

Symptom Profile 1

Scoring of the frequency: 1: Seldom / 2: Recurrently / 3: Monthly / 4: Weekly / 5: Daily / 0: Unclear

Assessment of severity: Absent/Minor/Moderate/Severe (for explanation, please see Chapter 5)

Substance Abuse, version 1.12

Does the patient report substance abuse in the present and/or past?

Yes, the patient reports substance abuse in the present and/or past, namely:

<u>Symptoms</u>	<u>Frequency</u>
<input type="checkbox"/> Excessive alcohol use present	_____
<input type="checkbox"/> Excessive alcohol use past	_____
<input type="checkbox"/> Excessive drug use present	_____
<input type="checkbox"/> Excessive drug use past	_____
<input type="checkbox"/> Excessive use of medication present	_____
<input type="checkbox"/> Excessive use of medication past	_____

No, the patient has not abused alcohol, drugs, or medication, or denies such use

Clinical impression:

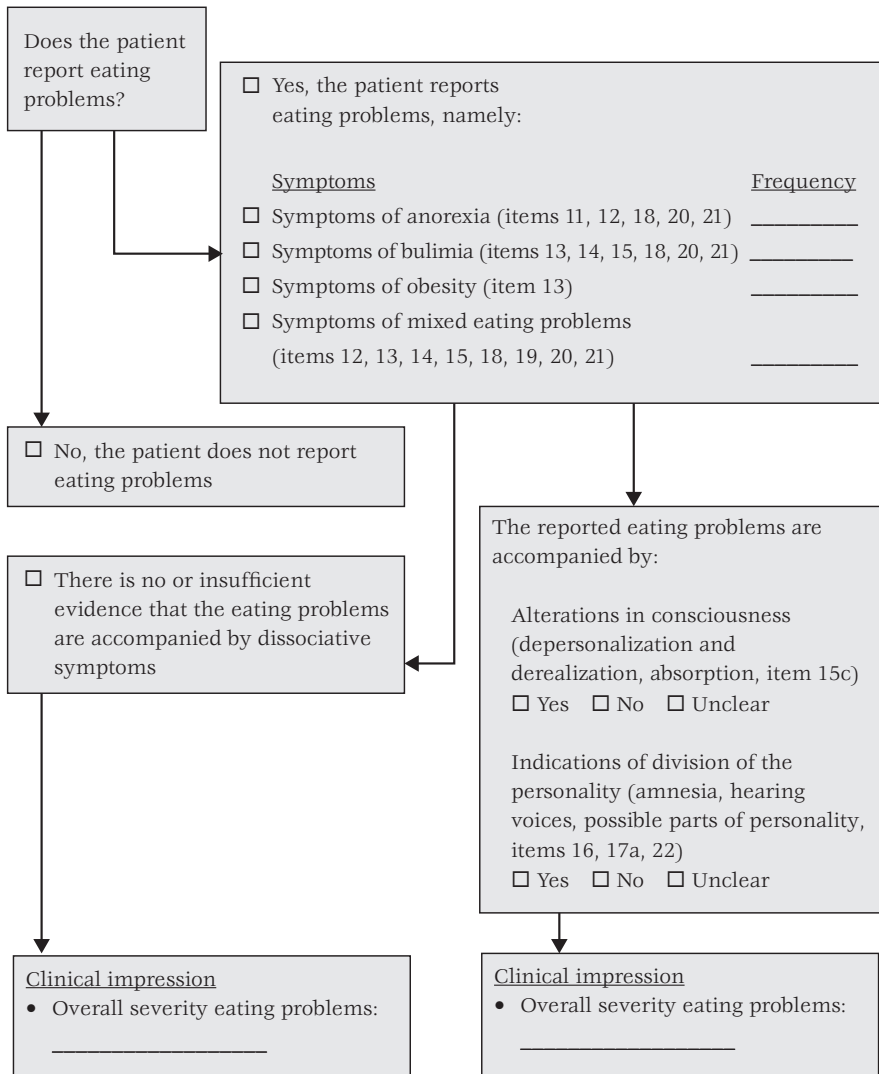
- Can any dissociative symptoms be explained by substance abuse?
 - Yes
 - No, that is unlikely
 - Unclear, a somatic examination should be considered
- Is the presence of everyday amnesia potentially due to excessive use of substances in the past or present?
 - Yes
 - No, that is unlikely
 - Unclear, a somatic examination should be considered
- Overall severity subjective distress:

Symptom Profile 2

Scoring of the frequency: 1: Seldom / 2: Recurrently / 3: Monthly / 4: Weekly / 5: Daily / 0: Unclear

Assessment of severity: Absent/Minor/Moderate/Severe (for explanation, please see Chapter 5)

