DSPS PTSD Dissociation Test

The following questions ask about experiences you may or may not have had. For each question, you will be asked if you have ever experienced this symptom and, if so, if you have experienced it in the past month. You will also be asked about the frequency and severity of the symptom in the past month. There are no right or wrong answers to these questions; just respond with what is true for you.

Symptoms	A. Has this EVER happened to you?	B. Has this happened in the PAST MONTH?	In this past month: C. How often has this happened?					In this past month: D. How strong is that feeling?						E. Did this only occur when you were tired or on medications or drugs that made you tired?
			Never	Once or twice	1-2 times a week	3-4 times a week	Daily	N/A	Not very strong	Somewhat strong	Moderately Strong	Very Strong	Extremely Strong	
1. Have there been times where you felt disconnected from your body, as if your body were not your own?	◯ Yes ◯ No	◯ Yes ◯ No	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ Yes ◯ No
2. Have you felt “checked out," that is, as if you were not really present and aware of what was going on around you?	◯ Yes ◯ No	◯ Yes ◯ No	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ Yes ◯ No
3. Have there been times when you felt like you were outside of your own body, as if you could look at yourself from the outside?	◯ Yes ◯ No	◯ Yes ◯ No	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ Yes ◯ No
4. Have you “lost time”— that is, been unable to account for large portions of your day or had trouble accounting for what you did for portions of your day?	◯ Yes ◯ No	◯ Yes ◯ No	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ Yes ◯ No
5. Have there been times when you looked in the mirror and did not recognize yourself physically?	◯ Yes ◯ No	◯ Yes ◯ No	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ Yes ◯ No

US Department of Veterans Affairs. (n.d.). DSPS PTSD Dissociation Test. https://www.ptsd.va.gov/professional/assessment/documents/DSPS.pdf.

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6. Have there been times when you were in a familiar place, yet it seemed strange and unfamiliar to you?	◯ Yes ◯ No	◯ Yes ◯ No	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ Yes ◯ No
7. Have there been times when your body did not feel real?	◯ Yes ◯ No	◯ Yes ◯ No	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ Yes ◯ No
8. Have there been times when the world around you (other people, objects, places) did not seem real?	◯ Yes ◯ No	◯ Yes ◯ No	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ Yes ◯ No
9. Have there been times when your body felt very strange and unfamiliar to you, as if it were not your own body?	◯ Yes ◯ No	◯ Yes ◯ No	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ Yes ◯ No
10. Have there been times when you felt lost, disoriented, or confused in a location that you know well?	◯ Yes ◯ No	◯ Yes ◯ No	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ Yes ◯ No
11. Have there been times (other than when you were tired, sleepy, or on medications or drugs that made you drowsy) when you felt as if you were in a daze or a fog?	◯ Yes ◯ No	◯ Yes ◯ No	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ Yes ◯ No

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12. Have there been times when you felt like you were watching the world around you as an outsider, as if it were a movie, but the world did not seem real?	◯ Yes ◯ No	◯ Yes ◯ No	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ Yes ◯ No
13. Have you had trouble remembering how you got somewhere (i.e., finding yourself at work, at home, at a store, or elsewhere without remembering how you traveled there)?	◯ Yes ◯ No	◯ Yes ◯ No	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ Yes ◯ No
14. Have you had trouble remembering important details about your worst traumatic event?	◯ Yes ◯ No	◯ Yes ◯ No	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ Yes ◯ No
Specify event:														
15. Have you thought that you should be able to remember more about this worst traumatic event?	◯ Yes ◯ No	◯ Yes ◯ No	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ Yes ◯ No
Specify event:														

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