

Multiple Personality Disorder (Dissociative Identity Disorder) Self-Assessment

This self-assessment is designed to help you understand whether you might be experiencing symptoms associated with Multiple Personality Disorder, now known as Dissociative Identity Disorder (DID). It's important to note that this test cannot provide a diagnosis. Only a qualified mental health professional can diagnose DID. This assessment is for informational purposes only.

Respondent Information

Name: _____

Date: _____

Instructions

Please answer the following questions based on your experiences. Select the option that best describes how frequently you experience each symptom.

- 0 = Never
- 1 = Rarely
- 2 = Sometimes
- 3 = Often
- 4 = Always

Questions

1. Do you feel like more than one person, each with their own memories, behaviors, and thoughts?

1 2 3 4 5

2. Do you experience gaps in your memory about daily events, personal information, or past traumatic events?

1 2 3 4 5

3. Do people tell you that you have done things or said things that you do not remember?

1 2 3 4 5

4. Do you find items in your possession that you do not remember acquiring?

1

2

3

4

5

5. Do you feel disconnected or detached from your emotions or body?

1

2

3

4

5

6. Do you hear voices inside your head that are distinct from your own thoughts?

1

2

3

4

5

7. Do you feel that your sense of self changes depending on the situation or context?

1

2

3

4

5

8. Have you experienced severe trauma or stress, especially during childhood?

1

2

3

4

5

9. Do you often feel confused about your identity or who you are?

1

2

3

4

5

10. Do you find yourself behaving in ways that are uncharacteristic or surprising to you?

1

2

3

4

5

Scoring

- **Total Score:** [_____] (Sum of all responses)

Interpretation

- **0-10:** Unlikely to exhibit symptoms of DID.
- **11-20:** Some symptoms that may suggest DID, further evaluation recommended.
- **21-30:** Moderate indication of DID symptoms, professional assessment advised.
- **31-40:** Strong indication of DID symptoms, seek a mental health professional for a comprehensive evaluation.

For Professional Use

If you are a clinician or researcher using this test, please ensure it is administered in a supportive environment and that the results are interpreted in conjunction with a comprehensive clinical evaluation.

Respondent's Signature (optional): _____ **Date:** _____

Professional's Signature (if applicable): _____ **Date:** _____