Eating Problems, version 1.12

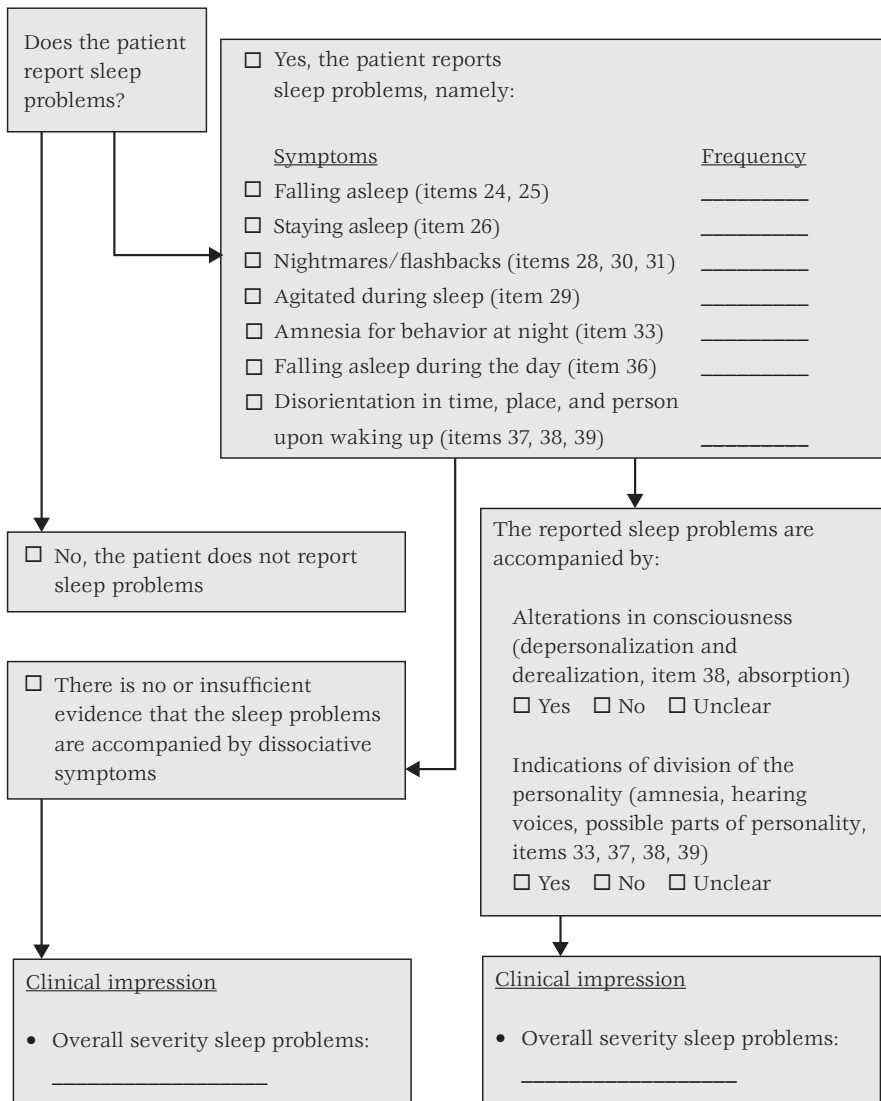


Symptom Profile 3

Scoring of the frequency: 1: Seldom / 2: Recurrently / 3: Monthly / 4: Weekly / 5: Daily / 0: Unclear

Assessment of severity: Absent/Minor/Moderate/Severe (for explanation, please see Chapter 5)

Sleep Problems, version 1.12

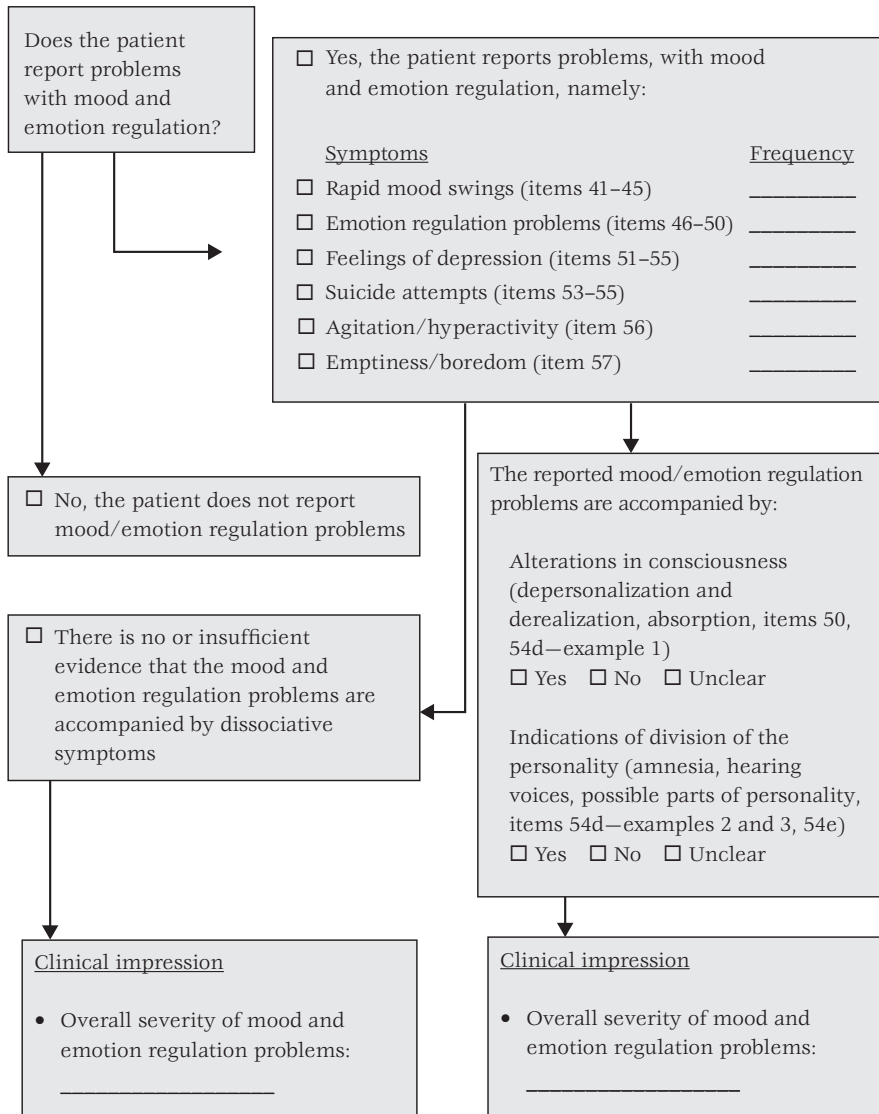


Symptom Profile 4

Scoring of the frequency: 1: Seldom / 2: Recurrently / 3: Monthly / 4: Weekly / 5: Daily / 0: Unclear

Assessment of severity: Absent/Minor/Moderate/Severe (for explanation, please see Chapter 5)

Mood and Emotion Regulation, version 1.12

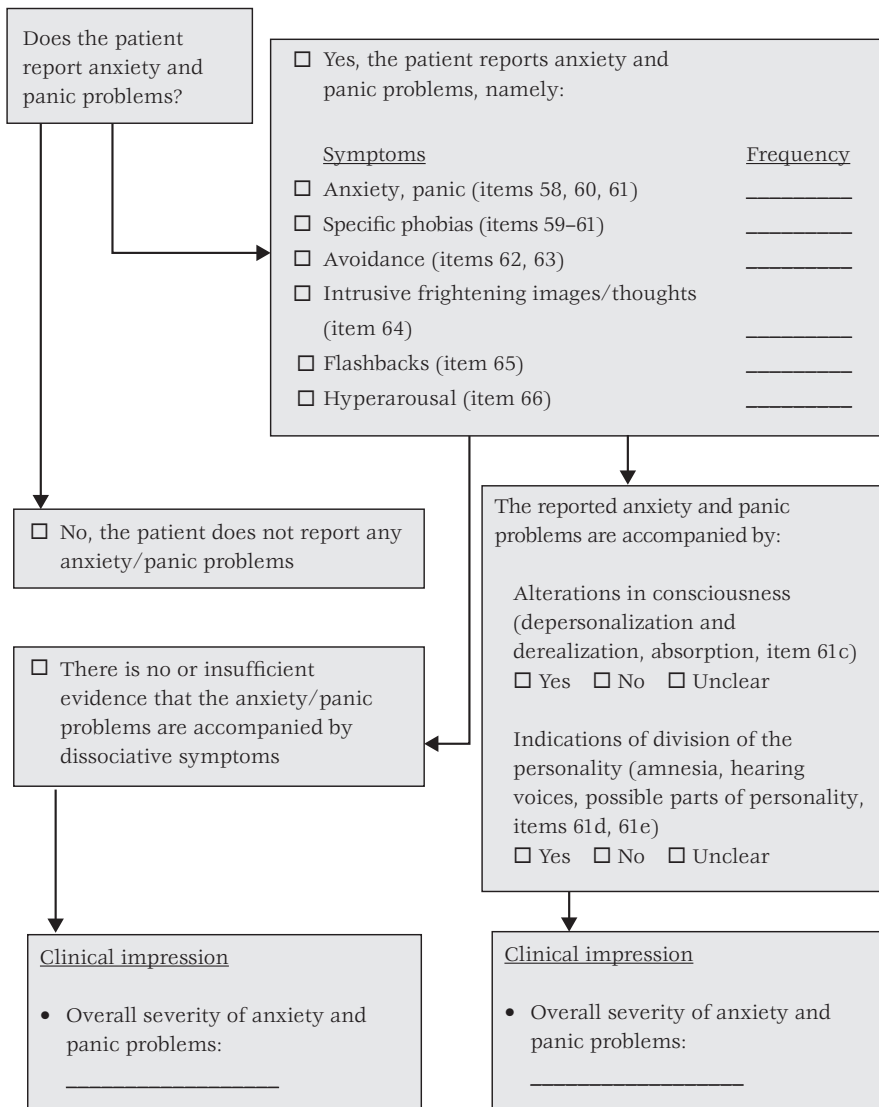


Symptom Profile 5

Scoring of the frequency: 1: Seldom / 2: Recurrently / 3: Monthly / 4: Weekly / 5: Daily / 0: Unclear

Assessment of severity: Absent/Minor/Moderate/Severe (for explanation, please see Chapter 5)

Anxiety and Panic, version 1.12

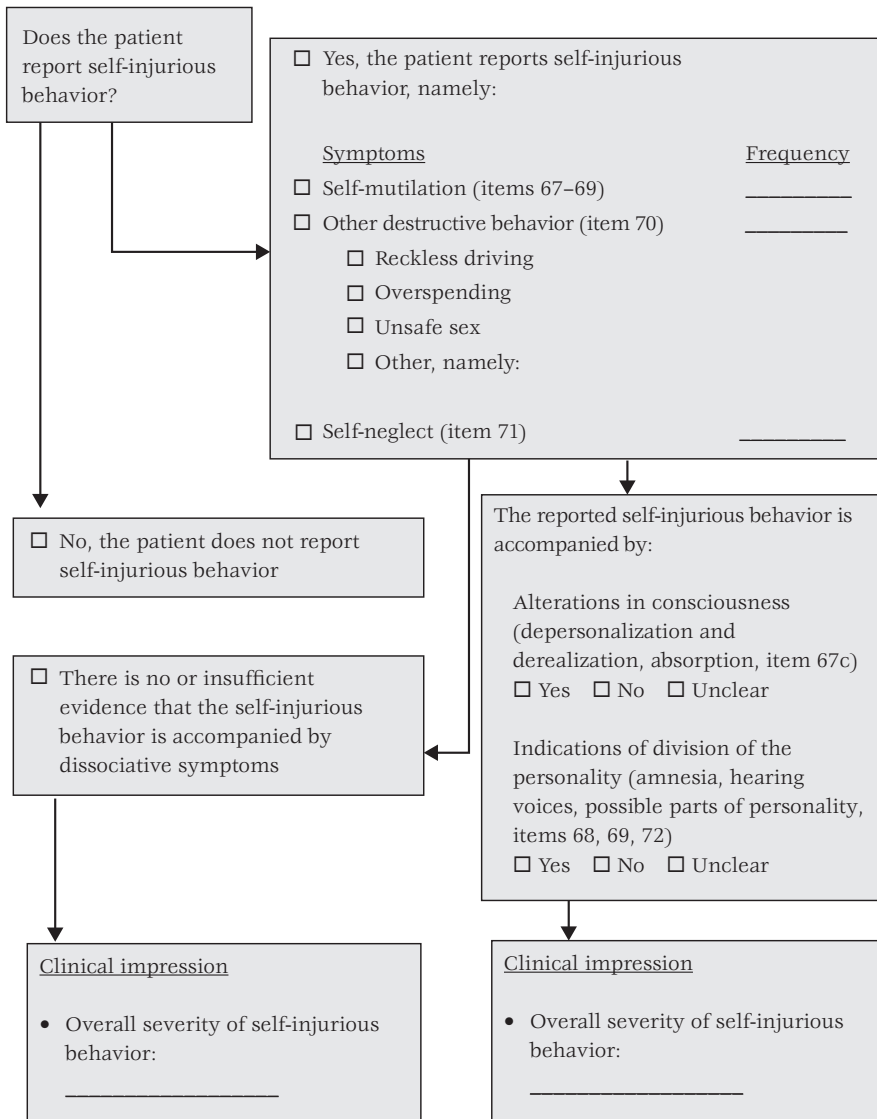


Symptom Profile 6

Scoring of the frequency: 1: Seldom / 2: Recurrently / 3: Monthly / 4: Weekly / 5: Daily / 0: Unclear

Assessment of severity: Absent/Minor/Moderate/Severe (for explanation, please see Chapter 5)

Self-Injurious Behavior, version 1.12

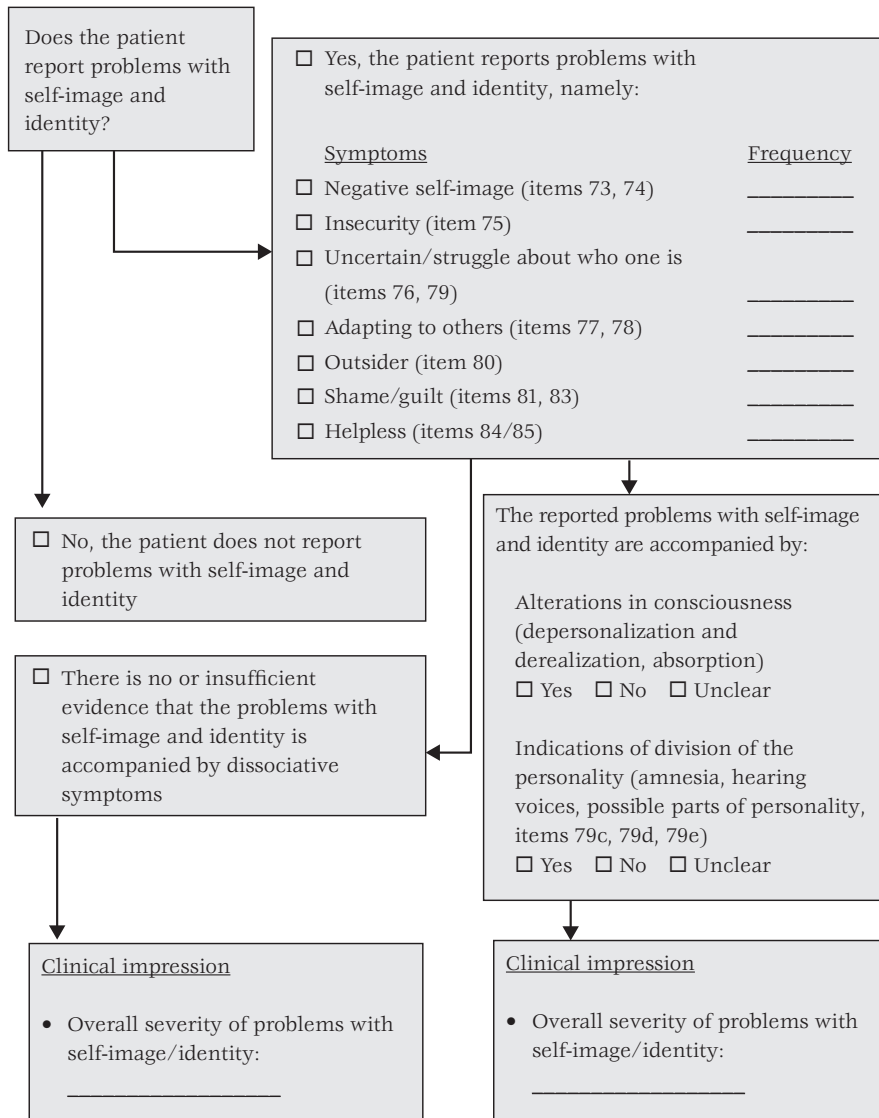


Symptom Profile 7

Scoring of the frequency: 1: Seldom / 2: Recurrently / 3: Monthly / 4: Weekly / 5: Daily / 0: Unclear

Assessment of severity: Absent/Minor/Moderate/Severe (for explanation, please see Chapter 5)

