

Histrionic Personality Disorder Test

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This test is designed to assess the presence of traits associated with Histrionic Personality Disorder (HPD) as described in the DSM-5. It is intended for preliminary self-assessment purposes only and not to be used as a diagnostic tool. A diagnosis of HPD can only be made by a qualified mental health professional based on a comprehensive clinical evaluation.

Please read each statement carefully and indicate how much you agree or disagree with it based on your experiences over the past six months. Answer all questions honestly for the most accurate assessment.

0 = Strongly Disagree, 1 = Disagree, 2 = Neutral, 3 = Agree, 4 = Strongly Agree

Name: _____ Date: _____ dd / mm / yyyy

I am uncomfortable when I am not the center of attention.

☐ ☐ ☐ ☐ ☐

0 1 2 3 4

I often feel that my relationships are more intimate than they actually are.

☐ ☐ ☐ ☐ ☐

0 1 2 3 4

My emotions can change very rapidly and intensely.

☐ ☐ ☐ ☐ ☐

0 1 2 3 4

I often use my physical appearance to draw attention to myself.

☐ ☐ ☐ ☐ ☐

0 1 2 3 4

I tend to speak in a very impressionistic way that lacks in detail.

☐ ☐ ☐ ☐ ☐

0 1 2 3 4

I find it difficult to not be theatrical or dramatic in my expression of emotions.

☐ ☐ ☐ ☐ ☐

0 1 2 3 4

I am easily influenced by others or by current trends.

☐ ☐ ☐ ☐ ☐

0 1 2 3 4

I consider my relationships to be more intimate than they are in reality.

☐ ☐ ☐ ☐ ☐

0 1 2 3 4

I have been accused of being shallow or not genuinely invested in relationships.

☐ ☐ ☐ ☐ ☐

0 1 2 3 4

I find it challenging to maintain long-term relationships because I get bored easily.

☐ ☐ ☐ ☐ ☐

0 1 2 3 4

Total Score: _____

Signature of Professional (If applicable)

Date (Professional): _____ dd / mm / yyyy

Patient / Guardian Signature (Acknowledgement of Understanding)

Date (Patient/Guardian): _____ dd / mm / yyyy