

**THE DISSOCIATIVE
DISORDERS INTERVIEW
SCHEDULE**

**DSM-5 SELF-REPORT
VERSION**

**CONSENT FORM FOR THE DISSOCIATIVE
DISORDERS INTERVIEW SCHEDULE
DSM-5 SELF-REPORT VERSION**

I agree to be interviewed as part of a research project on dissociative disorders. Dissociative disorders involve problems with memory.

I understand that the interview contains some personal questions about my sexual and psychological history, however, all information that I give will be kept confidential. My name will not appear on the research questionnaire.

I understand that my answers will have no direct effect on how I am treated in the future.

I understand that the overall results of this research will be published and these results will be available to authorities or therapists involved with me.

I understand that the interviewer and other researchers cannot offer me treatment.

I understand that the purpose of this interview is for research and that I cannot expect any direct benefit to myself other than knowing that I have helped the researchers understand dissociative disorders better.

I agree to answer the interviewer's questions as well as I can but I know that I am free not to answer any particular questions I do not want to answer.

Although I have signed my name to this form, I know that it will be kept separate from my answers and that my answers cannot be connected to my name, except by the interviewer and his/her research colleagues.

I also understand that I may be asked to participate in further dissociative disorders interviews in the future, but that I will be free to say no. If I do say no this will have no consequences for me and any authorities or therapists involved with me will not be told of my decision not to be interviewed again.

Signed: _____

Witness: _____

Date: _____

DEMOGRAPHIC DATA FOR DISSOCIATIVE DISORDERS INTERVIEW SCHEDULE
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Age: []
[]

Sex: Male=1 Female=2 []

Marital Status: Single=1 Married (including common-law)=2
Separated/Divorced=3 Widowed=4 []

Number of Children: (If no children, score 0) []

Occupational Status: Employed=1 Unemployed=2 []

Have you been in jail in the past?
Yes=1 No=2 Unsure=3 []

DISSOCIATIVE DISORDERS INTERVIEW SCHEDULE

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Questions in the Dissociative Disorders Interview Schedule must be asked in the order they occur in the Schedule.

Most of the questions can be answered Yes, No or Unsure. A few of the questions have different answers and these will be explained as you go along.

1. Do you suffer from headaches? Yes=1 No=2 Unsure=3 []

If you answered No to question 1, go to question 3:

2. Have you been told by a doctor that you have migraine headaches?
Yes=1 No=2 Unsure=3 []

You are now going to be asked about a series of physical symptoms. To count a symptom as present and to answer Yes to these questions, the following must be met:

“I am going to ask you about a series of physical symptoms now. To count a symptom as present and to answer yes to these questions, one or more of the following must be met:

- a) you have disproportionate or persistent thoughts about the seriousness of the symptom.
- b) you have a persistently high level of anxiety about health or the symptom.
- c) you devote excessive time and energy to the symptom or health concern.”

Have you ever had the following physical symptoms?

