

S. D. Q. - 5

This questionnaire asks about different physical symptoms or body experiences, which you may have had either 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 you wrote YES, please write the physical cause (if you know it) on the line.

Example:

Extent to which the symptom or experience applies to you	Is the physical cause cause known?
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Sometimes:

my teeth chatter	1 2 3 4 5	NO	YES, namely
I have cramps in my calves	1 2 3 4 5	NO	YES, namely

If you have circled a 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 5 questions.
Thank you for your cooperation.

Here are the questions:

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- 1 = this applies to me NOT AT ALL
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Extent to which
the symptom or
experience
applies to you

Is the physical
cause known?

Sometimes:

- | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|----|-------------------|
| 1. I have pain while urinating | 1 2 3 4 5 | No | Yes, namely |
| 2. My body, or a part of it, is insensitive to pain | 1 2 3 4 5 | No | Yes, namely |
| 3. 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 |
| 4. It is as if my body, or a part of it, has disappeared | 1 2 3 4 5 | No | Yes, namely |
| 5. I cannot speak (or only with great effort) or I can only whisper | 1 2 3 4 5 | No | Yes, namely |

Before continuing, will you please check whether you have responded to all 5 statements?

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

21. Age: years
22. Sex: female
 male
23. Marital status: single
 married
 living together
 divorced
 widower/widow
24. Education: number of years
25. Date:
26. Name: