, 52, 53, 54, 55, 61i	
E) Voice's 'own life'	7, 22, 34, 35, 36, 39, 83	
F) Voice influence	18, 30, 37, 84, 92, 93, 94, 97	
X) Voice vocal characteristics	14, 16, 24, 36	