



Dissociative Symptoms Scale (DSS)

Version date: 2023

Reference: Carlson, E. B., Waelde, L. C., Palmieri, P. A., Macia, K. S. Smith, S. R., & McDade-Montez, E. (2018). Development and validation of the Dissociative Symptoms Scale. *Assessment*, 25(1), 84-98. <https://doi.org/10.1177/1073191116645904>

Note: This is a fillable form. You may complete it electronically.

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DSS

Instructions: For each statement below, indicate how much each thing has happened to you IN THE PAST WEEK. Choose whether it has happened *Not at all*, *Once or twice*, *Almost every day*, *About once a day*, or *More than once a day* and click on (or mark) the corresponding button to select it.

IN THE PAST WEEK

	Not at all	Once or twice	Almost every day	About once a day	More than once a day
1. My body felt strange or unreal.					
2. Things around me seemed strange or unreal.					
3. I got reminded of something upsetting and then spaced out for a while.					
4. I had moments when I lost control and acted like I was back in an upsetting time in my past.					
5. I felt like I was outside myself, watching myself do things.					
6. I heard something that I know really wasn't there.					
7. I got upset about something and can't remember what happened next.					
8. I felt like I was in a movie – like nothing that was happening was real.					
9. I didn't feel pain when I was hurt and should have felt something.					
10. A memory came back to me that was so strong that I lost track of what was going on around me.					
11. I found myself staring into space and thinking of nothing.					
12. I couldn't remember things that had happened during the day even when I tried to.					
13. I felt like I wasn't myself.					
14. I saw something that seemed real, but was not.					
15. I suddenly realized that I hadn't been paying attention to what was going on around me.					
16. Parts of my body seemed distorted - like they were bigger or smaller than usual.					
17. I reacted to people or situations as if I were back in an upsetting time in my past.					
18. I got so focused on something going on in my mind that I lost track of what was happening around me.					
19. I noticed there were gaps in my memory for things that happened to me that I should be able to remember.					
20. I smelled something that I know really wasn't there.					