

Simplified Dissociative Experiences Scale

Applicant's Name: _____

Instructions: Please check the box that best represents how often you've experienced each situation.

	Never	Rarely	Some- times	Often	Always
1. Do you ever find yourself in places and cannot remember how you got there?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever listen to someone talk and suddenly realize you did not hear part or all of what was said?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever find new things among your belongings that you do not remember buying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever feel as though you are standing next to yourself or watching yourself do something, and you actually see yourself as if you were looking at another person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you ever find that you have no memory for some important events in your lives (for example, a wedding or graduation)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you ever look in a mirror and not recognize yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you ever feel that other people, objects, and the world around them are not real?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you ever feel that your body does not seem to belong to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you ever remember a past event so vividly that you feel as if you were reliving that event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you ever not sure whether things that you remember happening really did happen or whether they just dreamed them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you ever feel as if you are looking at the world through a fog so that people and objects appear far away or unclear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you ever find that when they are watching television or a movie they become so absorbed in the story that they are unaware of other events happening around them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you ever become so involved in a fantasy or daydream that it feels as though it were really happening to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your time. Please hand this back to your clinician or counselor.

Disclaimer: This self-assessment is not a diagnostic tool. For a full evaluation of your symptoms, please consult with a mental health professional.