Self-image and Identity, version 1.12

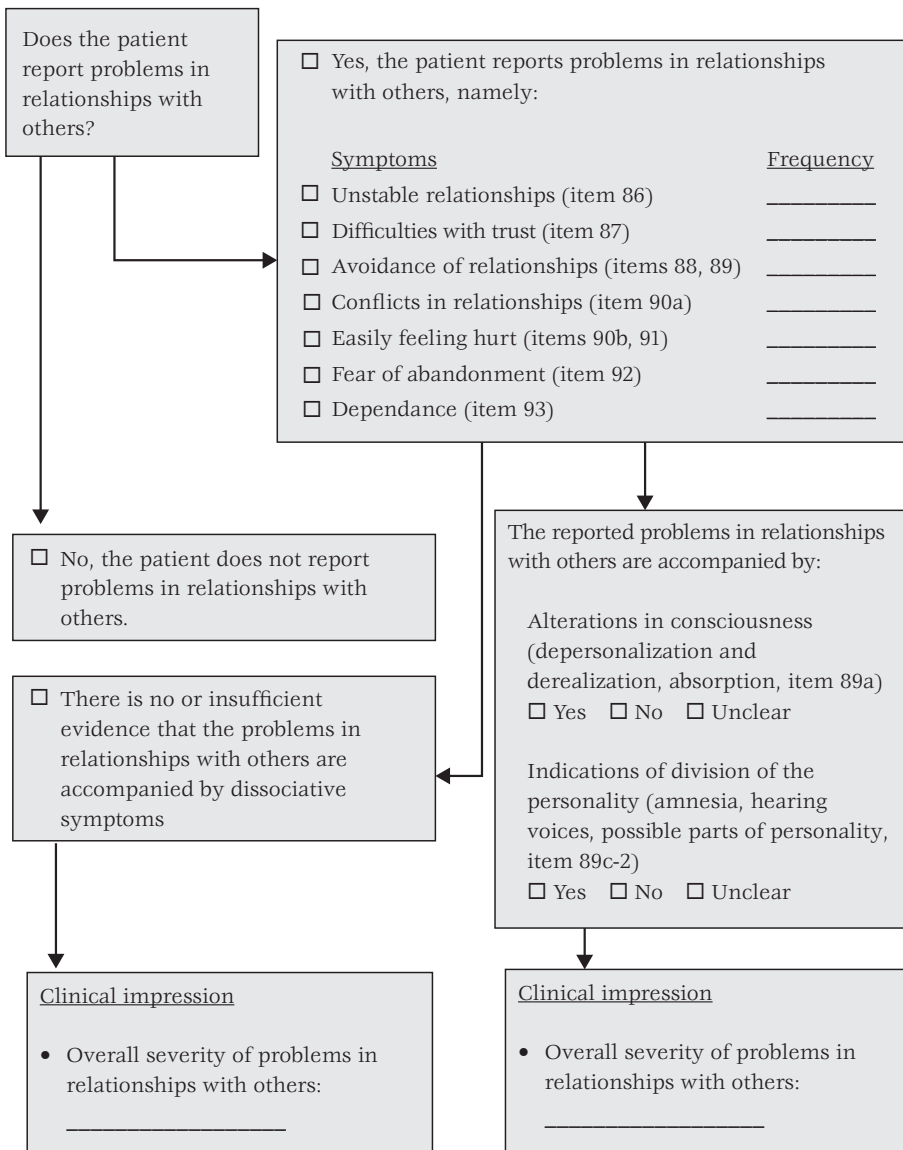


Symptom Profile 8

Scoring of the frequency: 1: Seldom / 2: Recurrently / 3: Monthly / 4: Weekly / 5: Daily / 0: Unclear

Assessment of severity: Absent/Minor/Moderate/Severe (for explanation, please see Chapter 5)

Relationships With Others, version 1.12

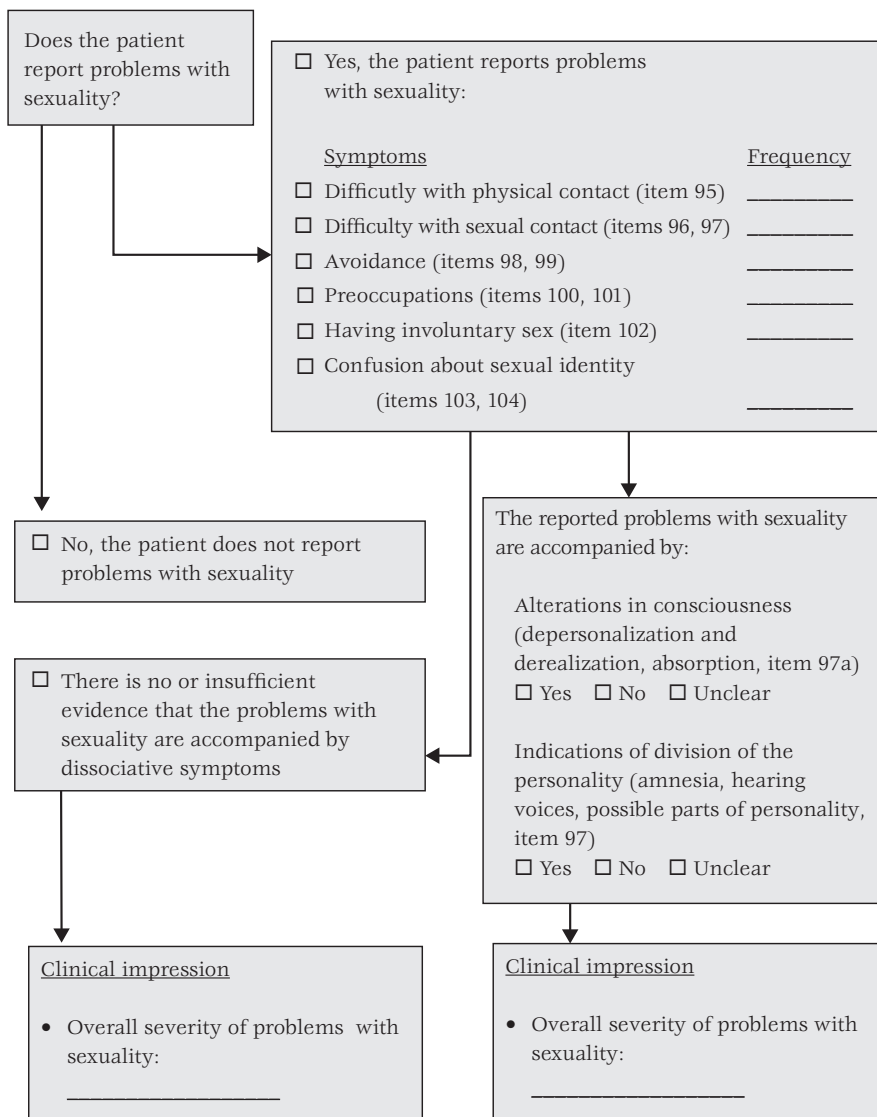


Symptom Profile 9

Scoring of the frequency: 1: Seldom / 2: Recurrently / 3: Monthly / 4: Weekly / 5: Daily / 0: Unclear

Assessment of severity: Absent/Minor/Moderate/Severe (for explanation, please see Chapter 5)

Sexuality, version 1.12



Symptom Profile 10

Scoring of the frequency: 1: Seldom / 2: Recurrently / 3: Monthly / 4: Weekly / 5: Daily / 0: Unclear

Assessment of severity: Absent/Minor/Moderate/Severe (for explanation, please see Chapter 5)

Alterations in Consciousness, version 1.12

Does the patient report alterations in consciousness?

