

Somatoform Dissociation Questionnaire

SDQ - 20

You are asked to fill in and place an X beside what applies to you.

Name _____ Date _____

Age _____

Sex _____ female _____ male

Marital status:

_____ single

_____ married

_____ living together

_____ divorced

_____ widower/widow

Education: _____ (number of years)

This questionnaire asks about different physical symptoms or body experiences, which you either may have had briefly or for a longer time.

Please indicate to what extent these experiences apply to you in the past year.

For each statement, please circle the number in the first column that best applies to YOU.

The possibilities are:

1 = this applies to me NOT AT ALL

2 = this applies to me A LITTLE

3 = this applies to me MODERATELY

4 = this applies to me QUITE A BIT

5 = this applies to me EXTREMELY

If a symptom or experience applies to you, please indicate whether a physician has connected it with a physical disease. Indicate this by circling the word YES or NO in the column "Is the physical cause known?" If indicate YES, please write the physical cause (if you know it) on the line.

Example:

Extent to which the symptom or experience applies to you.

If YES, is the physical cause known?

Sometimes my teeth chatter 1 2 3 4 5

NO YES, namely _____

Sometimes I have cramps in my calves 1 2 3 4 5

NO **YES**, namely poor circulation

If you have circled 1 in the first column (i.e., This applies to me NOT AT ALL), you do NOT have to respond to the question about whether the physical cause is known. On the other hand, if you circle 2, 3, 4, or 5, you MUST circle No or YES in the "Is the physical cause known?" column.

Please do not skip any of the 20 questions.

Thank you for your cooperation.

Sometimes:	Extent to which the symptom or experience applies to you	If YES, is the physical cause known?
1. I have trouble urinating	1 2 3 4 5	NO YES, namely_____
2. I dislike tastes that I usually like (women: at times OTHER THAN pregnancy or monthly periods)	1 2 3 4 5	NO YES, namely_____
3. I hear sounds from nearby as if they were coming from far away	1 2 3 4 5	NO YES, namely.....
4. I have pain while urinating	1 2 3 4 5	NO YES, namely.....
5. My body, or a part of it, feels numb	1 2 3 4 5	NO YES, namely.....
6. People and things look bigger than usual	1 2 3 4 5	NO YES, namely_____
7. I have an attack that resembles an epileptic seizure	1 2 3 4 5	NO YES, namely_____
8. My body, or a part of it, is insensitive to pain	1 2 3 4 5	NO YES, namely_____
9. I dislike smells that I usually like	1 2 3 4 5	NO YES, namely_____
10. I feel pain in my genitals (at times OTHER THAN sexual intercourse)	1 2 3 4 5	NO YES, namely_____
11. I cannot hear for a while (as if I am deaf)	1 2 3 4 5	NO YES, namely_____
12. I cannot see for a while (as if I am blind)	1 2 3 4 5	NO YES, namely_____
13. I see things around me differently than usual (for example as if looking through a tunnel, or seeing merely a part of an object)	1 2 3 4 5	NO YES, namely_____
14. I am able to smell much BETTER or WORSE than I usually do (even though I do not have a cold)	1 2 3 4 5	NO YES, namely_____
15. It is as if my body, or a part of it,	1 2 3 4 5	NO YES, namely_____

has disappeared

- | | | |
|---|-----------|---------------------|
| 16. I cannot swallow, or can swallow only with great effort | 1 2 3 4 5 | NO YES, namely_____ |
| 17. I cannot sleep for nights on end, but remain very active during daytime | 1 2 3 4 5 | NO YES, namely_____ |
| 18. I cannot speak (or only with great effort) or I can only whisper | 1 2 3 4 5 | NO YES, namely_____ |
| 19. I am paralyzed for a while | 1 2 3 4 5 | NO YES, namely_____ |
| 20. I grow stiff for a while | 1 2 3 4 5 | NO YES, namely_____ |

Please check whether you have responded to all 20 statements.
Thank you.

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