

Reality Check Dissociation Worksheet

Your full name:

Your therapist's full name:

Date accomplished:

Instructions for therapists: Please prepare a room with enough things for the patient to touch, a snack or meal to smell and taste, music or other things that can produce sounds for them to hear, and visually pleasing things to look at.

Instructions for patients: Below are questions concerning your five senses. Please answer all of them and be as detailed as you possibly can.

1. What do I and can I feel with my hands and feet?

2. What can I smell?

3. What can I taste?

4. What do I see in front of me and around me?

5. What can I hear right now?

6. Before engaging in this reality check exercise, how were you feeling (especially if you underwent a dissociative episode)? How do you feel now after undergoing this exercise? Did it help? Please be as detailed as you can.