3. Abdominal pain (other than when menstruating)
Yes=1 No=2 Unsure=3 []

4. Nausea (other than motion sickness)
Yes=1 No=2 Unsure=3 []

5. Vomiting (other than motion sickness)
Yes=1 No=2 Unsure=3 []

6. Bloating (gassy)

- | | | | | | |
|-----|---|------|----------|---|---|
| | Yes=1 | No=2 | Unsure=3 | [|] |
| 7. | Diarrhea | | | | |
| | Yes=1 | No=2 | Unsure=3 | [|] |
| 8. | Intolerance of (gets sick on) several different foods | | | | |
| | Yes=1 | No=2 | Unsure=3 | [|] |
| 9. | Back pain | | | | |
| | Yes=1 | No=2 | Unsure=3 | [|] |
| 10. | Joint pain | | | | |
| | Yes=1 | No=2 | Unsure=3 | [|] |
| 11. | Pain in extremities (the hands and feet) | | | | |
| | Yes=1 | No=2 | Unsure=3 | [|] |
| 12. | Pain in genitals other than during intercourse | | | | |
| | Yes=1 | No=2 | Unsure=3 | [|] |
| 13. | Pain during urination | | | | |
| | Yes=1 | No=2 | Unsure=3 | [|] |
| 14. | Other pain (other than headaches) | | | | |
| | Yes=1 | No=2 | Unsure=3 | [|] |
| 15. | Shortness of breath when not exerting oneself | | | | |
| | Yes=1 | No=2 | Unsure=3 | [|] |
| 16. | Palpitations (a feeling that your heart is beating very strongly) | | | | |
| | Yes=1 | No=2 | Unsure=3 | [|] |
| 17. | Chest pain | | | | |
| | Yes=1 | No=2 | Unsure=3 | [|] |
| 18. | Dizziness | | | | |
| | Yes=1 | No=2 | Unsure=3 | [|] |
| 19. | Difficulty swallowing | | | | |
| | Yes=1 | No=2 | Unsure=3 | [|] |
| 20. | Loss of voice | | | | |
| | Yes=1 | No=2 | Unsure=3 | [|] |
| 21. | Deafness | | | | |
| | Yes=1 | No=2 | Unsure=3 | [|] |

22. Double vision
Yes=1 No=2 Unsure=3 []
23. Blurred vision
Yes=1 No=2 Unsure=3 []
24. Blindness
Yes=1 No=2 Unsure=3 []
25. Fainting or loss of consciousness
Yes=1 No=2 Unsure=3 []
26. Amnesia
Yes=1 No=2 Unsure=3 []
27. Seizure or convulsion
Yes=1 No=2 Unsure=3 []
28. Trouble walking
Yes=1 No=2 Unsure=3 []
29. Paralysis or muscle weakness
Yes=1 No=2 Unsure=3 []
30. Urinary retention or difficulty urinating
Yes=1 No=2 Unsure=3 []
31. Long periods with no sexual desire
Yes=1 No=2 Unsure=3 []
32. Pain during intercourse
Yes=1 No=2 Unsure=3 []

Note: If you are male answer question 33 and then go to question 38. If female, go to question 34.

33. Impotence
Yes=1 No=2 Unsure=3 []
34. Irregular menstrual periods
Yes=1 No=2 Unsure=3 []
35. Painful menstruation
Yes=1 No=2 Unsure=3 []

36. Excessive menstrual bleeding
Yes=1 No=2 Unsure=3 []
37. Vomiting throughout pregnancy
Yes=1 No=2 Unsure=3 []
38. Have you had many physical symptoms over a period of several years beginning before the age of 30 that resulted in your seeking treatment or which caused occupational or social impairment?
Yes=1 No=2 Unsure=3 []
39. Were the physical symptoms you described deliberately produced by you?
Yes=1 No=2 Unsure=3 []
40. Have you ever had a drinking problem?
Yes=1 No=2 Unsure=3 []
41. Have you ever used street drugs extensively?
Yes=1 No=2 Unsure=3 []
42. Have you ever injected drugs intravenously?
Yes=1 No=2 Unsure=3 []
43. Have you ever had treatment for a drug or alcohol problem?
Yes=1 No=2 Unsure=3 []
44. Have you ever had treatment for an emotional problem or mental disorder?
Yes=1 No=2 Unsure=3 []
45. Do you know what psychiatric diagnoses, if any, you have been given in the past?
Yes=1 No=2 Unsure=3 []
46. Have you ever been diagnosed as having:
a) depression []
b) mania []
c) schizophrenia []
d) anxiety disorder []
e) other psychiatric disorder (specify) []

