

Depersonalization PTSD Questionnaire

Patient's Name:

Date:

Physician's Name:

DEPERSONALIZATION QUESTIONNAIRE

Instructions:

- Read the 30 statement
- Mark the statements with a **Yes** if it's **true for you** or **No** if **it's not true for you**.
- For **every Yes statement**, add the **appropriate number** in the **Frequency** and **Duration** columns.

Legend:

	Frequency
0	Never
1	Rarely
2	Often
3	Very Often
4	All the Time

	Duration
1	Several Seconds
2	Several Minutes
3	Few Hours
4	A Day
5	Several Days
6	More than a Week

Test

	Statement	Yes	No	Frequency	Duration
1	I feel hollow and empty inside.	<input type="checkbox"/>	<input type="checkbox"/>		
2	I feel like I have lost my sense of myself.	<input type="checkbox"/>	<input type="checkbox"/>		
3	I feel like I am observing myself from the outside, looking inside.	<input type="checkbox"/>	<input type="checkbox"/>		
4	I feel like an automaton.	<input type="checkbox"/>	<input type="checkbox"/>		
5	My head feels empty and without thoughts.	<input type="checkbox"/>	<input type="checkbox"/>		
6	I stopped laughing, crying, and feeling pain like I used to.	<input type="checkbox"/>	<input type="checkbox"/>		
7	My body feels very light	<input type="checkbox"/>	<input type="checkbox"/>		
8	I don't feel anything in dangerous situations.	<input type="checkbox"/>	<input type="checkbox"/>		
9	I am paying a lot of attention to my bodily sensations and/or my thoughts.	<input type="checkbox"/>	<input type="checkbox"/>		
10	My body and mind seem disconnected.	<input type="checkbox"/>	<input type="checkbox"/>		
11	I don't enjoy anything. I have no favorite meal, music, or sport	<input type="checkbox"/>	<input type="checkbox"/>		
12	Parts of my body are not mine.	<input type="checkbox"/>	<input type="checkbox"/>		
13	Suddenly, I feel strange and detached.	<input type="checkbox"/>	<input type="checkbox"/>		
14	I feel flat and lifeless.	<input type="checkbox"/>	<input type="checkbox"/>		

15	My belly feels. tight.	<input type="checkbox"/>	<input type="checkbox"/>		
16	Familiar voices feel unreal.	<input type="checkbox"/>	<input type="checkbox"/>		
17	I feel parts of my body getting larger or smaller	<input type="checkbox"/>	<input type="checkbox"/>		
18	I hallucinate.	<input type="checkbox"/>	<input type="checkbox"/>		
19	I feel suicidal.	<input type="checkbox"/>	<input type="checkbox"/>		
20	I feel like hurting other people and being revengeful.	<input type="checkbox"/>	<input type="checkbox"/>		
21	When I look at my reflection in the mirror, I see another person.	<input type="checkbox"/>	<input type="checkbox"/>		
22	My perceptions of time and space have changed.	<input type="checkbox"/>	<input type="checkbox"/>		
23	I have sleeping problems and/or nightmares.	<input type="checkbox"/>	<input type="checkbox"/>		
24	I fear I might be going crazy.	<input type="checkbox"/>	<input type="checkbox"/>		
25	I don't feel any affection toward my family and friends.	<input type="checkbox"/>	<input type="checkbox"/>		
26	I feel like I am outside of my body.	<input type="checkbox"/>	<input type="checkbox"/>		
27	I have to touch myself to feel real.	<input type="checkbox"/>	<input type="checkbox"/>		
28	I feel I have a physical illness that is not treated.	<input type="checkbox"/>	<input type="checkbox"/>		
29	I don't understand myself.	<input type="checkbox"/>	<input type="checkbox"/>		
30	I am so alert, like I have overdosed on coffee	<input type="checkbox"/>	<input type="checkbox"/>		

INTERPRETING THE ANSWERS TO THE DEPERSONALIZATION QUESTIONNAIRE

Patient's Name:

Physician's Name:

SCORING INSTRUCTIONS (Part 1)

If they answer **yes** on certain statements, give them the corresponding points for each answer.

Statement Number	Points per Answer
2, 3, 6, 10, 13, 16, 22, 25, 26, and 28	10 points
1, 4, 5, 7, 9, 11, 14, 15, 29, and 30	20 points
8, 12, 17, 18, 19, 20, 21, 23, 24, and 27	30 points

Part 1 Score: _____

SCORING INSTRUCTIONS (Part 2)

Add all of the **frequency** and **duration** markings.

Part 2 Score: _____

TOTAL SCORE: (Part 1 Score: _____) + (Part 2 Score: _____) = _____

INTERPRETATION

Score	Trauma Classification
Less than or equal to 200	Mild
Between 200 and 300	Medium
Higher than 300	Severe

Additional Notes: