

## **APPENDIX G**

### **Common Inventories & Assessments**

1. Post-traumatic Checklist – (PCL-5)
2. Life Events Checklist (LEC-5)
3. Dissociative Events Scale – Brief (DES-B)
4. Impact of Events Scale Revised (IES-R)
5. Beck’s Anxiety Inventory (BAI)
6. Patient Health Questionnaire (PHQ-9)
7. Post-traumatic Growth Inventory (PTGI)
8. Military & Civilian Mississippi Scales – web links
9. Combat Exposure Scale (CES)
10. Dissociative Events Scale – II (DES-2)

## LEC-5

Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that (a) it happened to you personally, (b) you witnessed it happen to someone else, (c) you learned about it happening to a close family member or close friend, (d) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder), (e) you are not sure if it fits, or (f) it does not apply to you.

Be sure to consider your entire life (growing up as well as adulthood) as you go through the list of events.

Event	Happened to me	Witnessed it happen	Learned about it	Part of my job	Not sure	Does not apply
1. Natural disaster (e.g., flood, hurricane, tornado, earthquake, etc.)						
2. Fire or explosion						
3. Transportation accident (e.g., car accident, boating accident, train wreck, plane crash, etc.)						
4. Serious accident at work, home, or during recreational activity						
5. Exposure to toxic substance (e.g., dangerous chemicals, radiation, etc.)						
6. Physical assault (e.g., being attacked, hit, slapped, kicked, beaten up, etc.)						
7. Assault with a weapon (e.g., being shot, stabbed, threatened with a knife, gun, bomb, etc.)						
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)						
9. Other unwanted or uncomfortable sexual experience						
10. Combat or exposure to a warzone (military or civilian)						
11. Captivity (e.g., being kidnapped, abducted, held hostage, prisoner of war, etc.)						
12. Life-threatening illness or injury						
13. Severe human suffering						
14. Sudden violent death (e.g., homicide, suicide)						
15. Sudden accidental death						
16. Serious injury, harm, or death you caused to someone else						
17. Any other very stressful event or experience						

**Severity of Dissociative Symptoms—Adult\***  
**Brief Dissociative Experiences Scale (DES-B)—Modified**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male ☐ Female ☐ Date: \_\_\_\_\_

**Instructions:** For each statement below, please check (✓) the box that best answers each question to show how much each thing has happened to you in the past SEVEN (7) DAYS.

						Clinician Use	
		Not at all	Once or twice	Almost every day	About once a day	More than once a day	Item score
1.	I find myself staring into space and thinking of nothing.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
2.	People, objects, or the world around me seem strange or unreal.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
3.	I find that I did things that I do not remember doing.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
4.	When I am alone, I talk out loud to myself.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
5.	I feel as though I were looking at the world through a fog so that people and things seem far away or unclear.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
6.	I am able to ignore pain.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
7.	I act so differently from one situation to another that it is almost as if I were two different people.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
8.	I can do things very easily that would usually be hard for me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
<b>Total/Partial Raw Score:</b>							
<b>Prorated Total Raw Score: (if 1-2 items left unanswered)</b>							
<b>Average Total Score:</b>							

DES-B (Dalenberg C, Carlson E, 2010) modified for DSM-5 by C. Dalenberg and E. Carlson.  
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**IMPACT OF EVENTS SCALE-Revised (IES-R)**

INSTRUCTIONS: Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to \_\_\_\_\_ (event)

that occurred on \_\_\_\_\_ (date). How much have you been distressed or bothered by these difficulties?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Any reminder brought back feelings about it	0	1	2	3	4
2. I had trouble staying asleep	0	1	2	3	4
3. Other things kept making me think about it.	0	1	2	3	4
4. I felt irritable and angry	0	1	2	3	4
5. I avoided letting myself get upset when I thought about it or was reminded of it	0	1	2	3	4
6. I thought about it when I didn't mean to	0	1	2	3	4
7. I felt as if it hadn't happened or wasn't real.	0	1	2	3	4
8. I stayed away from reminders of it.	0	1	2	3	4
9. Pictures about it popped into my mind.	0	1	2	3	4
10. I was jumpy and easily startled.	0	1	2	3	4
11. I tried not to think about it.	0	1	2	3	4
12. I was aware that I still had a lot of feelings about it, but I didn't deal with them.	0	1	2	3	4
13. My feelings about it were kind of numb.	0	1	2	3	4
14. I found myself acting or feeling like I was back at that time.	0	1	2	3	4
15. I had trouble falling asleep.	0	1	2	3	4
16. I had waves of strong feelings about it.	0	1	2	3	4
17. I tried to remove it from my memory.	0	1	2	3	4
18. I had trouble concentrating.	0	1	2	3	4
19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.	0	1	2	3	4
20. I had dreams about it.	0	1	2	3	4
21. I felt watchful and on-guard.	0	1	2	3	4
22. I tried not to talk about it.	0	1	2	3	4

Total IES-R Score: \_\_\_\_\_

INT: 1, 2, 3, 6, 9, 14, 16, 20

AVD: 5, 7, 8, 11, 12, 13, 17, 22

HYP: 4, 10, 15, 18, 19, 21

Weiss, D.S. (2007). The Impact of Event Scale-Revised. In J.P. Wilson, & T.M. Keane (Eds.)

*Assessing psychological trauma and PTSD: a practitioner's handbook* (2<sup>nd</sup> ed., pp. 168-189). New York: Guilford Press.

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***Beck Anxiety Inventory***

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not At All	Mildly but it didn't bother me much.	Moderately - it wasn't pleasant at times	Severely – it bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding/racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky / unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint / lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot/cold sweats	0	1	2	3
<b>Column Sum</b>				

**Scoring** - Sum each column. Then sum the column totals to achieve a grand score. Write that score here \_\_\_\_\_.

***Interpretation***

A grand sum between **0 – 21** indicates very low anxiety. That is usually a good thing. However, it is possible that you might be unrealistic in either your assessment which would be denial or that you have learned to “mask” the symptoms commonly associated with anxiety. Too little “anxiety” could indicate that you are detached from yourself, others, or your environment.

A grand sum between **22 – 35** indicates moderate anxiety. Your body is trying to tell you something. Look for patterns as to when and why you experience the symptoms described above. For example, if it occurs prior to public speaking and your job requires a lot of presentations you may want to find ways to calm yourself before speaking or let others do some of the presentations. You may have some conflict issues that need to be resolved. Clearly, it is not “panic” time but you want to find ways to manage the stress you feel.

A grand sum that **exceeds 36** is a potential cause for concern. Again, look for patterns or times when you tend to feel the symptoms you have circled. Persistent and high anxiety is not a sign of personal weakness or failure. It is, however, something that needs to be proactively treated or there could be significant impacts to you mentally and physically. You may want to consult a physician or counselor if the feelings persist.

**PATIENT HEALTH QUESTIONNAIRE (PHQ-9)**

ID #: \_\_\_\_\_ DATE: \_\_\_\_\_

Over the last 2 weeks, how often have you been  
bothered by any of the following problems?  
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns  +  + 

(Healthcare professional: For interpretation of TOTAL, TOTAL:   
please refer to accompanying scoring card).

10. If you checked off <i>any</i> problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

## PHQ-9 Patient Depression Questionnaire

### For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

### Consider Major Depressive Disorder

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

### Consider Other Depressive Disorder

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

**Note:** Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

### To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

### Scoring: add up all checked boxes on PHQ-9

**For every ✓** Not at all = 0; Several days = 1;  
More than half the days = 2; Nearly every day = 3

### Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

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A2662B 10-04-2005

### Post Traumatic Growth Inventory

Client Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Indicate for each of the statements below the degree to which this change occurred in your life as a result of the crisis/disaster, using the following scale.

- 0 = I did not experience this change as a result of my crisis.  
 1 = I experienced this change to a very small degree as a result of my crisis.  
 2 = I experienced this change to a small degree as a result of my crisis.  
 3 = I experienced this change to a moderate degree as a result of my crisis.  
 4 = I experienced this change to a great degree as a result of my crisis.  
 5 = I experienced this change to a very great degree as a result of my crisis.

Possible Areas of Growth and Change	0	1	2	3	4	5
1. I changed my priorities about what is important in life.						
2. I have a greater appreciation for the value of my own life.						
3. I developed new interests.						
4. I have a greater feeling of self-reliance.						
5. I have a better understanding of spiritual matters.						
6. I more clearly see that I can count on people in times of trouble.						
7. I established a new path for my life.						
8. I have a greater sense of closeness with others.						
9. I am more willing to express my emotions.						
10. I know better that I can handle difficulties.						
11. I am able to do better things with my life.						
12. I am better able to accept the way things work out.						
13. I can better appreciate each day.						
14. New opportunities are available which wouldn't have been otherwise.						
15. I have more compassion for others.						
16. I put more effort into my relationships.						
17. I am more likely to try to change things which need changing.						
18. I have a stronger religious faith.						
19. I discovered that I'm stronger than I thought I was.						
20. I learned a great deal about how wonderful people are.						
21. I better accept needing others.						