Yes, the patient reports alterations in consciousness, namely:

<u>Symptoms</u>	<u>Frequency</u>
<input type="checkbox"/> Depersonalization (item 106)	_____
<input type="checkbox"/> Derealization (items 114–121)	_____
<input type="checkbox"/> Absorption (items 122–124)	_____
<input type="checkbox"/> Trance (item 125)	_____
<input type="checkbox"/> Daydreaming/being fully immersed in fantasy (items 127, 128)	_____

No, the patient does not report alterations in consciousness

Clinical impression

- Overall severity of symptoms alterations in consciousness: _____

Alterations in consciousness are not connected to another psychiatric disorder (e.g., psychoses) and/or substance abuse

Reality testing is intact

Symptom Profile 11

Scoring of the frequency: 1: Seldom / 2: Recurrently / 3: Monthly / 4: Weekly / 5: Daily / 0: Unclear

Assessment of severity: Absent/Minor/Moderate/Severe (for explanation, please see Chapter 5)

Somatoform Dissociative Symptoms, version 1.12

Does the patient report symptoms of somatoform dissociation?	<input type="checkbox"/> Yes, the patient reports symptoms of somatoform dissociation, namely: <table border="0"><thead><tr><th style="text-align: left;"><u>Symptoms</u></th><th style="text-align: right;"><u>Frequency</u></th></tr></thead><tbody><tr><td><input type="checkbox"/> Positive symptoms</td><td style="text-align: right;">_____</td></tr><tr><td> <input type="checkbox"/> Pain (items 130, 131, 133, 134)</td><td></td></tr><tr><td> <input type="checkbox"/> Sensory intrusions (item 140)</td><td></td></tr><tr><td> <input type="checkbox"/> Pseudo-epilepsy (item 136)</td><td></td></tr><tr><td> <input type="checkbox"/> Tics (item 142)</td><td></td></tr><tr><td> <input type="checkbox"/> Intrusions of motor activity (Schneiderian symptom, items 179, 190)</td><td></td></tr><tr><td><input type="checkbox"/> Negative symptoms</td><td style="text-align: right;">_____</td></tr><tr><td> <input type="checkbox"/> Fainting/absences (item 135)</td><td></td></tr><tr><td> <input type="checkbox"/> Loss of motor skills (items 139a, 139b, 139c, 139g)</td><td></td></tr><tr><td> <input type="checkbox"/> Loss of sensory sensations (items 137, 138, 139d, 139e)</td><td></td></tr></tbody></table>	<u>Symptoms</u>	<u>Frequency</u>	<input type="checkbox"/> Positive symptoms	_____	<input type="checkbox"/> Pain (items 130, 131, 133, 134)		<input type="checkbox"/> Sensory intrusions (item 140)		<input type="checkbox"/> Pseudo-epilepsy (item 136)		<input type="checkbox"/> Tics (item 142)		<input type="checkbox"/> Intrusions of motor activity (Schneiderian symptom, items 179, 190)		<input type="checkbox"/> Negative symptoms	_____	<input type="checkbox"/> Fainting/absences (item 135)		<input type="checkbox"/> Loss of motor skills (items 139a, 139b, 139c, 139g)		<input type="checkbox"/> Loss of sensory sensations (items 137, 138, 139d, 139e)	
<u>Symptoms</u>	<u>Frequency</u>																						
<input type="checkbox"/> Positive symptoms	_____																						
<input type="checkbox"/> Pain (items 130, 131, 133, 134)																							
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<input type="checkbox"/> Pseudo-epilepsy (item 136)																							
<input type="checkbox"/> Tics (item 142)																							
<input type="checkbox"/> Intrusions of motor activity (Schneiderian symptom, items 179, 190)																							
<input type="checkbox"/> Negative symptoms	_____																						
<input type="checkbox"/> Fainting/absences (item 135)																							
<input type="checkbox"/> Loss of motor skills (items 139a, 139b, 139c, 139g)																							
<input type="checkbox"/> Loss of sensory sensations (items 137, 138, 139d, 139e)																							
<input type="checkbox"/> No, the patient does not report symptoms of somatoform dissociation	<p><u>Clinical impression</u></p> <ul style="list-style-type: none">• Overall severity of symptoms of somatoform dissociation: _____<input type="checkbox"/> Symptoms of somatic dissociation are not connected to another psychiatric disorder (e.g., psychoses) and/or substance abuse<input type="checkbox"/> Reality testing is intact																						

Symptom Profile 12

Scoring of the frequency: 1: Seldom / 2: Recurrently / 3: Monthly / 4: Weekly / 5: Daily / 0: Unclear

Assessment of severity: Absent/Minor/Moderate/Severe (for explanation, please see Chapter 5)

Psychoform Dissociative Symptoms, version 1.12

Does the patient report symptoms of psychoform dissociation?	<input type="checkbox"/> Yes, the patient reports symptoms of psychoform dissociation, namely: <table border="1"><thead><tr><th><u>Symptoms</u></th><th><u>Frequency</u></th></tr></thead><tbody><tr><td><input type="checkbox"/> Positive symptoms</td><td>_____</td></tr><tr><td><input type="checkbox"/> Voices (items 163–178)</td><td></td></tr><tr><td><input type="checkbox"/> Intrusive unpleasant memories (item 158)</td><td></td></tr><tr><td><input type="checkbox"/> Influencing of emotions (item 188)</td><td></td></tr><tr><td><input type="checkbox"/> Influencing of thoughts (items 182–184)</td><td></td></tr><tr><td><input type="checkbox"/> Negative symptoms</td><td>_____</td></tr><tr><td><input type="checkbox"/> Amnesia (items 148, 149, 152, 153)</td><td></td></tr><tr><td><input type="checkbox"/> Fugue (item 151)</td><td></td></tr><tr><td><input type="checkbox"/> Thoughts removed (items 186, 187)</td><td></td></tr><tr><td><input type="checkbox"/> Loss of emotions/emotions removed (item 189)</td><td></td></tr></tbody></table>	<u>Symptoms</u>	<u>Frequency</u>	<input type="checkbox"/> Positive symptoms	_____	<input type="checkbox"/> Voices (items 163–178)		<input type="checkbox"/> Intrusive unpleasant memories (item 158)		<input type="checkbox"/> Influencing of emotions (item 188)		<input type="checkbox"/> Influencing of thoughts (items 182–184)		<input type="checkbox"/> Negative symptoms	_____	<input type="checkbox"/> Amnesia (items 148, 149, 152, 153)		<input type="checkbox"/> Fugue (item 151)		<input type="checkbox"/> Thoughts removed (items 186, 187)		<input type="checkbox"/> Loss of emotions/emotions removed (item 189)	
<u>Symptoms</u>	<u>Frequency</u>																						
<input type="checkbox"/> Positive symptoms	_____																						
<input type="checkbox"/> Voices (items 163–178)																							
<input type="checkbox"/> Intrusive unpleasant memories (item 158)																							
<input type="checkbox"/> Influencing of emotions (item 188)																							
<input type="checkbox"/> Influencing of thoughts (items 182–184)																							
<input type="checkbox"/> Negative symptoms	_____																						
<input type="checkbox"/> Amnesia (items 148, 149, 152, 153)																							
<input type="checkbox"/> Fugue (item 151)																							
<input type="checkbox"/> Thoughts removed (items 186, 187)																							
<input type="checkbox"/> Loss of emotions/emotions removed (item 189)																							
<input type="checkbox"/> No, the patient does not report symptoms of psychoform dissociation	<p><u>Clinical impression</u></p> <ul style="list-style-type: none">• Overall severity of symptoms of psychoform dissociation: _____ <p><input type="checkbox"/> Symptoms of psychoform dissociation are not connected to another psychiatric disorder (e.g., psychoses) and/or substance abuse</p> <p><input type="checkbox"/> Reality testing is intact</p>																						

Symptom Profile 13

Scoring of the frequency: 1: Seldom / 2: Recurrently / 3: Monthly / 4: Weekly / 5: Daily / 0: Unclear

Assessment of severity: Absent/Minor/Moderate/Severe (for explanation, please see Chapter 5)

Schneiderian Symptoms, version 1.12

Does the patient report Schneiderian symptoms?

Yes, the patient reports Schneiderian symptoms, namely:

<u>Symptoms</u>	<u>Frequency</u>
<input type="checkbox"/> Voices commenting (item 171)	_____
<input type="checkbox"/> Voices arguing (items 169, 170)	_____
<input type="checkbox"/> Commanding voices (item 171)	_____
<input type="checkbox"/> Thought withdrawal (item 186)	_____
<input type="checkbox"/> Thought insertion (items 182, 183)	_____
<input type="checkbox"/> "Made" (controlled) feelings (item 179)	_____
<input type="checkbox"/> "Made" (controlled) impulses (item 179)	_____
<input type="checkbox"/> "Made" (controlled) actions or being possessed (items 179, 180)	_____
<input type="checkbox"/> Thought broadcasting (item 187)	_____
<input type="checkbox"/> Audible thoughts (item 163)	_____
<input type="checkbox"/> Delusional perception (item 181)	_____
<input type="checkbox"/> Somatic passivity (item 180)	_____

No, the patient does not report Schneiderian symptoms

Clinical impression

- Overall severity of Schneiderian symptoms:

- Schneiderian symptoms are not connected to another psychiatric disorder (e.g., psychoses) and/or substance abuse
- Reality testing is intact

Symptom Profile 14

Scoring of the frequency: 1: Seldom / 2: Recurrently / 3: Monthly / 4: Weekly / 5: Daily / 0: Unclear

Assessment of severity: Absent/Minor/Moderate/Severe (for explanation, please see Chapter 5)

Symptoms That (Possibly) Indicate a Division of the Personality, version 1.12

Does the patient report symptoms that indicate a division of the personality?	<input type="checkbox"/> Yes, the patient reports symptoms that indicate a division of the personality, namely: <table border="0"><thead><tr><th><u>Symptoms</u></th><th><u>Frequency</u></th></tr></thead><tbody><tr><td><input type="checkbox"/> Amnesia (items 16, 33, 54d, 68, 148, 149, 151, 152, 153)</td><td>_____</td></tr><tr><td><input type="checkbox"/> Depersonalization (items 191, 192, 193)</td><td>_____</td></tr><tr><td><input type="checkbox"/> Derealization (items 194, 195)</td><td>_____</td></tr><tr><td><input type="checkbox"/> Changes in behavior/preferences/needs (items 196, 197, 198)</td><td>_____</td></tr><tr><td><input type="checkbox"/> Loss of skills (item 199)</td><td>_____</td></tr><tr><td><input type="checkbox"/> Presence of unfamiliar skills (item 200)</td><td>_____</td></tr></tbody></table>	<u>Symptoms</u>	<u>Frequency</u>	<input type="checkbox"/> Amnesia (items 16, 33, 54d, 68, 148, 149, 151, 152, 153)	_____	<input type="checkbox"/> Depersonalization (items 191, 192, 193)	_____	<input type="checkbox"/> Derealization (items 194, 195)	_____	<input type="checkbox"/> Changes in behavior/preferences/needs (items 196, 197, 198)	_____	<input type="checkbox"/> Loss of skills (item 199)	_____	<input type="checkbox"/> Presence of unfamiliar skills (item 200)	_____
<u>Symptoms</u>	<u>Frequency</u>														
<input type="checkbox"/> Amnesia (items 16, 33, 54d, 68, 148, 149, 151, 152, 153)	_____														
<input type="checkbox"/> Depersonalization (items 191, 192, 193)	_____														
<input type="checkbox"/> Derealization (items 194, 195)	_____														
<input type="checkbox"/> Changes in behavior/preferences/needs (items 196, 197, 198)	_____														
<input type="checkbox"/> Loss of skills (item 199)	_____														
<input type="checkbox"/> Presence of unfamiliar skills (item 200)	_____														
<input type="checkbox"/> No, the patient does not report symptoms that indicate a division of the personality	<u>Clinical impression</u> <ul style="list-style-type: none">• Overall severity of symptoms that indicate a division of the personality: _____														

Symptom Profile 15

Scoring of the frequency: 1: Seldom / 2: Recurrently / 3: Monthly / 4: Weekly / 5: Daily / 0: Unclear

Assessment of severity: Absent/Minor/Moderate/Severe (for explanation, please see Chapter 5)

