

Dissociative Identity Disorder Self-Assessment

Applicant Details:

| | |
|---------------------|--|
| Name: | |
| Date of Birth: | |
| Date of Assessment: | |

Instructions: Please read each question carefully and select the response that best describes your experience. This is a screening tool and should not replace a full evaluation by a mental health professional.

| | Never | Rarely | Some-times | Often | Always |
|--------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. At times, I am unable to recall some important events of my life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Some places which should be familiar to me appear completely unknown and strange | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have dialogues with another identity within myself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. When I am alone, I converse out loud with myself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I experience shifts in behavior and emotion that feel like different identities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. People inform me of conversations I've had but I have no memory of them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I feel like different aspects of my personality are in control at different times | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. There are gaps in my memory about daily events | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I find evidence of things I have done but I do not remember doing them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I find myself in places and I do not remember how I got there | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|-------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 11. I hear voices in my head that are not my own | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I feel like I am not real or living in a dream | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I have difficulty remembering my childhood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I feel like there are different people inside me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I have been told that I sometimes act like a completely different person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Notes

Reminder: The Dissociative Identity Disorder Test is a screening tool for preliminary self-assessment and is not designed to definitively diagnose Dissociative Identity Disorder. If the test result indicates potential dissociative symptoms, further professional evaluation is necessary to confirm a diagnosis. Please seek help from a qualified mental health professional if you have concerns about your mental health.