## **Mississippi Scale**

Military Mississippi Scale found at:

[https://www.ptsd.va.gov/professional/assessment/documents/mississippi\\_scale\\_military.pdf](https://www.ptsd.va.gov/professional/assessment/documents/mississippi_scale_military.pdf)

Civilian Mississippi Scale found at:

[https://www.ptsd.va.gov/professional/assessment/documents/M-PTSD\\_Civilian\\_Version.pdf](https://www.ptsd.va.gov/professional/assessment/documents/M-PTSD_Civilian_Version.pdf)

Mississippi Scoring

<https://www.ptsd.va.gov/professional/assessment/documents/AMisScoringProced.pdf>

## Combat Exposure Scale

Please circle the number above the answer that best describes your experience.

1) Did you ever go on combat patrols or have other dangerous duty?

1	2	3	4	5
No	1-3 times	4-12 times	13-50 times	51+ times

2) Were you ever under enemy fire?

1	2	3	4	5
Never	<1 month	1-3 months	4-6 months	7+ months

3) Were you ever surrounded by the enemy?

1	2	3	4	5
No	1-2 times	3-12 times	13-25 times	26+ times

4) What percentage of the soldiers in your unit were killed (KIA), wounded or missing in action (MIA)?

1	2	3	4	5
None	1-25%	26-50%	51-75%	76% or more

5) How often did you fire rounds at the enemy?

1	2	3	4	5
Never	1-2 times	3-12 times	13-50 times	51+ times

6) How often did you see someone hit by incoming or outgoing rounds?

1	2	3	4	5
Never	1-2 times	3-12 times	13-50 times	51+ times

7) How often were you in danger of being injured or killed (i.e., being pinned down, overrun, ambushed, near miss, etc.)?

1	2	3	4	5
Never	1-2 times	3-12 times	13-50 times	51+ times

### Combat Exposure Scale Scoring Sheet

**Answers (raw scores) on the Combat Exposure Scale can range from 1 to 5. However, the scoring of the items requires the conversions described below:**

- 1) SUBTRACT 1 FROM THE RAW SCORE AND MULTIPLY BY 2  
(e.g., a raw score of 4 becomes a converted score of 6). \_\_\_\_\_ (Item 1 converted score)
- 2) SUBTRACT 1 FROM THE RAW SCORE  
(e.g., a raw score of 4 becomes a converted score of 3). \_\_\_\_\_ (Item 2 converted score)
- 3) IF THE RAW SCORE IS BETWEEN 1 AND 4:  
SUBTRACT 1 FROM THE RAW SCORE AND MULTIPLY BY 2  
(e.g., a raw score of 4 becomes a converted score of 6).  
  
IF THE RAW SCORE IS 5:  
SUBTRACT 2 FROM THE RAW SCORE AND MULTIPLY BY 2  
(e.g., a raw score of 5 becomes a converted score of 6). \_\_\_\_\_ (Item 3 converted score)
- 4) IF THE RAW SCORE IS BETWEEN 1 AND 4:  
SUBTRACT 1 FROM THE RAW SCORE  
(e.g., a raw score of 4 becomes a converted score of 3).  
  
IF THE RAW SCORE IS 5:  
SUBTRACT 2 FROM THE RAW SCORE  
(e.g., a raw score of 5 becomes a converted score of 3). \_\_\_\_\_ (Item 4 converted score)
- 5) SUBTRACT 1 FROM THE RAW SCORE  
(e.g., a raw score of 4 becomes a converted score of 3). \_\_\_\_\_ (Item 5 converted score)
- 6) SUBTRACT 1 FROM THE RAW SCORE AND MULTIPLY BY 2  
(e.g., a raw score of 4 becomes a converted score of 6). \_\_\_\_\_ (Item 6 converted score)
- 7) SUBTRACT 1 FROM THE RAW SCORE AND MULTIPLY BY 2  
(e.g., a raw score of 4 becomes a converted score of 6). \_\_\_\_\_ (Item 7 converted score)

**ADD ALL CONVERTED SCORES TO OBTAIN A TOTAL SCORE:** \_\_\_\_\_ **(TOTAL SCORE)**

**The total exposure to combat score can be categorized according to the following scale:**

1 = 0-8 light

2 = 9-16 light - moderate

3 = 17-24 moderate

4 = 25-32 moderate - heavy

5 = 33-41 heavy

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## **Dissociative Experiences Scale - II**

**Instructions:** This questionnaire asks about experiences that you may have in your daily life. We are interested in how often you have these experiences. It is important, however, that your answers show how often these experiences happen to you when you **are not** under the influence of alcohol or drugs. To answer the questions, please determine to what degree each experience described in the question applies to you, and circle the number to show what percentage of the time you have the experience.

For example: 0% (Never) 10 20 30 40 50 60 70 80 90 100% (Always)

There are 28 questions. These questions have been designed for adults. Adolescents should use a different version.

**Disclaimer:** This self-assessment tool is not a substitute for clinical diagnosis or advice.

1. Some people have the experience of driving or riding in a car or bus or subway and suddenly realizing that they don't remember what has happened during all or part of the trip. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

2. Some people find that sometimes they are listening to someone talk and they suddenly realize that they did not hear part or all of what was said. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

3. Some people have the experience of finding themselves in a place and have no idea how they got there. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

4. Some people have the experience of finding themselves dressed in clothes that they don't remember putting on. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

5. Some people have the experience of finding new things among their belongings that they do not remember buying. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

6. Some people sometimes find that they are approached by people that they do not know, who call them by another name or insist that they have met them before. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

7. Some people sometimes have the experience of feeling as though they are standing next to themselves or watching themselves do something and they actually see themselves as if they were looking at another person. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

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8. Some people are told that they sometimes do not recognize friends or family members. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

9. Some people find that they have no memory for some important events in their lives (for example, a wedding or graduation). Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

10. Some people have the experience of being accused of lying when they do not think that they have lied. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

11. Some people have the experience of looking in a mirror and not recognizing themselves. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

12. Some people have the experience of feeling that other people, objects, and the world around them are not real. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

13. Some people have the experience of feeling that their body does not seem to belong to them. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

14. Some people have the experience of sometimes remembering a past event so vividly that they feel as if they were reliving that event. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

15. Some people have the experience of not being sure whether things that they remember happening really did happen or whether they just dreamed them. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

16. Some people have the experience of being in a familiar place but finding it strange and unfamiliar. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

17. Some people find that when they are watching television or a movie they become so absorbed in the story that they are unaware of other events happening around them. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

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18. Some people find that they become so involved in a fantasy or daydream that it feels as though it were really happening to them. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

19. Some people find that they sometimes are able to ignore pain. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

20. Some people find that they sometimes sit staring off into space, thinking of nothing, and are not aware of the passage of time. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

21. Some people sometimes find that when they are alone they talk out loud to themselves. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

22. Some people find that in one situation they may act so differently compared with another situation that they feel almost as if they were two different people. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

23. Some people sometimes find that in certain situations they are able to do things with amazing ease and spontaneity that would usually be difficult for them (for example, sports, work, social situations, etc.). Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

24. Some people sometimes find that they cannot remember whether they have done something or have just thought about doing that thing (for example, not knowing whether they have just mailed a letter or have just thought about mailing it). Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

25. Some people find evidence that they have done things that they do not remember doing. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

26. Some people sometimes find writings, drawings, or notes among their belongings that they must have done but cannot remember doing. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

27. Some people sometimes find that they hear voices inside their head that tell them to do things or comment on things that they are doing. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

28. Some people sometimes feel as if they are looking at the world through a fog, so that people and objects appear far away or unclear. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

Total:

DES Score: \_\_\_\_  
(Total divided by 28)

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### Scoring the Dissociative Experiences Scale - II

The average of all the answers is the DES score, giving a maximum of 100. The questions are scored by dropping the zero on the percentage of each answer, e.g., 30% = 3; 80% = 8, these numbers are then added up give a total. The total is multiplied by 10 then divided by 28 (the number of questions) to calculate the average score.

### Dissociative Experiences Scale Scores

High and Low DES Scores High levels of dissociation are indicated by scores of 30 or more, scores under 30 indicate low levels. [1]:22 Successful treatment of a dissociative disorder should reduce the DES score when compared to the result before treatment began. [1]:23 Very high scores do not necessarily mean a more severe dissociative disorder is present, this is because the scale measures both normal and pathological dissociation.[1]:18

### Dissociative Identity Disorder and the DES

Only 1% of people with Dissociative Identity Disorder have been found to have a DES score below 30. A very high number of people who score above 30 have been shown to have Posttraumatic Stress Disorder or a dissociative disorder other than Dissociative Identity Disorder. [1]

### Clinical Uses of the Dissociative Experiences Scale

If a person scores in the high range (above 30) then the DES questions can be used as the basis for a clinical interview, with the clinician asking the client to describe examples of the experiences they have had for any questions about experiences which occur 20% of the time or more. Alternatively, the *Dissociative Disorders Interview Schedule* or *Structured Clinical Interview for Dissociative Disorders-Revised* can be used to reach a diagnosis. [1]

### Average DES Scores in research

General Adult Population	5.4
Anxiety Disorders	7.0
Affective Disorders	9.35
Eating Disorders	15.8
Late Adolescence	16.6
Schizophrenia	15.4
Borderline Personality Disorder	19.2
Posttraumatic Stress Disorder	31
Dissociative Disorder Not Otherwise Specified (OSDD)	36
Dissociative Identity Disorder (MPD)	48

### Reference

1. Carlson, E.B. & Putnam, F.W. (1993). *An update on the Dissociative Experience Scale*. Dissociation 6(1), p. 16-27.  
Note: Dissociative Experiences Scale-II included in Appendix.

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