



14	Have you felt like you were in a dream while you were awake, or as if things around you were strange like in a dream?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
15	Have you felt like you are looking down on yourself from above, or like you are seeing your body from outside?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
16	Have other problems bothered you (for example, feeling sick, having any aches or pains, feeling lonely, or not getting along with your friends and other people)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

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