

# 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.

© 1998 Nijenhuis, Van der Hart & Vanderlinden / Assen-Amsterdam-Leuven

## **SDQ SCORING AND INTERPRETATION**

The SDQ-20 score, which may range from 20 to 100, is obtained by summation of the individual item scores. The SDQ is only a screening instrument. Diagnosis cannot be made with the SDQ alone. The score should indicate whether further assessment for a dissociative disorder is indicated.

<b>&gt;50</b>	<b>range for DID</b>
<b>40 - 50</b>	<b>range for DDNOS</b>
<b>30s</b>	<b>range for Eating disorders</b>
<b>&lt;30</b>	<b>range for Bipolar disorder</b>
<b>&lt;30</b>	<b>range for other non-dissociative patients (anxiety, depression, adjustment disorder)</b>

SDQ-20 scores were best predicted by self-reported physical and sexual trauma, and trauma from 0 – 6 years of age.