

Steinberg Questionnaire (Steinberg & Schnall, 2000)

Instructions: These questionnaires help identify symptoms of dissociation. For each item, check how often the experience occurs outside the influence of drugs or alcohol.

Response Scale: 1 = Never; 2 = Once or twice; 3 = Sometimes; 4 = Many times; 5 = Almost all the time; * = Only with drugs/alcohol

AMNESIA QUESTIONNAIRE

1. I have trouble remembering important parts of my childhood.
1 2 3 4 5 *
2. When I look back on parts of my life, I feel like I am looking at someone else's life.
1 2 3 4 5 *
3. I have had trouble remembering events others say I experienced.
1 2 3 4 5 *
4. I have found things among my belongings I do not remember buying.
1 2 3 4 5 *
5. I have forgotten important personal information (address, date of birth, etc.).
1 2 3 4 5 *
6. I have had experiences where I could not remember how I got somewhere.
1 2 3 4 5 *
7. When driving, I arrive and don't remember part of the trip.
1 2 3 4 5 *
8. I cannot remember how I got here.
1 2 3 4 5 *
9. I have no memory of important life events.
1 2 3 4 5 *
10. I have been told I did things I do not remember doing.
1 2 3 4 5 *
11. I forget where I placed objects.
1 2 3 4 5 *
12. I feel as if memories are missing from my life.
1 2 3 4 5 *
13. I have forgotten what happened during conversations.
1 2 3 4 5 *
14. I lose track of time.
1 2 3 4 5 *
15. I have had flashbacks or memory gaps.
1 2 3 4 5 *

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DEPERSONALIZATION QUESTIONNAIRE

1. I feel like I am observing myself from outside my body.
1 2 3 4 5 *
2. I have felt detached from my body.
1 2 3 4 5 *
3. I feel as if I am in a dream.
1 2 3 4 5 *
4. I feel as if I am not real.
1 2 3 4 5 *
5. My body feels numb or strange.
1 2 3 4 5 *
6. I have felt like a robot or mechanical.
1 2 3 4 5 *
7. I have trouble feeling emotions.
1 2 3 4 5 *
8. I sometimes feel as if I am floating.
1 2 3 4 5 *
9. I feel strange when I look in the mirror.
1 2 3 4 5 *
10. One part of me observes another part of me.
1 2 3 4 5 *
11. I feel as if I am not inside my body.
1 2 3 4 5 *
12. Parts of my body feel foreign.
1 2 3 4 5 *
13. I feel cut off from my body.
1 2 3 4 5 *
14. My emotions seem distant.
1 2 3 4 5 *
15. I feel invisible.
1 2 3 4 5 *

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DEREALIZATION QUESTIONNAIRE

1. People or places look unfamiliar.
1 2 3 4 5 *
2. The world seems unreal or artificial.
1 2 3 4 5 *
3. My surroundings feel strange or distant.
1 2 3 4 5 *
4. Colors or shapes seem distorted.
1 2 3 4 5 *
5. Things look flat or lifeless.
1 2 3 4 5 *
6. I feel as if I am looking through fog.
1 2 3 4 5 *
7. Sounds seem muted or far away.
1 2 3 4 5 *
8. People appear unfamiliar even though I know them.
1 2 3 4 5 *
9. I feel detached from family or friends.
1 2 3 4 5 *
10. People or objects seem unreal.
1 2 3 4 5 *
11. The environment looks strange.
1 2 3 4 5 *
12. I feel separated from other people.
1 2 3 4 5 *

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IDENTITY CONFUSION

1. I feel unsure who I really am.
1 2 3 4 5 *
2. I have trouble deciding what I believe.
1 2 3 4 5 *
3. I feel confused about my identity.
1 2 3 4 5 *
4. My sense of self changes.
1 2 3 4 5 *
5. I feel like different roles exist inside me.
1 2 3 4 5 *
6. I feel confused about my goals.
1 2 3 4 5 *
7. Others tell me I act like different people.
1 2 3 4 5 *
8. I feel confused as to who I am.
1 2 3 4 5 *
9. I feel like I am two different people.
1 2 3 4 5 *

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IDENTITY ALTERATION

1. My moods can change suddenly.
1 2 3 4 5 *
2. I hear voices inside my head.
1 2 3 4 5 *
3. I feel like different people take control at different times.
1 2 3 4 5 *
4. I have gaps in awareness of what I am doing.
1 2 3 4 5 *
5. I act differently in ways I cannot explain.
1 2 3 4 5 *
6. I feel like different people inside me.
1 2 3 4 5 *
7. Others say I behave like a different person.
1 2 3 4 5 *
8. I speak in different voices.
1 2 3 4 5 *
9. I feel like I have a child part.
1 2 3 4 5 *
10. I have acted like a different person.
1 2 3 4 5 *
11. A part of me feels like someone else.
1 2 3 4 5 *
12. I feel as if my behavior is controlled by something inside me.
1 2 3 4 5 *
13. I feel as if there are different influences on my behavior.
1 2 3 4 5 *

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Functional Impact Questions

Did these experiences (that you answered 2 or more above) interfere with your relationships with friends, family, or coworkers? No Yes

Did these experiences (that you answered 2 or more above) affect your ability to work or function at school? No Yes

Did these experiences (that you answered 2 or more above) cause you discomfort or distress? No Yes

Clinician Scoring Sheet

Score each section by summing item ratings (Never = 0 to Almost all the time = 4).

Amnesia: 0–10 None | 11–20 Mild | 21–30 Moderate | 31–50 Severe

Depersonalization: 14 None | 15–24 Mild | 25–44 Moderate | 45–70 Severe

Derealization: 12–20 Mild | 21–40 Moderate | 41–60 Severe

Identity Confusion: 13–19 Mild | 20–44 Moderate | 45–65 Severe

Identity Alteration: 12 Mild | 21–35 Moderate | 36–65 Severe