

Child Dissociative Checklist (CDC), Version 3

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Date: _____ **Age:** _____

Sex: _____ [Male/Female] **Identification:** _____

Below is a list of behaviors that describe children.

For each item that describes your child **NOW or WITHIN THE PAST 12 MONTHS**, please circle **2** if the item is VERY TRUE of your child. Circle **1** if the item is SOMEWHAT or SOMETIMES TRUE of your child. If the item is NOT TRUE of your child, circle **0**.

	Score			Behavior
	0	1	2	
1.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Child does not remember or denies traumatic or painful experiences that are known to have occurred.
2.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Child goes into a daze or trance-like state at times or often appears "spaced-out." Teachers may report that he or she "daydreams" frequently in school.
3.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Child shows rapid changes in personality. He or she may go from being shy to being outgoing, from feminine to masculine, from timid to aggressive.
4.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Child is unusually forgetful or confused about things that he or she should know, e.g., may forget the names of friends, teachers, or other important people, loses possessions or gets easily lost.
5.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Child has a very poor sense of time. He or she loses track of time, may think that it is morning when it is actually afternoon, gets confused about what day it is, or becomes confused about when something has happened.
6.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Child shows marked day-to-day or even hour-to-hour variations in his or her skills, knowledge, food preferences, athletic abilities, e.g., changes in handwriting, memory for previously learned information such as multiplication tables, spelling, use of tools or artistic ability.
7.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Child shows rapid regressions in age-level behavior, e.g., a twelve-year-old starts to use baby-talk, sucks thumb, or draws like a four-year-old.
8.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Child has a difficult time learning from experience, e.g., explanations, normal discipline or punishment do not change his or her behavior.

9.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Child continues to lie or deny misbehavior even when the evidence is obvious.
10.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Child refers to himself or herself in the third person (e.g., as she or her) when talking about self, or at times insists on being called by a different name. He or she may also claim that things that he or she did actually happened to another person.
11.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Child has rapidly changing physical complaints such as headache or upset stomach. For example, he or she may complain of a headache one minute and seem to forget about it the next.
12.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Child is unusually sexually precocious and may attempt age-inappropriate sexual behavior with other children or adults.
13.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Child suffers from unexplained injuries or may even deliberately injure self at times.
14.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Child reports hearing voices that talk to him or her. The voices may be friendly or angry and may come from "imaginary companions" or sound like the voices of parents, friends, or teachers.
15.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Child has a vivid imaginary companion or companions. Child may insist that the imaginary companion(s) is responsible for things that he or she has done.
16.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Child has intense outbursts of anger, often without apparent cause and may display unusual physical strength during these episodes.
17.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Child sleepwalks frequently.
18.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Child has unusual nighttime experiences, e.g., may report seeing "ghosts" or that things happen at night that he or she can't account for (e.g., broken toys, unexplained injuries).
19.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Child frequently talks to him or herself, may use a different voice or argue with self at times.
20.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Child has two or more distinct and separate personalities that take control over the child's behavior.

Scoring the Child Dissociative Checklist

The Child Dissociative Checklist is a clinical screening tool intended to identify potential dissociative pathology in children. It's important to interpret the scores within the context of each child's unique circumstances and in conjunction with other clinical assessments.

Interpretation of Scores Based on Research Findings:

- **Dissociative Disorder Not Otherwise Specified (DDNOS):** In the initial validation sample, children diagnosed with DDNOS had an average score of 16.8, with a standard deviation of 4.7.
- **Dissociative Identity Disorder (DID):** Children with a diagnosis of DID demonstrated an average score of 24.5, with a standard deviation of 5.2.
- **General Findings:** Other studies have reported an average score of 22 for children diagnosed with dissociative disorders.

Guidelines for Clinical Attention:

- **Scores Above 12:** Scores exceeding 12 should be viewed with caution. They may indicate the presence of dissociative symptoms that warrant further investigation.
- **Scores Above 19:** A score higher than 19 is particularly concerning, suggesting the possibility of a serious dissociative disorder. Such scores necessitate a comprehensive clinical evaluation.

Note:

It is crucial to consider these scores as indicative rather than definitive. Professional judgment, detailed clinical interviews, and a holistic view of the child's psychological state are essential for accurate diagnosis and treatment planning.

Source: Putnam, F. W. (1990). Child Dissociative Checklist (CDC) [Database record]. APA PsycTests.