Yes=1 No=2 Unsure=3

47. Have you ever been diagnosed as having:
- a) dissociative amnesia []
 - b) dissociative fugue []
 - c) dissociative identity disorder (multiple personality disorder) []
 - d) depersonalization disorder []
 - e) dissociative disorder not otherwise specified []
- Yes=1 No=2 Unsure=3
48. Have you ever been prescribed psychiatric medication?
Yes=1 No=2 Unsure=3 []
49. Have you ever been prescribed one of the following medications?
- a) antipsychotic []
 - b) antidepressant []
 - c) lithium []
 - d) anti-anxiety or sleeping medication []
 - e) other (specify) _____ []
- Yes=1 No=2 Unsure=3
50. Have you ever received ECT, also know as electroshock treatment?
Yes=1 No=2 Unsure=3 []
51. Have you ever had therapy for emotional, family, or psychological problems, for more than 5 sessions in one course of treatment?
Yes=1 No=2 Unsure=3 []
52. How many therapists, if any, have you seen for emotional problems or mental illness in your life.
Unsure=89 []

If you answered No to both questions 51 and 52, go to question 54.

53. Have you ever had a treatment for an emotional problem or mental illness which was ineffective?
Yes=1 No=2 Unsure=3 []
54. Have you ever had a period of depressed mood lasting at least two weeks in which you felt depressed, blue, hopeless, low, or down in the dumps?
Yes=1 No=2 Unsure=3 []

If you answered No to question 54, go to question 62.

If you answered Yes or Unsure, during this period did you experience the following symptoms nearly every day for at least two weeks?

55. Poor appetite or significant weight loss (when not dieting) or increased appetite or significant weight gain.
Yes=1 No=2 Unsure=3 []
56. Sleeping too little or too much.
Yes=1 No=2 Unsure=3 []
57. Being physically and mentally slowed down, or agitated to the point where it was noticeable to other people.
Yes=1 No=2 Unsure=3 []
58. Loss of interest or pleasure in usual activities, or decrease in sexual drive.
Yes=1 No=2 Unsure=3 []
59. Loss of energy or fatigue nearly every day.
Yes=1 No=2 Unsure=3 []
60. Feelings of worthlessness, self-reproach, or excessive or inappropriate guilt nearly every day.
Yes=1 No=2 Unsure=3 []
61. Difficulty concentrating or difficulty making decisions.
Yes=1 No=2 Unsure=3 []
62. Recurrent thoughts of death, suicidal thoughts, wishes to be dead, or attempted suicide.
Yes=1 No=2 Unsure=3 []

If you have made a suicide attempt, did you:

- a) take an overdose []
- b) slash your wrists or other body areas []
- c) inflict cigarette burns or other self injuries []
- d) use a gun, knife, or other weapons []
- e) attempt hanging []
- f) use another method []
- Yes=1 No=2 Unsure=3

63. If you have had an episode of depression as described above,
is it: []
- currently active, first occurrence =1
currently in remission =2
currently active, recurrence =3
uncertain =4
due to a specific organic cause =5
64. Have you ever experienced the following
Yes=1 No=2 Unsure=3
- a) voices arguing in your head []
- b) voices commenting on your actions []
- c) having your feelings made or controlled by someone
or something outside you []
- d) having your thoughts made or controlled by someone
or something outside you []
- e) having your actions made or controlled by someone
or something outside you []
- f) Influences from outside you playing on or affecting your
body such as some external force or power. []
- g) having thoughts taken out of your mind []
- h) thinking thoughts which seemed to be someone else's []
- i) hearing your thoughts out loud []
- j) other people being able to hear your thoughts as if they're
out loud []
- k) thoughts of a delusional nature that were very out of
touch with reality []

If you answered No to all the items in question 64, go to question 67.

If you have experienced any of the symptoms in question 64, are they clearly limited to one of the following:

65. Occurred only under the influence of drugs, or alcohol.
Yes=1 No=2 Unsure= 3 []
66. Occurred only during a major depressive episode.
Yes=1 No=2 Unsure= 3 []
67. Have you ever walked in your sleep?
Yes=1 No=2 Unsure= 3 []

If you answered No to question 67, go to question 69.

68. If you have walked in your sleep, how many times roughly?
1-10=1 11-50=2 >50= 3 Unsure=3 []
69. Have you ever had a trance-like episode where you stare off into space, lose awareness of what is going on around you and lose track of time?
Yes=1 No=2 Unsure= 3 []

If you answered No to question 69, go to question 71.

