



The Bird Checklist of Adolescent Paranoia The B-CAP

Patient Name _____ DOB _____ Female

Provider Name _____ Date _____ Male _____ Other _____

This form is about worries you may have about other people. Please circle how often you have had each thought over the last 2 weeks.

	Never	Once	Couple of times	Few times a week	Every day	All the time
1. People at school are trying to make me feel unwanted	0	1	2	3	4	5
2. I'm sure people are gossiping about me on social media	0	1	2	3	4	5
3. I am being pushed out of conversations on purpose	0	1	2	3	4	5
4. My friends or partner are ignoring my messages to upset me	0	1	2	3	4	5
5. People are trying to embarrass me in class on purpose	0	1	2	3	4	5
6. People are making sly comments to upset me	0	1	2	3	4	5
7. I think people are lying to me on purpose	0	1	2	3	4	5
8. People say things under their breath to wind me up	0	1	2	3	4	5
9. Nasty tricks are being played on me	0	1	2	3	4	5
10. People are trying to confuse me on purpose	0	1	2	3	4	5
11. Groups of people are planning against me	0	1	2	3	4	5
12. People are collecting my information or photos to use against me	0	1	2	3	4	5
13. I'm sure people are seeking revenge on me	0	1	2	3	4	5
14. I feel like I am being followed or stalked	0	1	2	3	4	5
15. I am scared of what strangers will do to me	0	1	2	3	4	5
16. People will try to kidnap me	0	1	2	3	4	5
17. I could be attacked at any time	0	1	2	3	4	5
18. I feel unsafe around people everywhere I go	0	1	2	3	4	5



NOTES: