

| Questions to consider asking about auditory hallucinations | Why this question could be helpful |
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| Can you tell me more about your experience of hearing voices? | As with most conversations, start with an open-ended question. |
| How many people do you hear? Can you tell if it's a male or female voice? What kinds of things does the voice say? | Helps to understand the sensory experience |
| How do you feel when you hear the voice? What do you do when you hear the voice? | Helps to understand the emotional and functional impact |
| When did you first hear the voice? Are there certain times or occasions when your voices are more active? (time of day, when doing certain activities, or feeling a certain way)? Are there times when you don't hear voices? Is there anything you have found that makes the voices go away or seem less intense (talking with someone, talking with the voice, watching TV, drugs, or medications)? | These questions allow you to explore the patient's experience further and to help them be curious about their experience. You may be able to partner with the patient in devising coping strategies (for example, listening to music when the voice is bothersome). |
| Does the voice ever tell you to do anything? Does it ever threaten to harm you or someone else? Do you do what the voice tells you? Why or why not? | Risk stratification. A person hearing the voice of God telling them to kill themselves to protect their family from harm is at higher risk than someone hearing the voice of a man constantly commenting on what they are doing. |
| Many people I've spoken with have thought that their voice might be a friend or family member, or some kind of God or devil. Have you ever wondered something similar? What makes you think the voices is <i>[use the name]</i> ? How sure are you? | Prognosis. Young people who hear voices that are connected with a delusional explanation are more likely to develop the full syndrome of schizophrenia. |
| How often do you hear voices? How long do they last when you hear them? | Treatment planning. Consider starting a medication for frequent, persistent, distressing auditory hallucinations connected to a delusional explanation that are functionally impairing. |
| What percentage of the day do you hear the voice? | Monitoring. If you start an antipsychotic medication for someone who hears voices, this can be a useful number to follow to assess treatment response. A reduction from 75% of the day to 25% would be a robust treatment response. |