Dissociative Parts of the Personality, version 1.12

Does the patient experience the presence of dissociative parts?	<input type="checkbox"/> Yes, the patient experiences or acknowledges the presence of dissociative parts, namely: <table border="1"><thead><tr><th><u>Symptoms</u></th><th><u>Frequency</u></th></tr></thead><tbody><tr><td><input type="checkbox"/> Experiences parts (items 201–206)</td><td>_____</td></tr><tr><td><input type="checkbox"/> Parts are experienced as ego dystonic (items 203, 206)</td><td>_____</td></tr><tr><td><input type="checkbox"/> Parts influence behavior/actions (item 204)</td><td>_____</td></tr><tr><td><input type="checkbox"/> Parts responsible for tasks in daily life (item 205)</td><td>_____</td></tr><tr><td><input type="checkbox"/> Parts are experienced as ego syntonic (item 206)</td><td>_____</td></tr></tbody></table>	<u>Symptoms</u>	<u>Frequency</u>	<input type="checkbox"/> Experiences parts (items 201–206)	_____	<input type="checkbox"/> Parts are experienced as ego dystonic (items 203, 206)	_____	<input type="checkbox"/> Parts influence behavior/actions (item 204)	_____	<input type="checkbox"/> Parts responsible for tasks in daily life (item 205)	_____	<input type="checkbox"/> Parts are experienced as ego syntonic (item 206)	_____
<u>Symptoms</u>	<u>Frequency</u>												
<input type="checkbox"/> Experiences parts (items 201–206)	_____												
<input type="checkbox"/> Parts are experienced as ego dystonic (items 203, 206)	_____												
<input type="checkbox"/> Parts influence behavior/actions (item 204)	_____												
<input type="checkbox"/> Parts responsible for tasks in daily life (item 205)	_____												
<input type="checkbox"/> Parts are experienced as ego syntonic (item 206)	_____												
<input type="checkbox"/> No, the patient does not report symptoms that indicate the presence of dissociative parts, or the presence of dissociative parts is denied	<u>Clinical impression</u> <ul style="list-style-type: none">• The nature of the dissociative parts as described by the patient exhibits a structure which corresponds to:<ul style="list-style-type: none"><input type="checkbox"/> Primary structural dissociation of the personality<input type="checkbox"/> Secondary structural dissociation of the personality<input type="checkbox"/> Tertiary structural dissociation of the personality<input type="checkbox"/> Imitated DID (items 207–214)												

Symptom Profile 16

Scoring of the frequency: 1: Seldom / 2: Recurrently / 3: Monthly / 4: Weekly / 5: Daily / 0: Unclear

Assessment of severity: Absent/Minor/Moderate/Severe (for explanation, please see Chapter 5)

PTSD (DSM-5), version 1.12

Does the patient report PTSD symptoms?

Yes, the patient reports PTSD symptoms, namely:

<u>Symptoms</u>	<u>Frequency</u>
<input type="checkbox"/> Intrusions (items 31, 39, 64, 65, 100, 101)	_____
<input type="checkbox"/> Avoidance (items 50, 62, 63, 95, 96, 97, 98, 99, 124)	_____
<input type="checkbox"/> Negative changes in cognition and mood (items 74, 80, 81, 82, 84, 85)	_____
<input type="checkbox"/> Changes in arousal (items 24, 26, 28, 29, 30, 48, 49, 66, 67, 70, 102)	_____

No, the patient does not report PTSD symptoms

There is no or insufficient evidence that the PTSD symptoms are accompanied by dissociative symptoms

The reported PTSD symptoms are accompanied by dissociative symptoms, namely:

Derealization/depersonalization (items 114-121)

Depersonalization (items 106-113)

Clinical impression

- Overall severity of PTSD symptoms: _____

Clinical impression

- Overall severity of PTSD symptoms: _____

Symptom Profile 17

Scoring of the frequency: 1: Seldom / 2: Recurrently / 3: Monthly / 4: Weekly / 5: Daily / 0: Unclear

Assessment of severity: Absent/Minor/Moderate/Severe (for explanation, please see Chapter 5)

Complex PTSD (ICD-11), version 1.12

Does the patient report Complex PTSD symptoms?	<input type="checkbox"/> Yes, the patient reports Complex PTSD symptoms, namely: <table border="1"><thead><tr><th data-bbox="561 614 669 639"><u>Symptoms</u></th><th data-bbox="986 614 1094 639"><u>Frequency</u></th></tr></thead><tbody><tr><td data-bbox="534 649 938 736"><input type="checkbox"/> PTSD symptoms (see: PTSD symptom profile) +</td><td data-bbox="986 691 1094 710">_____</td></tr><tr><td data-bbox="534 755 951 813"><input type="checkbox"/> Emotion regulation problems (items 46, 47, 48, 49, 53, 54, 67, 70)</td><td data-bbox="986 797 1094 817">_____</td></tr><tr><td data-bbox="534 823 924 880"><input type="checkbox"/> Negative self-image (items 74–81, 82, 84, 85)</td><td data-bbox="986 865 1094 884">_____</td></tr><tr><td data-bbox="534 890 932 948"><input type="checkbox"/> Problems in relationships with others (items 86–94)</td><td data-bbox="986 933 1094 952">_____</td></tr></tbody></table>	<u>Symptoms</u>	<u>Frequency</u>	<input type="checkbox"/> PTSD symptoms (see: PTSD symptom profile) +	_____	<input type="checkbox"/> Emotion regulation problems (items 46, 47, 48, 49, 53, 54, 67, 70)	_____	<input type="checkbox"/> Negative self-image (items 74–81, 82, 84, 85)	_____	<input type="checkbox"/> Problems in relationships with others (items 86–94)	_____
<u>Symptoms</u>	<u>Frequency</u>										
<input type="checkbox"/> PTSD symptoms (see: PTSD symptom profile) +	_____										
<input type="checkbox"/> Emotion regulation problems (items 46, 47, 48, 49, 53, 54, 67, 70)	_____										
<input type="checkbox"/> Negative self-image (items 74–81, 82, 84, 85)	_____										
<input type="checkbox"/> Problems in relationships with others (items 86–94)	_____										
<input type="checkbox"/> No, the patient does not report Complex PTSD symptoms	<u>Clinical impression</u> • Overall severity of Complex PTSD symptoms: _____										