

# TRAUMA AND DISSOCIATION SYMPTOMS INTERVIEW (TADS-I)

Version 1.12

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The most recent version of the TADS-I is available as a free download via [tads-i.com/](http://tads-i.com/) download.

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## Instruction for the Interviewer

This is the revised 2022 version of the semi-structured interview Trauma and Dissociation Symptoms Interview (TADS-I). The interview consists of five parts. Administering the complete interview offers you a reliable method of establishing whether your patient has a dissociative disorder. In addition, it provides information on the presence of symptoms associated with a posttraumatic stress disorder (PTSD) and with a complex posttraumatic stress disorder (CPTSD), as well as a broad range of other trauma-related complaints.

To properly administer and score the interview, it is important that you follow the instructions in Chapter 5 of *Assessing Trauma-Related Dissociation: With the Trauma and Dissociation Symptoms Interview (TADS-I)*, (Boon, 2023).

You may decide not to further explore certain parts about trauma-related complaints (sections from Part 2 of the interview), depending on the subjects on which you are focusing or the time available to you for establishing a diagnosis. Chapter 5 lists the parts that must *at least* be administered in order to reliably establish or exclude a dissociative disorder.

Each section includes a number of questions with numbers presented inside a shaded field. These are the compulsory questions within that part. Questions without a shaded field are follow-up questions for cases in which a previous question has been answered in the affirmative.

Each question is used to assess whether a certain symptom is present. This is a clinical assessment, as defined in Chapter 5 of *Assessing Trauma-Related Dissociation: With the Trauma and Dissociation Symptoms Interview (TADS-I)*, (Boon, 2023).

The quality of a symptom is determined, among other things, by how frequently the symptom is present. To this end, we use the following guideline:

Seldom	Up to 3 times in the past year
Occasionally	Between 4 and 11 times in the past year
Monthly	At least once a month in the past year
Weekly	At least once a week in the past year
Daily	At least once a day in the past year
Unclear	

The results of a pilot study with version 1.9 of the TADS-I are being processed and hopefully will be published in 2023. Versions 1.10–1.12 contain only minor changes, partly based on this study.

## PART 1: GENERAL

### BIOGRAPHICAL INFORMATION

**Name:**

**Sex:**

**Age:**

**Marital status:**

- Single
- Married/living together
- Divorced
- Widow/widower

**Children:**

**Current living situation:**

- Alone
- With partner and/or children
- In an institution or assisted living facility

**Education (highest level completed):**

- Primary school
- Secondary school
- Undergraduate
- Postgraduate

**Current work situation:**

- Full-time
- Part-time
- Unemployed
- On a benefit
- Retired

### PSYCHIATRIC TREATMENT OR PSYCHOTHERAPY / PAST HISTORY

- A** Are you currently receiving mental health treatment from a psychiatrist or psychologist? YES / NO / UNCLEAR
- a What kind of treatment are you receiving?
- Out-patient
  - Day treatment
  - In-patient
  - Other: \_\_\_\_\_
- b How frequent are your (individual) sessions?
- c What complaints/problems are you being treated for?
- B** Have you ever had treatment before? YES / NO / UNCLEAR
- If yes:
- a What kind of treatment was this and how long did it continue?
- b What was/were the reason(s) for the termination of these courses of treatment?
- C** Have you ever been admitted to a psychiatric hospital or psychiatric ward? YES / NO / UNCLEAR

If yes:

- a For what reason(s)?
- b How long were you hospitalized?
- c How many times have you been admitted?
- d How old were you when you were first admitted?
- e How old were you when you were last admitted?

**D** Do you know what diagnose(s) you were given in the past? YES / NO / UNCLEAR

If yes:

- a What diagnoses were they?

## SUBSTANCE USE AND MEDICATION

**1** Do you ever consume alcohol? YES / NO / UNCLEAR

If yes:

- a What type of alcohol do you consume?
  - Wine/beer
  - Liquor
  - All
- b How many units do you consume per occasion?
- c How often do you consume alcohol?
  - Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?

If no:

- d Have you ever consumed alcohol in the past? YES / NO / UNCLEAR

**Instruction for the interviewer:** If the patient indicates never to have consumed alcohol, you may proceed to Question 4, "Do you ever use street drugs?"

If yes:

- d-1 What type of alcohol did you consume?
  - Wine/beer
  - Liquor
  - All
- d-2 How many units did you consume on each occasion?
- d-3 How often did you consume alcohol?
  - Seldom
  - Regularly
  - Monthly
  - Weekly
  - Daily
  - ?

- 2 Have you ever suffered a black-out or other memory problems as a result of alcohol? YES / NO / UNCLEAR
- If yes:
- a Can you describe what that was like?
- 3 Have you ever been treated for alcohol problems? YES / NO / UNCLEAR
- If yes:
- a Where and when?
- 4 Do you ever use street drugs? YES / NO / UNCLEAR
- If yes:
- a What street drugs do you use?
- Soft drugs
  - Hard drugs
  - Both
- b How much do you use on each occasion?
- c How often do you use street drugs?
- Seldom
  - Regularly
  - Monthly
  - Weekly
  - Daily
  - ?
- If no:
- d Have you ever used street drugs in the past? YES / NO / UNCLEAR

**Instruction for the interviewer:** If the patient indicates that he or she has never used street drugs, you may proceed to Question 6, "Are you currently using prescribed or over-the-counter medication?"

- d-1 What street drugs did you use?
- Soft drugs
  - Hard drugs
  - Both
- d-2 How much did you use per occasion?
- d-3 How often did you take street drugs?
- Seldom
  - Regularly
  - Monthly
  - Weekly
  - Daily
  - ?
- 5 Have you ever been treated for drug problems? YES / NO / UNCLEAR
- 6 Are you currently using prescribed or over-the-counter medication? YES / NO / UNCLEAR

If yes:

a What medication do you currently use, and why?

- 7 Are you currently addicted to certain medication, or are you using certain medication excessively?

YES / NO / UNCLEAR

If yes:

a What medication do you use excessively or addictively?

b How much do you use per occasion?

c How often do you use this medication?

- Seldom
- Regularly
- Monthly
- Weekly
- Daily
- ?

If no:

d Have you been addicted to certain medication in the past, or have you used certain medication excessively?

YES / NO / UNCLEAR

If yes:

d-1 What medication did you use excessively or addictively?

d-2 How much did you use per occasion?

d-3 How often did you use this medication?

- Seldom
- Regularly
- Monthly
- Weekly
- Daily
- ?

**Instruction for the interviewer:** If there are no indications of substance abuse, you may proceed to Part 2, "(Possibly) Trauma-Related Symptoms."

- 8 Have you any idea in what kind of situations you use alcohol, drugs, or medication?

YES / NO / UNCLEAR

If yes:

a Can you describe those situations and how you believe substances help you cope in those situations?

- 9 At what age did the problems with alcohol, drugs, or medication begin? (Different drugs may be taken at different ages.)

If these problems have only existed in the past:

a At what age did the problems with alcohol, drugs, or medication stop?

ADDITIONAL QUESTIONS FOR THE INTERVIEWER TO USE:

1. Have you ever felt unreal or outside yourself due to alcohol, drugs, or medication use?
2. Have you ever heard voices or had compulsive thoughts telling you to use alcohol, drugs or medication?
3. Have you ever found out later (or have others ever told you) that you had been using substances that you had no recollection of using?

Overall severity score SUBSTANCE/MEDICATION ABUSE

- 0 = Absent
- 1 = Minor
- 2 = Moderate
- 3 = Severe
- 88 = Unclear

Is the SUBSTANCE/MEDICATION ABUSE accompanied by alterations in consciousness?

- 0 = No
- 1 = Yes
- 88 = Unclear

Is the SUBSTANCE/MEDICATION ABUSE accompanied by dissociative symptoms indicating a division of the personality?

