

STEINBERG DEPERSONALIZATION TEST

At times anyone may feel as if they are just going through the motions of life, or they may experience detachment from their feelings, but if these sensations are consistent and are making it hard to function and relate to others, these may be signs of dissociation. This screening test is designed to determine whether you have experienced signs of depersonalization and may be at risk for a dissociative disorder. Review the following statements and indicate how often you have had that experience. After finishing the test, click **Score my Questionnaire** and you will receive a brief summary. It is recommended that you share this questionnaire with a physician or mental health professional who can perform a complete evaluation and can determine whether you are experiencing depression and/or depersonalization.

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	Never	Once or twice	Sometimes	Many times	Almost all the time	Only with drugs or alcohol
1. I have gone thru the motions of living while the real me was far away from what was happening to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have felt that I was living in a dream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have been able to see myself from a distance, as if I were outside of my body watching a movie of myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel that I can turn off or detach from my emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My behavior has felt out of control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I have purposely hurt or cut myself so that I could feel pain or that I am real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I have gone through the motions of working while I felt that my mind was somewhere else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I feel as if I am "spacey".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I have had the feeling that I was a stranger to myself or have not recognized myself in the mirror.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. One part of me does things while an observing part talks to me about them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I have felt as if parts of my body were disconnected from the rest of my body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. My whole body or parts of it have seemed unreal or foreign to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I have felt as if words flowed from my mouth but they were not in my control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I have felt that my emotions are not in my control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I have felt invisible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF YOU HAVE HAD ANY OF THE ABOVE EXPERIENCES, ANSWER THE FOLLOWING:

	NO	YES
Did the experience(s) interfere with your relationships with friends, family or coworkers?	<input type="radio"/>	<input type="radio"/>
Did it affect your ability to work?	<input type="radio"/>	<input type="radio"/>
Did it cause you discomfort or stress?	<input type="radio"/>	<input type="radio"/>

DISCLAIMER:

The information contained in this website is presented for the purpose of educating consumers on emotional wellness and disease management topics. The screening test on this web site is intended to help you recognize possible signs of dissociation. It is not designed to provide a diagnosis of a dissociative disorder. Accurate diagnosis and treatment for a dissociative disorder and other psychiatric disorders can only be made by a physician or mental health professional after a complete evaluation of your experiences and symptoms.

The information should not be considered complete, nor should it be relied on to suggest a course of treatment for a particular individual. It should not be used in place of a visit, call, consultation or the advice of your physician, therapist or other qualified health care provider. Information contained in this website is not exhaustive and does not cover all diseases, ailments, physical conditions or their treatment. Should you have any health care related questions, please call or see your physician, therapist or other qualified health care provider promptly. Always consult with your physician, therapist or other qualified health care provider before embarking on a new treatment, diet or fitness program. You should never disregard medical advice or delay in seeking it because of something you have read on this website.

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