

Name: _____

Date _____

DEREALIZATION AND DEPERSONALIZATION SCALE

Rate 0 to 4 on each. (Zero is none. 1 is mildly, 2 is moderately, 3 is significantly, 4 is severe)

	mild				severe
Are you observing yourself from outside your body?	0	1	2	3	4
Do things around you feel unreal?	0	1	2	3	4
When close to loved ones do you feel disconnected?	0	1	2	3	4
Does it feel like you took a step back out of reality?	0	1	2	3	4
Are you disconnected from your thoughts?	0	1	2	3	4
Are you disconnected from your feelings?	0	1	2	3	4
Are you disconnected from your body?	0	1	2	3	4
Have you lost body sensation anywhere on your body?	0	1	2	3	4
Are you disconnected from your surroundings?	0	1	2	3	4
Do you feel you are like a robot?	0	1	2	3	4
Do you feel like you are in a dream?	0	1	2	3	4
Do you feel like you are "going crazy?"	0	1	2	3	4
Have you lost your sense of yourself?	0	1	2	3	4
Is it hard to recognize your reflection?	0	1	2	3	4
Do family and friends feel like strangers?	0	1	2	3	4
Are there triggers that increase the feelings in the questions above?	0	1	2	3	4

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