- 0 = No
- 1 = Yes
- 88 = Unclear

## PART 2: (POSSIBLY) TRAUMA-RELATED SYMPTOMS

### EATING PROBLEMS

- 10** Have you ever had eating problems? YES / NO / UNCLEAR
- If yes:
- a Can you describe these problems?
- 11** Have you ever lost so much weight that your doctor or others told you that you were seriously underweight? YES / NO / UNCLEAR
- If yes:
- a Are you currently (seriously) underweight? YES / NO / UNCLEAR
- b What was your lowest weight? \_\_\_\_\_
- c What is your height? \_\_\_\_\_
- For women:
- d Have you ever stopped having your periods/menstruating due to being underweight? YES / NO / UNCLEAR
- 12** Have you ever been hospitalized in connection with being underweight? YES / NO / UNCLEAR
- 13** Have you ever had problems with overeating? YES / NO / UNCLEAR
- If yes:
- a What was your highest weight? \_\_\_\_\_
- 14** Does your weight fluctuate a lot over the course of a month or year? YES / NO / UNCLEAR
- If yes:
- a Can you describe how much your weight fluctuates (how many lbs/kg)?
- 15** Have you ever suffered from binge eating? YES / NO / UNCLEAR
- If yes:
- a How often do you have binges?
- Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?
- b Can you give an example of such a binge?
- c Does the bingeing take place while you are in a daze? YES / NO / UNCLEAR
- If yes:
- c-1 Can you describe this?
- 16** Does it ever happen that you have no memory at all of eating (or binge eating) even though there are indications that you actually have eaten? YES / NO / UNCLEAR

- If yes:  
a Can you give an example?
- 17** Do you ever completely forget to eat during the day? YES / NO / UNCLEAR
- If yes:  
a Are you aware of feeling hungry or feeling “full”? YES / NO / UNCLEAR
- 18** Do you ever make yourself vomit to get rid of food? YES / NO / UNCLEAR
- If yes:  
a How often do you make yourself vomit?  
 Seldom  
 Recurrently  
 Monthly  
 Weekly  
 Daily  
 ?
- 19** Do you ever suffer from spontaneous vomiting or nausea without any physical cause? YES / NO / UNCLEAR
- If yes:  
a Can you give an example?
- 20** Do you ever use (or have you ever used) laxatives to help you get rid of food you have eaten and to manage your weight? YES / NO / UNCLEAR
- If yes:  
a How often does this occur?  
 Seldom  
 Recurrently  
 Monthly  
 Weekly  
 Daily  
 ?
- 21** Have you ever engaged in excessive exercising (several hours per day)? YES / NO / UNCLEAR
- If yes:  
a Can you give an example?
- 22** Have you ever heard voices or had compulsive thoughts telling or commanding you not to eat or to eat too much? YES / NO / UNCLEAR
- a Not eating YES / NO / UNCLEAR  
b Eating too much YES / NO / UNCLEAR

Overall severity score EATING PROBLEMS

- 0 = Absent
- 1 = Minor
- 2 = Moderate
- 3 = Severe
- 88 = Unclear

- Are the EATING PROBLEMS accompanied by alterations in consciousness?
- 0 = No
- 1 = Yes
- 88 = Unclear
- Are the EATING PROBLEMS accompanied by dissociative symptoms indicating a division of the personality?
- 0 = No
- 1 = Yes
- 88 = Unclear

## SLEEP PROBLEMS

**23** Do you ever suffer from sleep problems? YES / NO / UNCLEAR

If yes:

- a How often do you suffer from sleep problems?
- Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?

**Interviewer:** "I will now ask you some specific questions about sleep problems."

**24** Do you have trouble falling asleep? YES / NO / UNCLEAR

If yes:

- a Can you describe this?
- b Does this involve:
- Worrying?
  - Anxiety?
  - Being afraid to close your eyes?
  - Other: \_\_\_\_\_

**25** Do you ever put off going to sleep because you are afraid to do so? YES / NO / UNCLEAR

If yes:

- a Can you give an example?

**26** Do you often wake up during the night? YES / NO / UNCLEAR

If yes:

- a How often do you wake up in the night?
- b Does this happen at particular times during the night? YES / NO / UNCLEAR
- b-1 If yes: time(s): \_\_\_\_\_
- c Can you describe what wakes you up?

**27** How many hours of sleep do you average per night?

**Instruction for the interviewer:** When answering Question 28, the patient is not supposed to describe his/her nightmares in detail. What is important, is simply whether he/she remembers the nightmares.

**28** Do you ever suffer from nightmares? YES / NO / UNCLEAR

If yes:

a How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

b Are you aware of the content of these nightmares?

- No
- Sometimes
- Often
- Unclear

c Do you think that the nightmares are related to past (unpleasant) events?

- No
- Sometimes
- Often
- Unclear

d Does it ever seem to you at night as if you are reliving the unpleasant events?

YES / NO / UNCLEAR

**29** Have you ever noticed or heard from others that you are agitated while sleeping (e.g., screaming, fighting, talking in your sleep)? YES / NO / UNCLEAR

If yes:

a How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

b Can you describe what happens?

- Screaming
- Crying
- Talking
- Fighting
- Other: \_\_\_\_\_

**30** Do you ever have trouble waking up from an unpleasant dream, as if the unpleasant dream seems to continue even after you have woken up? YES / NO / UNCLEAR

- If yes:
- a How often does this occur?
- Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?
- b Can you describe this experience?
- 31** Do you ever have nightmare-like visions during the day? YES / NO / UNCLEAR
- If yes:
- a How often does this occur?
- Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?
- b Can you describe this experience?
- c Do you have any idea what causes these visions? YES / NO / UNCLEAR
- 32** Have you ever suffered from sleepwalking? YES / NO / UNCLEAR
- If yes:
- a Can you describe this experience?
- 33** Have there ever been signs that you have gotten out of bed and done things during the night that you could not remember doing the following morning (without being under the influence of alcohol, drugs, or medication)? YES / NO / UNCLEAR
- If yes:
- a How often does this occur?
- Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?
- b Can you give an example?
- 34** Do you use sleep medication? YES / NO / UNCLEAR
- If yes:
- a What medication do you use?
- b What effect do you think it has?
- c Can you describe this effect?
- 35** Do you use any other sleeping aids (for example: taking a warm bath before you go to bed, or listening to certain music)? YES / NO / UNCLEAR

If yes:

a Can you describe these sleeping aids?

- 36** Have you ever had the experience of involuntarily falling asleep during the day when you should have been awake?

YES / NO / UNCLEAR

If yes:

a Can you describe this experience?

- 37** Have you ever awoken feeling like you were another person?

YES / NO / UNCLEAR

If yes:

a How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

b Can you describe this experience?

- 38** Have you ever woken up and not recognized where you were, even though you were in your own home?

YES / NO / UNCLEAR

If yes:

a How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

b Can you describe this experience?

- 39** Have you ever woken up feeling like you were in a time in your past?

YES / NO / UNCLEAR

If yes:

a How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

b Can you describe this experience?

Overall severity score SLEEP PROBLEMS

0 = Absent

1 = Minor

2 = Moderate

3 = Severe

88 = Unclear

Are the SLEEP PROBLEMS accompanied by alterations in consciousness?

0 = No

1 = Yes

88 = Unclear

Are the SLEEP PROBLEMS accompanied by dissociative symptoms indicating a division of the personality?

0 = No

1 = Yes

88 = Unclear

## MOOD AND EMOTION REGULATION

40 What has your mood been like in general over the past several years?

Please describe:

41 Have you ever experienced rapid mood swings?

YES / NO / UNCLEAR

If yes:

a How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

b Are you always aware of your mood swings?

YES / NO / UNCLEAR

If no:

b-1 Can you describe what happens?

**Instruction for the interviewer:** If the patient does not report mood swings, you may proceed to Question 45.

42 Can you describe how the mood swings typically begin?

- Abruptly
- More gradually
- Begins with a mild feeling and progresses to a similar feeling that is more intense (e.g., content to euphoric)
- Swings between extremely intense feelings that are very different from each other (e.g., happy to enraged)
- Other: \_\_\_\_\_

- a Can you give an example?
- 43** Do your mood swings affect:
- a Yourself? YES / NO / UNCLEAR
- b Others around you? YES / NO / UNCLEAR
- c Your daily life/work? YES / NO / UNCLEAR
- If yes:
- d Can you describe how your mood swings affect yourself, others, and your functioning?
- 44** Have you ever experienced strong fluctuations in your capacities or your abilities as a result of your mood swings? YES / NO / UNCLEAR
- If yes:
- a How often does this occur?
- Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?
- b Can you give an example?
- 45** Have you ever noticed that you could easily do things that you felt should be impossible, or that you are normally unable to do? YES / NO / UNCLEAR
- If yes:
- a How often does this occur?
- Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?
- b Can you give an example?
- 46** Do you get upset easily by what others would consider to be minor issues? YES / NO / UNCLEAR
- If yes:
- a Can you give an example?
- 47** Do you find it difficult to calm yourself down when you are upset? YES / NO / UNCLEAR
- If yes:
- a Can you give an example?
- 48** Do you ever have the feeling that you are not in control of your behavior or emotions? YES / NO / UNCLEAR
- If yes:
- a How often does this occur?
- Seldom
  - Recurrently

- Monthly
- Weekly
- Daily
- ?

b Can you give an example?

**49** Are there any particular emotions (e.g., anger) that you feel you cannot control?

YES / NO / UNCLEAR

If yes:

a Can you describe these emotions?

b How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

c Do you always understand the reason for these emotions, or what they are related to?

YES / NO / UNCLEAR

c-1 Can you tell me more about that?

**50** Do you ever have the experience of feeling numb, as if you cannot get in touch with your feelings or emotions?

YES / NO / UNCLEAR

If yes:

a Can you give an example?

b How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

**51** Do you ever feel depressed?

YES / NO / UNCLEAR

If yes:

a Can you give an example?

b How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

**52** Do you ever feel hopeless about your future?

YES / NO / UNCLEAR

If yes:

a Can you describe that feeling?

b Does this feeling of hopelessness relate to your living situation? YES / NO / UNCLEAR

If yes:

b-1 Can you describe this?

c Does this feeling of hopelessness relate to difficulties in (meaningful) relationships with other people? YES / NO / UNCLEAR

If yes:

c-1 Can you describe this?

**53** Have you ever felt so desperate that you thought about taking your own life? YES / NO / UNCLEAR

**Instruction for the interviewer:** If the patient does not report suicidal thoughts, you may proceed to Question 56.

**54** Have you ever actually tried to take your own life? YES / NO / UNCLEAR

If yes:

a What exactly did you do?

b How did the suicide attempt come to an end, or how were you prevented from taking your own life?

c Have you attempted suicide more than once? YES / NO / UNCLEAR

If yes:

c-1 How often have you attempted suicide?

d Did the attempt(s) happen in a daze (outside your control)? YES / NO / UNCLEAR

If yes: Can you describe this experience?

I felt like I was in a dream state (depersonalization/derealization)

I felt like I was outside of my body, watching

I heard voices

Other: \_\_\_\_\_

e Has it ever happened that you had no memory at all of trying to end your life, but you know you must have made a suicide attempt? Can you give an example? YES / NO / UNCLEAR

f Had you been using alcohol, drugs, or medication at the time of the attempt? YES / NO / UNCLEAR

**55** a Have you ever been treated in a (psychiatric) hospital to prevent you from undertaking a suicide attempt? YES / NO / UNCLEAR

b Have you ever been treated in a hospital as a result of a suicide attempt? YES / NO / UNCLEAR

**56** Do you ever feel hyperactive, extremely energetic, keyed up and/or exuberant without a specific reason? YES / NO / UNCLEAR

If yes:

a How often does this occur?

Seldom

Recurrently

Monthly

Weekly

Daily

?

- b Can you give an example?
- c Have you ever done things in a hyperactive mood which you later regretted or which got you into trouble? YES / NO / UNCLEAR

If yes:

- c-1 Can you give an example?
- d When you are in a hyperactive mood, do your thoughts ever run away with you, as if you are unable to stop them? YES / NO / UNCLEAR

If yes:

- d-1 Can you give an example?
- e Do you know whether there is a connection between this hyperactive/overexcited behavior and feelings of stress and anxiety? YES / NO / UNCLEAR

If yes:

- e-1 Can you give an example?

**57** Have you ever experienced severe feelings of:

- a Emptiness YES / NO / UNCLEAR

If yes:

- a-1 Can you give an example?
- a-2 How often does this occur?
- Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?
- a-3 How long do these feelings tend to last?
- Hours
  - Days
  - Almost continually
  - Unclear

- b Boredom YES / NO / UNCLEAR

If yes:

- b-1 Can you give an example?
- b-2 How often does this occur?
- Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?
- b-3 How long do these feelings tend to last?
- Hours
  - Days
  - Almost continually
  - Unclear

- Overall severity score MOOD AND EMOTION REGULATION PROBLEMS
- 0 = Absent
- 1 = Minor
- 2 = Moderate
- 3 = Severe
- 88 = Unclear
- Are the MOOD AND EMOTION REGULATION PROBLEMS accompanied by alterations in consciousness?
- 0 = No
- 1 = Yes
- 88 = Unclear
- Are the MOOD AND EMOTION REGULATION PROBLEMS accompanied by dissociative symptoms indicating a division of the personality?
- 0 = No
- 1 = Yes
- 88 = Unclear

## ANXIETY AND PANIC

- 58** Are you generally an anxious person? YES / NO / UNCLEAR
- If yes:
- a Can you give an example?
- 59** Have you ever suffered from specific fears or phobias? YES / NO / UNCLEAR
- If yes:
- a Can you describe these fears?
- 60** Have you ever suffered from (sudden) panic attacks? YES / NO / UNCLEAR
- If yes:
- a Can you describe such a panic attack?
- b Do you usually know the reason for a panic attack? YES / NO / UNCLEAR
- If yes:
- b-1 Can you give an example?
- c Are these panic attacks accompanied by physical complaints such as palpitations, perspiring, hyperventilating, and/or other complaints? YES / NO / UNCLEAR
- If yes:
- c-1 Can you give an example?

**Instruction for the interviewer:** When you ask Question 61, please refer to the experiences as reported by the patient in response to Questions 58–60.

- 61** When you think back on your experiences of fear, anxiety, phobia (mention the experience the patient has described):
- a When did you experience this for the first time?

- b How often do you have such experiences?
- Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?
- c Do you ever feel alienated from yourself when you are scared? YES / NO / UNCLEAR
- If yes:
- c-1 Can you describe this?
- d Do you ever hear voices when you are scared? YES / NO / UNCLEAR
- If yes:
- d-1 Can you describe this?
- e Have you ever been so scared that you didn't know what you were doing or had done? YES / NO / UNCLEAR
- If yes:
- e-1 Can you describe this?
- 62** Do you ever avoid certain situations or places out of fear? YES / NO / UNCLEAR
- If yes:
- a Which situations do you avoid?
- b Can you give an example?
- c How often does this occur?
- Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?
- 63** Are there any other things that you avoid out of fear? YES / NO / UNCLEAR
- If yes:
- a Can you give an example?
- 64** Have you ever had frightening images or thoughts repeatedly force themselves upon your mind? YES / NO / UNCLEAR
- If yes:
- a How often does this occur?
- Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?
- b Do you know where these images or thoughts are coming from, or what they mean? YES / NO / UNCLEAR
- If yes:
- b-1 Can you tell me more about that?

- 65** Do you ever have flashbacks of negative earlier experiences? YES / NO / UNCLEAR
- If yes:
- a How often does this occur?
- Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?
- b Can you give an example?
- 66** Do you ever suffer from:
- a Jumpiness? YES / NO / UNCLEAR
- If yes:
- a-1 How often does this occur?
- Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?
- a-2 Can you give an example?
- b Hypervigilance? YES / NO / UNCLEAR
- If yes:
- b-1 How often does this occur?
- Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?
- b-2 Can you give an example?
- c Irritable behavior or anger outbursts? YES / NO / UNCLEAR
- If yes:
- c-1 How often does this occur?
- Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?
- c-2 Can you give an example?
- d Compulsive thoughts or actions? YES / NO / UNCLEAR
- If yes:
- d-1 How often does this occur?
- Seldom
  - Recurrently
  - Monthly

- Weekly
- Daily
- ?

d-2 Can you give an example?

Overall severity score ANXIETY AND PANIC

- 0 = Absent
- 1 = Minor
- 2 = Moderate
- 3 = Severe
- 88 = Unclear

Are the ANXIETY AND PANIC accompanied by alterations in consciousness?

- 0 = No
- 1 = Yes
- 88 = Unclear

Are the ANXIETY AND PANIC accompanied by dissociative symptoms indicating a division of the personality?

- 0 = No
- 1 = Yes
- 88 = Unclear

## SELF-DESTRUCTIVE BEHAVIOR

**67** Have you ever intentionally hurt or injured yourself (e.g., burning or cutting yourself, or banging your head on the floor or against a wall)? YES / NO / UNCLEAR

If yes:

a How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

b Can you give an example?

c Are you aware of what you are doing when you are injuring yourself? YES / NO / UNCLEAR

c-1 Can you give an example?

d Do you feel that you are in control of your self-injurious behavior? YES / NO / UNCLEAR

d-1 Can you give an example?

**Instruction for the interviewer:** If the patient does not report self-injurious behavior (auto-mutilation), you may proceed to Question 70.

**68** Does it ever happen that you have no memory at all of injuring yourself but that you later discover that it must have happened? YES / NO / UNCLEAR

If yes:

a Can you give an example?

**69** Do you ever have the experience of watching yourself harm your body, as though you are watching someone else doing it?

YES / NO / UNCLEAR

If yes:

a Can you give an example?

b Do you experience this as if you are literally outside of your body?

YES / NO / UNCLEAR

**70** Do you ever do other dangerous or self-injurious things?

YES / NO / UNCLEAR

If yes, does it involve:

a Reckless driving?

YES / NO / UNCLEAR

a-1 How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

b Overspending?

YES / NO / UNCLEAR

b-1 How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

c Unsafe sex?

YES / NO / UNCLEAR

c-1 How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

d Other: \_\_\_\_\_

If yes:

d-1

How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

**71** Are there any other situations in which you do not take care of yourself (e.g., failing to do things that are necessary for your health or well-being)? YES / NO / UNCLEAR

If yes:

a Can you give an example?

**72** Does it ever happen that you are forced or told by something inside yourself to behave in a self-injurious manner? YES / NO / UNCLEAR

If yes: Does this involve:

a A commanding voice (or voices)? YES / NO / UNCLEAR

If yes:

a-1 How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

a-2 Can you give an example?

b Compulsive thoughts? YES / NO / UNCLEAR

If yes:

b-1 How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

b-2 Can you give an example?

c Another way? YES / NO / UNCLEAR

If yes:

c-1 How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

c-2 Can you give an example?

- Overall severity score SELF-DESTRUCTIVE BEHAVIOR
- 0 = Absent
- 1 = Minor
- 2 = Moderate
- 3 = Severe
- 88 = Unclear

- Is the SELF-DESTRUCTIVE BEHAVIOR accompanied by alterations in consciousness?  
 0 = No  
 1 = Yes  
 88 = Unclear
- Is the SELF-DESTRUCTIVE BEHAVIOR accompanied by dissociative symptoms indicating a division of the personality?  
 0 = No  
 1 = Yes  
 88 = Unclear

## SELF-IMAGE AND IDENTITY

- 73** a Do you usually have a positive opinion of yourself? YES / NO / UNCLEAR
- If yes:
- a-1 Can you describe this?
- If no:
- a-2 Can you describe what thoughts and feelings you usually have about yourself?
- b Do you think there is a difference between your beliefs about yourself and how other people think of you? YES / NO / UNCLEAR
- If yes:
- b-1 Can you describe this difference?

**Instruction for the interviewer:** If the patient reports having a negative opinion of himself/herself, please ask Question 74.

- 74** If you think negatively about yourself:
- a How often does this occur?
- Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?
- 75** Are you ever uncertain about your wishes and preferences? YES / NO / UNCLEAR
- If yes:
- a Can you give an example?
- 76** Are you ever insecure or uncertain about who you really are? YES / NO / UNCLEAR
- If yes:
- a Can you give an example?
- b How often are you uncertain about who you really are?
- Seldom
  - Recurrently
  - Monthly

- Weekly
- Daily
- ?

**77** Are you ever insecure or uncertain about how you would like to be or should be? YES / NO / UNCLEAR

If yes:

a Can you give an example?

**78** Do you have a strong tendency to do what others would like you to do, instead of standing up for yourself? YES / NO / UNCLEAR

If yes:

a Can you give an example?

**79** Have you ever had the feeling that there is a struggle going on inside yourself, or that you have strong feelings of ambivalence or inner conflict? YES / NO / UNCLEAR

If yes:

a Can you give an example?

b Do you experience ambivalence or a struggle between:

- Two opinions or thoughts?
- Several opinions or thoughts?

c Can you hear the inner struggle in the form of voices? YES / NO / UNCLEAR

d Have you ever had the feeling that you are observing yourself, like a spectator, while such a struggle is happening? YES / NO / UNCLEAR

If yes:

d-1 Can you describe this?

e Do the conflicting opinions feel like they are your own opinions? YES / NO / UNCLEAR

f How often does this experience occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

**80** Have you ever had the feeling that you are a total outsider, don't belong, or are completely different from everyone else? YES / NO / UNCLEAR

If yes:

a How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

b Can you give an example?

**81** Do you sometimes feel very ashamed of yourself (i.e., in a way that is severe, repetitive, long-lasting, and pervasive)? YES / NO / UNCLEAR

If yes:

a Can you give an example?

**82** Have you ever had any of the following negative feelings about yourself:

a That you do not want people to get to know you better? YES / NO / UNCLEAR

If yes:

a-1 Can you give an example?

b That you prefer to hide from, or avoid, other people? YES / NO / UNCLEAR

If yes:

b-1 Can you give an example?

c That you prefer to hide from, or avoid, yourself? YES / NO / UNCLEAR

If yes:

c-1 Can you give an example?

**83** Do you ever feel seriously guilty? YES / NO / UNCLEAR

If yes:

a Can you give an example?

**84** Do you have the feeling that you can generally influence or control what is happening in your daily life? YES / NO / UNCLEAR

If yes:

a Can you give an example?

**85** Do you ever feel very helpless in daily life? YES / NO / UNCLEAR

If yes:

a Can you give an example?

Overall severity score SELF-IMAGE AND IDENTITY PROBLEMS

0 = Absent

1 = Minor

2 = Moderate

3 = Severe

88 = Unclear

Are the SELF-IMAGE AND IDENTITY PROBLEMS accompanied by alterations in consciousness?

0 = No

1 = Yes

88 = Unclear

Are the SELF-IMAGE AND IDENTITY PROBLEMS accompanied by dissociative symptoms indicating a division of the personality?

0 = No

1 = Yes

88 = Unclear

## RELATIONSHIPS WITH OTHERS

- 86** Do you have stable and long-lasting relationships with other people? YES / NO / UNCLEAR
- If yes:  
a Can you give an example?
- If no:  
b Have you ever had stable long-lasting relationships in your lifetime? YES / NO / UNCLEAR
- If yes:  
b-1 Can you give an example?
- 87** Have you ever had serious difficulties in trusting other people? YES / NO / UNCLEAR
- If yes:  
a Can you give an example?
- 88** Do you avoid (close) relationships with other people? YES / NO / UNCLEAR
- If yes:  
a Can you give an example?
- 89** When in contact with other people, do you ever experience:
- a feeling alienated from others? YES / NO / UNCLEAR
- If yes:  
a-1 Can you give an example?
- b feeling insecure about yourself with others? YES / NO / UNCLEAR
- If yes:  
b-1 Can you give an example?
- c an inner conflict taking place related to your interactions with others? YES / NO / UNCLEAR
- If yes:  
c-1 Can you give an example or describe what this inner conflict looks like?  
c-2 Does this involve more than one conflicting thought/voice within yourself?
- 90** a Have you ever had difficulties in dealing with conflicts in relationships with others? YES / NO / UNCLEAR
- If yes:  
a-1 Can you give an example?  
a-2 Do you think that these difficulties are caused/influenced by different conflicting thoughts/opinions within yourself?
- b Do you think you tend to feel more hurt in relationship conflicts than other people seem to feel? YES / NO / UNCLEAR
- If yes:  
b-1 Can you give an example?
- 91** Do you ever have the feeling that people hurt you purposefully? YES / NO / UNCLEAR

If yes:

a Can you give an example?

**92** Are you sometimes afraid that other people will abandon you? YES / NO / UNCLEAR

If yes:

a Can you give an example?

b What do you do to prevent this? Can you give an example?

**93** Do you feel very dependent on other people? YES / NO / UNCLEAR

If yes:

a Can you give an example?

**94** a How much distress and discomfort do you experience in relationships with others?

- Little or minimal distress and discomfort in interpersonal relationships
- Frequently recurring distress and discomfort in interpersonal relationships
- Ongoing distress and discomfort in interpersonal relationships

b Which of the previously mentioned problems in relationships with other people bother you the most?

- Unstable relationships
- Difficulties with trust
- Avoiding relationships
- Feeling alienated / feeling insecure / inner conflict
- Dealing with conflicts
- Easily feeling hurt
- Fear of abandonment
- Dependence

Overall severity score PROBLEMS IN RELATIONSHIPS WITH OTHERS

0 = Absent

1 = Minor

2 = Moderate

3 = Severe

88 = Unclear

Are the PROBLEMS IN RELATIONSHIPS WITH OTHERS accompanied by alterations in consciousness?

0 = No

1 = Yes

88 = Unclear

Are the PROBLEMS IN RELATIONSHIPS WITH OTHERS accompanied by dissociative symptoms indicating a division of the personality?

0 = No

1 = Yes

88 = Unclear

## SEXUALITY

- 95** Does it bother you when you are physically touched by someone you know well? YES / NO / UNCLEAR
- If yes:  
a Can you give an example?
- 96** Does it bother you when you are touched in a sexual way by a partner? YES / NO / UNCLEAR
- If yes:  
a Can you give an example?
- 97** During sexual contact, does it ever occur that you:
- a Become numb/feel nothing? YES / NO / UNCLEAR
- b Leave your body? YES / NO / UNCLEAR
- c Experience (partial) amnesia? YES / NO / UNCLEAR
- d Hear voices? YES / NO / UNCLEAR
- e No longer recognize your partner/surroundings? YES / NO / UNCLEAR
- f See unpleasant images? YES / NO / UNCLEAR
- 98** Do you try to avoid thinking about sex? YES / NO / UNCLEAR
- If yes:  
a Can you give an example?
- 99** Do you try to avoid sexual contact and/or sexual relationships? YES / NO / UNCLEAR
- If yes:  
a Can you give an example?
- 100** Do you think more about sex (or topics related to sex) than you would want? YES / NO / UNCLEAR
- If yes:  
a Can you give an example?
- 101** Have you ever been bothered by thoughts about sex and/or sexual relationships? YES / NO / UNCLEAR
- If yes:  
a How often does this occur?  
 Seldom  
 Recurrently  
 Monthly  
 Weekly  
 Daily  
 ?
- b Can you give an example?
- 102** Have you ever engaged in sexual contact and/or a sexual relationship without really wanting it? YES / NO / UNCLEAR

If yes:

a How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

b Is this behavior influenced by a voice/voices or compulsive thoughts?

YES / NO / UNCLEAR

b-1 Can you give an example?

**103** Have you ever felt confused about your gender or sexual identity? YES / NO / UNCLEAR

If yes:

a How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

b Can you give an example?

**104** Have you ever felt confused about your sexual preference? YES / NO / UNCLEAR

If yes:

a How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

b Can you give an example?

**105** How much distress and discomfort do you experience with regard to sexuality?

- Little or minimal distress and discomfort with regard to sexuality
- Frequently recurring distress and discomfort with regard to sexuality
- Continuous distress and discomfort with regard to sexuality

Overall severity score PROBLEMS WITH SEXUALITY

0 = Absent

1 = Minor

2 = Moderate

3 = Severe

88 = Unclear

Are the PROBLEMS WITH SEXUALITY accompanied by alterations in consciousness?

0 = No

1 = Yes

- 88 = Unclear
- Are the PROBLEMS WITH SEXUALITY accompanied by dissociative symptoms indicating a division of the personality?
- 0 = No
- 1 = Yes
- 88 = Unclear

## PART 3: ALTERATIONS IN CONSCIOUSNESS

### DEPERSONALIZATION

**Instruction for the interviewer:** In the previous part of the interview, several questions have already been posed about depersonalization. If the patient has already given examples of this, you may refer to these examples, or even skip some of the questions about depersonalization.

- 106** Have you ever felt very unreal, detached, or disconnected from yourself? YES / NO / UNCLEAR
- If yes:
- a Can you give an example?
- 107** Have you ever felt as if you were acting like a sort of robot or automaton? YES / NO / UNCLEAR
- If yes:
- a Can you give an example?
- 108** Have you ever felt disconnected from, or not in touch with, your emotions? YES / NO / UNCLEAR
- If yes:
- a Can you give an example?
- 109** Have you ever felt that you are not really there, as if you are not entirely present? YES / NO / UNCLEAR
- If yes:
- a Can you give an example?

**Instruction for the interviewer:** If there are no indications of depersonalization, you may proceed to the next section of the interview: "Derealization."

- 110** How often do these experiences (mentioned in Questions 106–109) occur?
- Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?
- 111** Do these experiences only occur when you are using alcohol, drugs, or prescription medication? YES / NO / UNCLEAR
- 112** Do these experiences only occur when you are:
- a Under pressure/stressed? YES / NO / UNCLEAR
- b Tired? YES / NO / UNCLEAR

- c Dejected? YES / NO / UNCLEAR
- d Confused? YES / NO / UNCLEAR
- e Ill? YES / NO / UNCLEAR
- f Anxious? YES / NO / UNCLEAR
- g Other: \_\_\_\_\_

**113** Do these experiences also occur when you are not suffering from any of the above-mentioned complaints (Question 112)? YES / NO / UNCLEAR

- Overall severity score DEPERSONALIZATION
- 0 = Absent
- 1 = Minor
- 2 = Moderate
- 3 = Severe
- 88 = Unclear

## DEREALIZATION

**114** Have you ever had the experience that people or the world around you seem unreal? YES / NO / UNCLEAR

If yes:

a Can you give an example?

**115** Have you ever had the experience as if you are looking at the world through a haze? YES / NO / UNCLEAR

If yes:

a Can you give an example?

**116** Have you ever felt disconnected from your friends or family, as if they were strangers? YES / NO / UNCLEAR

If yes:

a Can you give an example?

**117** Have you ever had the experience that your own house or a familiar place seemed unreal or strange to you? YES / NO / UNCLEAR

If yes:

a Can you give an example?

**Instruction for the interviewer:** If there are no indications of derealization, you may proceed to the next section of the interview: "Absorption, Trance, and Daydreaming."

**118** How often do these experiences (mentioned in Questions 114–117) occur?

- Seldom
- Recurrently
- Monthly
- Weekly

- Daily
- ?

**119** Do these experiences only occur when you are using alcohol, drugs, or prescription medication? YES / NO / UNCLEAR

**120** Do these experiences only occur when you are:

- a Under pressure/stressed? YES / NO / UNCLEAR
- b Tired? YES / NO / UNCLEAR
- c Dejected? YES / NO / UNCLEAR
- d Confused? YES / NO / UNCLEAR
- e Ill? YES / NO / UNCLEAR
- f Anxious? YES / NO / UNCLEAR
- g Experience occurs without clear cause YES / NO / UNCLEAR
- h Other: \_\_\_\_\_

**121** a Do these experiences also occur when you are not suffering from any of the above-mentioned complaints (Question 120)? YES / NO / UNCLEAR

b Do these experiences occur:

b-1 While you feel alienated from yourself?

- Never
- Sometimes
- Always
- Unclear

b-2 Without feeling alienated from yourself?

- Never
- Sometimes
- Always
- Unclear

Overall severity score DEREALIZATION

- 0 = Absent
- 1 = Minor
- 2 = Moderate
- 3 = Severe
- 88 = Unclear

## ABSORPTION, TRANCE, AND DAYDREAMING

**122** Have you ever experienced being so absorbed in a book, a movie, or your work, etc., that you do not notice what is going on around you? YES / NO / UNCLEAR

If yes:

- a Can you give an example?
- b How often does this occur?
  - Seldom
  - Recurrently

- Monthly
- Weekly
- Daily
- ?

**123** Have you ever experienced being totally absorbed in your thoughts, without being aware that a lot of time has passed? YES / NO / UNCLEAR

If yes:

- a Can you give an example?
- b How often does this occur?
  - Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?

**124** Have you ever had experienced sitting for hours while staring into space without thinking? YES / NO / UNCLEAR

If yes:

- a Can you give an example?
- b How often does this occur?
  - Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?

**125** Have you ever experienced being in a trance-like state? YES / NO / UNCLEAR

If yes:

- a Can you give an example?
- b How often does this occur?
  - Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?

**126** Do you have a vivid imagination? YES / NO / UNCLEAR

If yes:

- a Can you give an example?

**Instruction for the interviewer:** Below you will find some questions about daydreaming. If you are under the impression that the patient often becomes lost in daydreams, you can add questions from the Maladaptive Daydreaming Scale as included in Appendix 5 of the book *Assessing Trauma-Related Dissociation: With the Trauma and Dissociation Symptoms Interview (TADS-I)*, (Boon, 2023).

**127** Do you easily become lost in daydreams? YES / NO / UNCLEAR

If yes:

a Can you give an example?

b How often do you daydream?

Seldom

Recurrently

Monthly

Weekly

Daily

?

c When you are lost in your daydreams, do you stay aware of your present surroundings?

YES / NO / UNCLEAR

c-1 Can you give an example?

**128** a Have you ever had the experience that you are so immersed in a daydream (or fantasy) that it feels as if it is really happening? YES / NO / UNCLEAR

If yes:

a-1 Can you give an example?

b Can you easily shake off your daydreams?

YES / NO / UNCLEAR

c Does it bother you when you cannot daydream, or when your daydreaming is interrupted?

YES / NO / UNCLEAR

d Does your daydreaming interfere with your daily activities?

YES / NO / UNCLEAR

Overall severity score ABSORPTION, TRANCE, AND DAYDREAMING

0 = Absent

1 = Minor

2 = Moderate

3 = Severe

88 = Unclear

## PART 4: SOMATOFORM DISSOCIATIVE SYMPTOMS

**129** Do you currently have any physical complaints, symptoms, or problems? YES / NO / UNCLEAR

If yes:

a What are they?

b Have you seen a doctor about these complaints? YES / NO / UNCLEAR

**130** Do you ever have, or have you ever had, complaints or pain for which no medical cause could be found? YES / NO / UNCLEAR

If yes:

a What kinds of complaints?

b How often do/did these complaints occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

**Interviewer:** "I will now ask you some specific questions about physical complaints."

**131** Do you suffer from headaches or migraines? YES / NO / UNCLEAR

If yes:

a How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

**132** Have you ever sustained a head injury? YES / NO / UNCLEAR

If yes:

a What happened?

b Did you lose consciousness?

If yes:

How long were you unconscious for?

**133** Have you ever had abdominal pain (belly ache) without a clear medical cause? YES / NO / UNCLEAR

If yes:

a Can you explain?

**134** Have you ever suffered from one of the following:

a Difficulty urinating? YES / NO / UNCLEAR

b Pain while urinating? YES / NO / UNCLEAR

- c Sudden inability to hold your urine? YES / NO / UNCLEAR  
 d Bed-wetting? YES / NO / UNCLEAR
- 135** Have you ever suffered from fainting spells or absences for which no medical cause could be found? YES / NO / UNCLEAR
- If yes:
- a Can you describe what happened?  
 b Did you lose consciousness? YES / NO / UNCLEAR
- If yes:
- b-1 How long were you unconscious for?  
 c How often do you have these spells?  
 Seldom  
 Recurrently  
 Monthly  
 Weekly  
 Daily  
 ?
- 136** Have you ever had (pseudo) epileptic seizures? YES / NO / UNCLEAR
- If yes:
- a How often does this occur?  
 Seldom  
 Recurrently  
 Monthly  
 Weekly  
 Daily  
 ?
- b Have you ever had a neurological examination as a result of this? YES / NO / UNCLEAR
- If yes:
- b-1 Were any physical causes found for these seizures? YES / NO / UNCLEAR  
 c Have you been treated for these seizures? YES / NO / UNCLEAR
- 137** Have you ever had the feeling that part of your body or your whole body was alien to you? YES / NO / UNCLEAR
- If yes:
- a Can you give an example?
- 138** Have you ever experienced not feeling your body (or a part of it), or that it seemed numb, or that you could not really feel pain? YES / NO / UNCLEAR
- If yes:
- a How often does this occur?  
 Seldom  
 Recurrently  
 Monthly  
 Weekly  
 Daily  
 ?
- b Can you give an example? (If it only concerns a part of your body, which part?)  
 c Have you ever waited too long to see a doctor as a result of this? YES / NO / UNCLEAR

- 139** Have you ever suffered from other (neurological) complaints for which no medical cause could be found, such as:
- a Losing your voice (partly or completely)? YES / NO / UNCLEAR
- If yes:
- a-1 Can you describe this experience?
- b Loss of strength, or paralysis of your arms or legs? YES / NO / UNCLEAR
- If yes:
- b-1 Can you describe this experience?
- c A total inability to move, speak, and/or respond to your environment? YES / NO / UNCLEAR
- If yes:
- c-1 Can you describe this experience?
- d Sudden (temporary) problems with your vision or hearing? YES / NO / UNCLEAR
- If yes:
- d-1 Can you describe this experience?
- e Being unable to smell or taste without a medical cause? YES / NO / UNCLEAR
- If yes:
- e-1 Can you describe this experience?
- f Difficulty swallowing? YES / NO / UNCLEAR
- If yes:
- f-1 Can you describe this experience?
- 140** Have you ever had the experience of being over-sensitive to stimuli, such as:
- a Sound (e.g., everything sounds very loud)? YES / NO / UNCLEAR
- b Smell (e.g., a certain smell seems to be very intense)? YES / NO / UNCLEAR
- c Taste (e.g., a very bad taste)? YES / NO / UNCLEAR
- d Light (e.g., light seems to be extremely bright)? YES / NO / UNCLEAR
- e Other: \_\_\_\_\_
- 141** How often do these experiences (mentioned in Questions 139–140) occur?
- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?
- 142** Do you ever suffer from involuntary movements or tics? YES / NO / UNCLEAR
- If yes:
- a How often does this occur?
- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?
- b Can you give an example?

**143** Are there any other physical symptoms that I have not asked about?

YES / NO / UNCLEAR

If yes:

a Can you tell me more about that?

b How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

**144** Did you have any accidents as a child?

YES / NO / UNCLEAR

If yes:

a Can you describe these accidents?

a How often did such accidents occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

**145** Were you ever hospitalized as a child?

YES / NO / UNCLEAR

If yes:

a Why were you hospitalized?

b How often did this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

Overall severity score SOMATOFORM DISSOCIATIVE SYMPTOMS

- 0 = Absent
- 1 = Minor
- 2 = Moderate
- 3 = Severe
- 88 = Unclear

## Part 5: PSYCHOFORM DISSOCIATIVE SYMPTOMS

### AMNESIA

- 146** Do you generally have a good memory? YES / NO / UNCLEAR
- If no:
- a Can you describe any difficulties with your memory?
- 147** Do you ever have concentration problems? YES / NO / UNCLEAR
- If yes:
- a Can you give an example?
- 148** Are there ever periods when you have trouble remembering what you have done during the day or when you are "missing" chunks of time? YES / NO / UNCLEAR
- If yes:
- a Can you describe such periods?
- b How often does this occur?
- Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?
- 149** Are there ever periods when you have trouble remembering important events from your past? YES / NO / UNCLEAR
- If yes:
- a Can you give an example?
- b How often do you have these memory problems?
- Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?
- c Do you have these memory problems now? YES / NO / UNCLEAR
- If yes:
- c-1 Can you tell me more about that?
- 150** Do you ever have the experience that time goes by very fast or very slowly? YES / NO / UNCLEAR
- If yes:
- a Can you give an example?
- 151** Have you ever found yourself in a place while unable to recall how you had gotten there (without being under the influence of substances)? YES / NO / UNCLEAR

If yes:

- a Can you describe what happened?
- b How often do you have such experiences?
  - Seldom
  - Recurrently
  - Monthly
  - Weekly
  - Daily
  - ?

- 152** Have you ever been told that you had been seen or been somewhere, without being able to remember being there yourself? YES / NO / UNCLEAR

If yes:

- a Can you describe what happened?

- 153** Have you ever had indications or found evidence that you must have done things that you do not recall doing? YES / NO / UNCLEAR

If yes:

- a Can you give an example?

- 154** Have you ever forgotten important personal information, such as your address, your name, or your age? YES / NO / UNCLEAR

If yes:

- a Can you give an example?

- 155** How often do these experiences (mentioned in Questions 152–154) occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

- 156** When you are having problems with your memory, can you usually eventually remember what you have done if you try hard? YES / NO / UNCLEAR

If yes:

Can you describe how you do this?

- 157** Have you ever experienced being completely unable to recall important events that you know must have happened? YES / NO / UNCLEAR

If yes:

- a Can you give an example?

- 158** Have you ever experienced unwanted memories unexpectedly forcing themselves upon your mind even though you are trying to avoid them? YES / NO / UNCLEAR

If yes:

- a Can you give an example?

**159** Have you ever suddenly recalled a memory that you had completely forgotten about? YES / NO / UNCLEAR

If yes:

a Can you give an example?

**Instruction for the interviewer:** If there are no indications of memory problems, you may proceed to the next section of the interview: "Schneiderian Symptoms/Intrusions."

**160** When did you first realize that you have problems with your memory or difficulties recalling periods of time?

- In the past year
- Two to five years ago
- Longer than five years ago
- In childhood

a Can you describe this situation?

**161** Do your memory problems only occur during or after using alcohol, drugs, or medication? YES / NO / UNCLEAR

If yes:

a Can you give an example?

**162** Do your memory problems mainly occur when you are:

- a Under pressure/stressed? YES / NO / UNCLEAR
- b Tired? YES / NO / UNCLEAR
- c Dejected? YES / NO / UNCLEAR
- d Confused? YES / NO / UNCLEAR
- e Ill? YES / NO / UNCLEAR
- f Anxious? YES / NO / UNCLEAR
- g Other: \_\_\_\_\_

Can you give examples?

- Overall severity score AMNESIA
- 0 = Absent
- 1 = Minor
- 2 = Moderate
- 3 = Severe
- 88 = Unclear

## SCHNEIDERIAN SYMPTOMS/INTRUSIONS

**Instruction for the interviewer:** If it has already become obvious based on the previous parts of the interview that the patient is hearing voices, you may continue to interview the patient in keeping with that knowledge. However, make sure you ask all questions from Question 163 onward.

**163** a Do you ever hear voices inside or outside your head? YES / NO / UNCLEAR

If yes:

- A voice or voices inside your head?
- A voice or voices outside your head?
- A voice or voices both inside and outside your head?
- Voices that sound like audible thoughts (hearing your own thoughts in your head)?

b Can you describe the voice(s)?

**Instruction for the interviewer:** If there are no indications that the patient is hearing voices, you may proceed to Question 179.

**164** How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

**165** When did you first hear this voice / these voices?

- Before the age of 10
- After the age of 10
- As an adolescent
- As an adult
- Following a particular stressor or incident
- Other: \_\_\_\_\_

**166** Do you hear one voice or several voices?

- One voice
- Several voices

**167** Are there both male and female voices?

YES / NO / UNCLEAR

**168** Are there also children's voices?

YES / NO / UNCLEAR

**169** Do these voices talk about you among themselves without your participation?

YES / NO / UNCLEAR

If yes:

a Can you give an example?

**170** Is there an inner discussion going on while we are having this interview?

YES / NO / UNCLEAR

If yes:

a Can you describe that?

**171** Do you ever hear a voice in your head that gives you orders or commands, or tells you what you ought to do (or ought not to do), or that comments on your behavior?

YES / NO / UNCLEAR

- If yes:  
a Can you give an example?
- 172** Do you ever hear critical or punitive voices? YES / NO / UNCLEAR
- If yes:  
a Can you give an example?
- 173** Do you also hear voices that are kind or supportive? YES / NO / UNCLEAR
- If yes:  
a Can you give an example?
- 174** Do the voices have names? YES / NO / UNCLEAR
- If yes:  
a Can you give an example?
- 175** Have you ever heard voices outside of your head? YES / NO / UNCLEAR
- If yes:  
a Can you give an example?
- 176** Can other people also hear your voices? YES / NO / UNCLEAR
- If yes:  
a Can you give an example?
- 177** Do you think that the voices can also talk with other people outside yourself, for instance with a friend or with me (the interviewer)? YES / NO / UNCLEAR
- If yes:  
a Can you tell me more about that?
- 178** Do the voices have an opinion about me (the interviewer)? YES / NO / UNCLEAR

**Instruction for the interviewer:** Continuation following Question 163: Questions 179 and 180 may be interpreted in different ways. For example, they could refer to the feeling of being “controlled” by dissociative parts of the personality (even if the patient has no awareness or knowledge of dissociative parts). Possession by the devil or demons is often also reported by patients with a dissociative disorder who grew up in/are part of a (conservative) religious community in Western countries. Aggressive or self-injurious parts may be understood to be demons in that case. Alternatively, non-Western patients may also report feelings of being “possessed.” In that case, it is advisable to also conduct the Cultural Formulation Interview as included in DSM-5 (DSM-5; APA, 2013, pp. 749–759 or DSM-5-TR; APA, 2022, pp. 860–870).

Of course, a symptom of psychosis may be involved as well (see Chapter 7 of *Assessing Trauma-Related Dissociation: With the Trauma and Dissociation Symptoms Interview (TADS-I)*, (Boon, 2023).

- 179** Have you ever felt that your behavior or feelings were influenced by something (other than an inner voice) that did not feel like it came from you? YES / NO / UNCLEAR

If yes:

a How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

b Can you give an example?

c Does it seem like this involves something:

c-1 Outside yourself?

YES / NO / UNCLEAR

c-2 Inside yourself?

YES / NO / UNCLEAR

c-3 Other: \_\_\_\_\_

d Can you describe this for me?

**180** Have you ever had the feeling of being controlled by an external force or being possessed?

YES / NO / UNCLEAR

If yes:

a Can you give an example?

**181** Have you ever received orders via the television, the computer, the radio, or in some other way?

YES / NO / UNCLEAR

If yes:

a Can you give an example?

**182** Do you ever have the feeling that strange or unfamiliar thoughts are being put into your mind?

YES / NO / UNCLEAR

If yes:

a Can you give an example?

**183** Do you ever have the feeling that thoughts suddenly pop up in your mind that do not seem to be your own?

YES / NO / UNCLEAR

If yes:

a Can you give an example?

**184** Do you ever have (sudden) thoughts that are irrelevant to the current situation?

YES / NO / UNCLEAR

If yes:

a Can you give an example?

**185** How often do these experiences (mentioned in Questions 181–184) occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

- 186** Do you ever have the feeling that your thoughts are suddenly removed from your head, or that your head is suddenly “empty”? YES / NO / UNCLEAR

If yes:

- a How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

- b Can you give an example?

- 187** Do you ever have the feeling that your thoughts are being broadcast so that other people can hear them? YES / NO / UNCLEAR

If yes:

- a How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

- b Can you give an example?

- 188** Have you ever had sudden feelings such as sadness, anger, or fear that seemed to come out of nowhere? YES / NO / UNCLEAR

If yes:

- a How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

- b Can you give an example?

- 189** Have you ever had the experience that your feelings went away without any obvious reason (e.g., from feeling very emotional to a state of feeling completely numb)? YES / NO / UNCLEAR

If yes:

- a How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

- b Can you give an example?

- 190** Have you ever had the experience that something inside you is making you act in a way that is very unlike you? YES / NO / UNCLEAR

If yes:

- a Can you give an example?

- Overall severity score SCHNEIDERIAN SYMPTOMS / INTRUSIONS
- 0 = Absent
  - 1 = Minor
  - 2 = Moderate
  - 3 = Severe
  - 88 = Unclear

### SYMPTOMS THAT (POSSIBLY) INDICATE A DIVISION OF THE PERSONALITY

- 191** Have you ever had the feeling that you were looking at yourself from a distance, outside your own body? YES / NO / UNCLEAR

If yes:

- a Can you give an example?

- b How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

- c If you are having the experience of being outside of your body, where are you? Can you describe this? YES / NO / UNCLEAR

- d In what situations does this happen to you?

- e If you are feeling as if you are outside of your body, do you see yourself or does it feel like you are looking at another person? YES / NO / UNCLEAR

- 192** Have you ever had the feeling that your body or part of your body had changed? For example, that your body seemed to be larger/smaller or stronger/weaker? YES / NO / UNCLEAR

If yes:

- a Can you give an example?

- 193** Have you ever experienced looking in a mirror and not (really) recognizing yourself? YES / NO / UNCLEAR

If yes:

- a Can you give an example?

- b How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

**194** Do you ever have the experience that you do not recognize your own house or street? YES / NO / UNCLEAR

If yes:

a How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

b Can you give an example?

**195** Have you ever been told that you did not recognize a good friend or relative? YES / NO / UNCLEAR

If yes:

a How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

b What did people tell you?

**196** Have you ever been told that you behaved very differently from the way you normally behave? YES / NO / UNCLEAR

If yes:

a Can you describe what people told you?

b Did you know what the person was referring to? YES / NO / UNCLEAR

c How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

**197** Have you ever had the experience that your behavior, tastes, or preferences suddenly change? YES / NO / UNCLEAR

If yes:

a Can you give an example?

b Can you explain these changes? YES / NO / UNCLEAR

c How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

**198** Do you ever experience inner struggles or conflicts about what you want to do, what you feel, what you wish, what you like, or what you expect? YES / NO / UNCLEAR

If yes:

a How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

b Can you give an example?

c Does this concern an inner struggle between:

- Two contradictory desires or opinions?
- More than two contradictory desires or opinions?
- Unclear/Other: \_\_\_\_\_

**199** Do you ever experience suddenly losing certain abilities, knowledge, or skills that you normally do possess? YES / NO / UNCLEAR

If yes:

a How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

b Can you give an example?

**200** Do you ever experience suddenly having certain abilities, knowledge or skills that you do not normally possess (e.g., being able to speak a foreign language or play a musical instrument)? YES / NO / UNCLEAR

If yes:

a How often does this occur?

- Seldom
- Recurrently
- Monthly
- Weekly
- Daily
- ?

b Can you give an example?

Overall severity score SYMPTOMS THAT (POSSIBLY)

INDICATE A DIVISION OF THE PERSONALITY

0 = Absent

1 = Minor

2 = Moderate

3 = Severe

88 = Unclear

## DISSOCIATIVE PARTS OF THE PERSONALITY

**Instruction for the interviewer:** Questions associated with dissociative parts of the personality must only be asked if there have been clear indications over the course of the interview of the possible existence of dissociative parts of the patient's personality. For a further explanation, please refer to Chapter 5 of the book *Assessing Trauma-Related Dissociation: With the Trauma and Dissociation Symptoms Interview (TADS-I)*, (Boon, 2023).

- 201** Have you ever had the feeling that different parts of you exist inside you? YES / NO / UNCLEAR

If yes:

- a Can you give an example?
- b What makes you suspect or know there are other parts of yourself?

**Instruction for the interviewer:** It is not uncommon for patients to feel unable or to be afraid to talk about dissociative parts of the personality, even if there is clear evidence for their existence. In such a case, you may decide to conclude the interview at this point, or to re-discuss the symptoms that indicate the existence of a dissociative part with the patient.

- 202** Can you tell me a bit more about those different parts or sides of your personality?

- 203** In what respect do these parts differ from you?

- a Can you explain?
- b Are there any parts that have a different gender to you? YES / NO / UNCLEAR
- c Are there any parts that have a different age to you? YES / NO / UNCLEAR
- d Do you think these parts have memories that are different from yours? YES / NO / UNCLEAR

If yes:

- d-1 What gave you that idea?

- 204** Do you know whether one or more parts of your personality ever influence your behavior/thoughts/emotions without you having any control over that? YES / NO / UNCLEAR

If yes:

- a Can you give an example?
- b How do you notice this?
- c Are you always able to remember this experience later? YES / NO / UNCLEAR

- 205** Do you know if there are parts that take control of your behavior and functioning in daily life (such as during shopping, taking care of children, working)? YES / NO / UNCLEAR

If yes:

- a Can you describe this?

**206** Do you consider such parts to belong to yourself?

YES / NO / UNCLEAR

If yes:

a Can you describe this?

b How do you notice that these parts are present?

If no:

c Can you describe this?

## APPENDIX: SUSPECTED IMITATION OF DID (OR FALSE-POSITIVE DIAGNOSIS OF DISSOCIATIVE DISORDER BY A THIRD PARTY)

**Instruction for the interviewer:** Please ask the questions below ONLY if you suspect a false-positive diagnosis of a dissociative disorder or imitation of DID symptoms on the part of the patient. For a further explanation, please refer to Chapter 5 and Chapter 10 of the book *Assessing Trauma-Related Dissociation: With the Trauma and Dissociation Symptoms Interview (TADS-I)*, (Boon, 2023).

- 207** Have you ever been diagnosed as having DID by a previous therapist / medical practitioner? YES / NO / UNCLEAR
- If yes:
- a In what way was the diagnosis established?
  - b Was a formal interview used? YES / NO / UNCLEAR
  - c Did you fill in questionnaires? YES / NO / UNCLEAR
  - d Have any therapists ever expressed doubt about this diagnosis? YES / NO / UNCLEAR
- If yes:
- d-1 Can you describe what that was like?
- 208** Do you think you have DID? YES / NO / UNCLEAR
- If yes:
- a Why do you think so?
- 209** Have you ever read anything about the diagnosis of DID? YES / NO / UNCLEAR
- If yes:
- a What have you read?
- 210** Have you ever met other people with this diagnosis? YES / NO / UNCLEAR
- If yes:
- a How did you meet these people?
- 211** Do you ever go on the internet to look up information on DID? YES / NO / UNCLEAR
- If yes:
- a Have you ever participated in a chat group with DID patients? YES / NO / UNCLEAR
- 212** Have you ever participated in a self-help group for DID patients? YES / NO / UNCLEAR
- 213** Do you have friends or relatives who think you have DID? YES / NO / UNCLEAR
- If yes:
- a Why do they think so?
  - b Do they also speak with or otherwise deal with other parts of your personality? YES / NO / UNCLEAR
- 214** What would it mean to you if I told you that I do not think you have DID (or that I have grave doubts as to whether you actually have DID)?
- a What would it mean to the people around you?