National Center for PTSD
POSTTRAUMATIC STRESS DISORDER

Dissociative Symptoms Scale—Brief (DSS-B)

Version date: 2023

Reference: Macia, K. S., Carlson, E. B. Palmieri, P. A., Smith, S. R., Anglin, D. M., Ghosh Ippen, C. G., Lieberman, A. F., Wong, E. C., Schell, T. L., & Waelde, L. C. (2022). Development of a brief version of the Dissociative Symptoms Scale and the reliability and validity of DSS-B scores in diverse clinical and community samples. *Assessment,* Open Access. https://doi. org/10.1177/10731911221133317

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

DSS-B

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. Things around me seemed strange or unreal.	○	○	○	○	○
2. I had moments when I lost control and acted like I was back in an upsetting time in my past.	○	○	○	○	○
3. I heard something that I know really wasn't there.	○	○	○	○	○
4. I felt like I was in a movie – like nothing that was happening was real.	○	○	○	○	○
5. I saw something that seemed real, but was not.	○	○	○	○	○
6. I suddenly realized that I hadn't been paying attention to what was going on around me.	○	○	○	○	○
7. I reacted to people or situations as if I were back in an upsetting time in my past.	○	○	○	○	○
8. I got so focused on something going on in my mind that I lost track of what was happening around me.	○	○	○	○	○