Dissociative Symptoms Scale

DISSOCIATIVE SYMPTOMS SCALE

Indicate how much each thing has happened to you in the past week. * indicates a required field

Things around me seemed strange or unreal.

- ◯ Not at all
- ◯ Once or twice
- ◯ Almost every day
- ◯ About once a day
- ◯ More than once a day

I had moments when I lost control and acted like I was back in an upsetting time in my past.

- ◯ Not at all
- ◯ Once or twice
- ◯ Almost every day
- ◯ About once a day
- ◯ More than once a day

I heard something that I know really wasn't there.

- ◯ Not at all
- ◯ Once or twice
- ◯ Almost every day
- ◯ About once a day
- ◯ More than once a day

I felt like I was in a movie – like nothing that was happening was real.

- ◯ Not at all
- ◯ Once or twice
- ◯ Almost every day
- ◯ About once a day
- ◯ More than once a day

I saw something that seemed real, but was not.

- ◯ Not at all
- ◯ Once or twice
- ◯ Almost every day
- ◯ About once a day
- ◯ More than once a day

I suddenly realized that I hadn't been paying attention to what was going on around me.

- ◯ Not at all
- ◯ Once or twice
- ◯ Almost every day
- ◯ About once a day
- ◯ More than once a day

I reacted to people or situations as if I were back in an upsetting time in my past.

- ◯ Not at all
- ◯ Once or twice
- ◯ Almost every day
- ◯ About once a day
- ◯ More than once a day

I got so focused on something going on in my mind that I lost track of what was happening around me.

- ◯ Not at all
- ◯ Once or twice
- ◯ Almost every day
- ◯ About once a day
- ◯ More than once a day