

## Depersonalization/Derealization Disorder

### 1. Do you often have periods of time when you:

[DEPERSONALIZATION:]

- ☐ **Feel detached from yourself, or like an outside observer of your thoughts, feelings, or actions?**

Can you describe what this is like for you? Does this lead to a change in your sense of time? Do you feel emotionally or physically numb? How often do these symptoms occur? How long do they last? Is there anything that brings on these symptoms?

[DEREALIZATION:]

- ☐ **Feel detached from your surroundings or that people or things around you were unreal or foggy?**

Can you describe what this is like for you? Do you notice any changes in your vision (e.g., things becoming distorted, having sharper vision) or hearing (e.g., sounds being muted or loud)? How often do these symptoms occur? How long do they last? Is there anything that brings on these symptoms?

[AT LEAST ONE #1 ITEM IS CHECKED]

**A**  
☒

**P**

[NOTES:]

### 2. [DURING PERIOD OF DEPERSONALIZATION/DEREALIZATION, REALITY TESTING REMAINS INTACT. IF NOT KNOWN, ASK:]

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**P**

When you experience these symptoms, do you recognize that you really are not detached from your body or surroundings?

### 3. [CLINICALLY SIGNIFICANT DISTRESS AND/OR IMPAIRMENT IS PRESENT. IF NOT KNOWN, ASK:]

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**S**  
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**P**

Is it very upsetting for you that you have these symptoms?

Have the symptoms interfered with your ability to carry out daily activities? In what ways have they interfered? Have they made it hard for you to work, socialize, go to school, or take care of things at home?

### 4. [THE SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY SUBSTANCE USE OR A MEDICAL CONDITION. IF A MEDICAL CONDITION IS PRESENT, THE SYMPTOMS ARE EXCESSIVE. IF NOT KNOWN, ASK:]

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**P**

Were you using any substances just before these symptoms began? Do you think this may have caused your symptoms or made them worse?

Did you have any medical conditions just before these symptoms began? Do you think this may have caused your symptoms or made them worse?

5. [THE SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY ANOTHER MENTAL DISORDER]

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**P**

DIAGNOSTIC IMPRESSION:  
DEPERSONALIZATION/DEREALIZATION DISORDER

**A**  
☒

**S**

**P**

[SPECIFY:]

PANIC ATTACKS ARE PRESENT IN THE CONTEXT OF THIS DISORDER

WITH PANIC ATTACKS

☐

[NOTE: TO ASSESS SYMPTOMS OF A PANIC ATTACK,  
SEE PANIC ATTACK SPECIFIER AND PANIC DISORDER MODULE]

6. How old were you when these symptoms first began?

\_\_\_\_\_

7. How old were you when these symptoms began to be a problem for you?

\_\_\_\_\_

8. On a scale from 0 to 10, 0 meaning not at all and 10 meaning extremely, how much are you bothered by your symptoms?

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