

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:** _____