70. If you have had this experience, how many times, roughly?
1-10=1 11-50=2 >50=3 Unsure=4 []
71. Did you have imaginary playmates as a child?
Yes=1 No=2 Unsure= 3 []

If you answered No to question 71, go to question 73.

72. If you had imaginary playmates, how old were you when they stopped. Unsure=0 []

If you still have imaginary companions score your current age.

73. Were you physically abused as a child or adolescent?
Yes=1 No=2 Unsure= 3 []

If you answered No to question 73, go to question 78.

74. Was the physical abuse independent of episodes of sexual abuse?
Yes=1 No=2 Unsure= 3 []

75. If you were physically abused, was it by:
- a) father []
 - b) mother []
 - c) stepfather []
 - d) stepmother []
 - e) brother []
 - f) sister []
 - g) male relative []
 - h) female relative []
 - i) other male []
 - j) other female []
- Yes=1 No=2 Unsure= 3

76. If you were physically abused, how old were you when it started?
Unsure=89. **If less than 1 year, score 0.** []

77. If you were physically abused how old were you when it stopped? Unsure=89
If less than 1 year, score 0. If ongoing score your current age. []

78. Were you sexually abused as a child or adolescent? Sexual abuse includes rape, or any type of unwanted sexual touching or fondling that you may have experienced.
Yes=1 No=2 Unsure= 3 []

If you answered No to question 78, go to question 85. If you answered Yes or Unsure to question 78, read the following before answering further questions on sexual abuse:

The following questions concern detailed examples of the types of sexual abuse you may or may not have experienced. Because of the explicit nature of these questions, you have the option not to answer any or all of them.

The reason you are being asked these questions is to try to determine the severity of the abuse that you experienced. You may answer Yes, No, Unsure or not give an answer to each question.

79. If you were sexually abused was it by:
- a) father []
 - b) mother []
 - c) stepfather []
 - d) stepmother []
 - e) brother []
 - f) sister []
 - g) male relative []
 - h) female relative []
 - i) other male []
 - j) other female []
- Yes=1 No=2 Unsure= 3 No Answer=4

If you are female skip question 80. If male skip question 81.

80. If you are male and were sexually abused, did the abuse involve:
- a) hand to genital touching []
 - b) other types of fondling []
 - c) intercourse with a female []
 - d) anal intercourse with a male - you active []
 - e) you performing oral sex on a male []
 - f) you performing oral sex on a female []
 - g) oral sex done to you by a male []
 - h) oral sex done to you by a female []
 - i) anal intercourse - you passive []
 - j) enforced sex with animals []
 - k) pornographic photography []
 - l) other (specify) _____ []
- Yes=1 No=2 Unsure=3 No Answer=4
81. If you are female and were sexually abused, did the abuse involve:
- a) hand to genital touching []
 - b) other types of fondling []
 - c) intercourse with a male []
 - d) simulated intercourse with a female []
 - e) you performing oral sex on a male []
 - f) you performing oral sex on a female []
 - g) oral sex done to you by a male []
 - h) oral sex done to you by a female []
 - i) anal intercourse with a male []
 - j) enforced sex with animals []
 - k) pornographic photography []
 - l) other (specify) _____ []
- Yes=1 No=2 Unsure=3 No Answer=4
82. If you were sexually abused, how old were you when it started?
Unsure=89. **If less than 1 year, score 0.** []
83. If you were sexually abused, how old were you when it stopped?
Unsure=89 **If less than 1 year, score 0. If ongoing score your current age.** []
84. How many separate incidents of sexual abuse were you subjected to up until the age of 18?
1-5=1 6-10=2 11-50=3 >50=4 Unsure=5 []

85. How many separate incidents of sexual abuse were you subjected to after the age of 18?
0=1 1-5=2 6-10=3 11-50=4 >50=5 Unsure=6 []

For questions 86-95, you should specify whether it is occasionally, fairly often or frequently, excluding question 93.

86. Have you ever noticed that things are missing from your personal possessions or where you live?
Never=1 Occasionally=2 Fairly Often=3 Frequently=4
Unsure=5 []
87. Have you ever noticed that there are things present where you live, and you don't know where they came from or how they got there? e.g. clothes jewelry, books, furniture.
Never=1 Occasionally=2 Fairly Often=3 Frequently=4
Unsure=5 []
88. Have you ever noticed that your handwriting changes drastically or that there are things around in handwriting you don't recognize?
Never=1 Occasionally=2 Fairly Often=3 Frequently=4
Unsure=5 []
89. Do people ever come up and talk to you as if they know you but you don't know them, or only know them faintly?
Never=1 Occasionally=2 Fairly Often=3 Frequently=4
Unsure=5 []
90. Do people ever tell you about things you've done or said, that you can't remember, not counting times you have been using drugs or alcohol?
Never=1 Occasionally=2 Fairly Often=3 Frequently=4
Unsure=5 []
91. Do you ever have blank spells or periods of missing time that you can't remember, not counting times you have been using drugs or alcohol?
Never=1 Occasionally=2 Fairly Often=3 Frequently=4
Unsure=5 []
92. Do you ever find yourself coming to in an unfamiliar place, wide awake, not sure how you got there, and not sure what has been happening for the past while, not counting times when you have been using drugs or alcohol?
Never=1 Occasionally=2 Fairly Often=3 Frequently=4
Unsure=5 []
93. Are there large parts of your childhood after age 5 which you can't remember?
Yes=1 No=2 Unsure=3 []

94. Do you ever have memories come back to you all of a sudden, in a flood or like flashbacks?
Never=1 Occasionally=2 Fairly Often=3 Frequently=4
Unsure=5 []

95. Do you ever have long periods when you feel unreal, as if in a dream, or as if you're not really there, not counting when you are using drugs or alcohol?
Never=1 Occasionally=2 Fairly Often=3 Frequently=4
Unsure=5 []

96. Do you hear voices talking to you sometimes or talking inside your head?
Yes=1 No=2 Unsure=3 []

If you answered No to question 96, go to question 98.

97. If you hear voices, do they seem to come from inside you?
Yes=1 No=2 Unsure=3 []

98. Do you ever speak about yourself as "we" or "us"?
Yes=1 No=2 Unsure=3 []

99. Do you ever feel that there is another person or persons inside you?
Yes=1 No=2 Unsure=3 []

If you answered No to question 99, go to question 102.

100. Is there another person or person inside you that has a name?
Yes=1 No=2 Unsure=3 []

101. If there is another person inside you, does he or she ever come out and take control of you body?
Yes=1 No=2 Unsure=3 []

102. Have you ever had any kind of supernatural experience?
Yes=1 No=2 Unsure=3 []

103. Have you ever had any extrasensory perception experiences such as:
a) mental telepathy []
b) seeing the future while awake []
c) moving objects with your mind []
d) seeing the future in dreams []
e) deja vu (the feeling that what is happening to you has happened before) []
f) other (specify) _____ []
Yes=1 No=2 Unsure=3

104. Have you ever felt you were possessed by a:
- a) demon []
 - b) dead person []
 - c) living person []
 - d) some other power or force []
- Yes=1 No=2 Unsure=3

105. Have you ever had any contact with:
- a) ghosts []
 - b) poltergeists (cause noises or objects to move around) []
 - c) spirits of any kind []
- Yes=1 No=2 Unsure=3

106. Have you ever felt you know something about past lives or incarnations of yours?
- Yes=1 No=2 Unsure=3 []

107. Have you ever been involved in cult activities?
- Yes=1 No=2 Unsure=3 []

For the following nine questions, please answer Yes only if you have been this way much of the time for much of your life. Have you experienced:

108. Impulsive or unpredictable behavior in at least two areas that are potentially self-damaging, e.g., spending, sex, substance use, reckless driving, binge eating.
- Yes=1 No=2 Unsure=3 []

109. A pattern of intense, unstable personal relationships characterized by your alternating between extremes of positive and negative feelings.
- Yes=1 No=2 Unsure=3 []

110. Intense anger or lack of control of anger, e.g., frequent displays of temper, constant anger, recurrent physical fights.
- Yes=1 No=2 Unsure=3 []

111. Unstable identity, self-image, or sense of self.
- Yes=1 No=2 Unsure=3 []

112. Frequent mood swings: noticeable shifts from normal mood to depression, irritability or anxiety, usually lasting only a few hours and rarely more than a few days.
- Yes=1 No=2 Unsure=3 []

113. Frantic efforts to avoid real or imagined abandonment.
- Yes=1 No=2 Unsure=3 []

114. Recurrent suicidal behavior, e.g., suicidal attempts, self-mutilation, or threats of suicide.
Yes=1 No=2 Unsure=3 []
115. Chronic feelings of emptiness.
Yes=1 No=2 Unsure=3 []
116. Transient, stress-related paranoia or severe dissociative symptoms. []
117. Have you ever experienced inability to recall important personal information, particularly of a traumatic or stressful nature, that is too extensive to be explained by ordinary forgetfulness?
Yes=1 No=2 Unsure=3 []

If you answered No or Unsure to question 117, go to 120.

118. If you answered Yes to the previous question was the disturbance due to known physical disorder (e.g., blackouts during alcohol intoxication, or stroke), substance abuse, or another psychiatric disorder?
Yes=1 No=2 Unsure=3 []
119. Did the symptoms cause you significant distress or impairment in social or occupational function?
Yes=1 No=2 Unsure=3 []
120. Have you ever experienced sudden unexpected travel away from your home or customary place of work, with inability to recall your past?
Yes=1 No=2 Unsure=3 []
121. During this period did you experience confusion about your identity or assume a partial or complete new identity?
Yes=1 No=2 Unsure=3 []

If you answered No to one or both of questions 120 and 121, go to 124.

122. If you answered Yes to both the previous two questions was the disturbance due to a known physical disorder? (e.g., blackouts during alcohol intoxication or stroke)?
Yes=1 No=2 Unsure=3 []
123. Did the symptoms cause you significant distress or impairment in occupational or social function?
Yes=1 No=2 Unsure=3 []
124. You are now going to be asked you a series of questions about depersonalization and derealization. Depersonalization means feeling detached from yourself or your thoughts, feelings, sensations or actions, or feeling unreal or absent. Derealization means feelings of unreality or

detachment from your surroundings (e.g., individuals or objects are experienced as unreal, dreamlike, foggy, lifeless or visually distorted)

- a) Have you had one or more episodes of depersonalization or derealization sufficient to cause significant distress or problems in your work or social life?
Yes=1 No=2 Unsure=3 []
- b) Have you ever had a strong feeling of unreality that lasted for a period of time, not counting when you are using drugs or alcohol?
Yes=1 No=2 Unsure=3 []

125. If you answered Yes to any of the previous questions about depersonalization/derealization was the disturbance due to another disorder, such as Schizophrenia, Anxiety Disorder, or epilepsy, substance abuse, or a general medical condition?
Yes=1 No=2 Unsure=3 []

126. During the periods of depersonalization/derealization, did you stay in touch with reality and maintain your ability to think rationally?
Yes=1 No=2 Unsure=3 []

127. Have you ever felt like there are two or more distinct personality states within yourself, which may be described in some cultures as an experience of possession? The personality states result in disruption in your sense of self accompanied by disruptions in feeling, behavior, consciousness, memory, perception, thinking or sensation.
Yes=1 No=2 Unsure=3 []

If you answered No to question 127, the assessment has been completed.

128. Do at least two of the identities or personalities recurrently take control of your behavior?
Yes=1 No=2 Unsure=3 []

129. Have you experienced inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness?
Yes=1 No=2 Unsure=3 []

130. Is the problem with different identities or personalities due to substance abuse (e.g. alcohol blackouts) or a general medical condition?
Yes=1 No=2 Unsure=3 []

