The dissociative disorders, as classified in DSM-111-R (American Psychiatric Association, 1987), include psychogenic amnesia, psychogenic fugue, multiple personality disorder (MPD), depersonalization disorder and dissociative disorder not otherwise specified. These disorders are conceptualized by a number of authors as occurring on a spectrum of increasing severity, with MPD as the most complex (Beahrs, 1982; Braun, 1986; O’Brien, 1985; Orne, 1984; Ross, 1985). MPD is the most controversial of the dissociative disorders and was thought to be rare up until 1980, at which time about 200 cases had been reported in the world literature (Creaves, 1980). More recently, case estimates indicate that a total of 0,000 cases of MPD have now been diagnosed in North America (Coons, 1986). The rapidly expanding literature on MPD is well reviewed by Kluft (1985a; 1985b; 1987a).

Prior to date, there has been no valid and reliable method for diagnosing dissociative disorders. The currently available structured interviews, including the Diagnostic Interview Schedule (DIS) (Robins, Helzer, Cnottghan, & Ratcliff, 1981), Research Diagnostic Criteria (RDC; (Spitzer, Endicott & Robins, 1978), Schedule for Affective Disorders and Schizophrenia (SADS) (Endicott & Spitzer, 1978) and Renard Diagnostic Interview (RDI) (Helier, Robins, (roughan & Weiner, 1981), do not contain sections for the diagnosis of dissociative disorders. During the SADS-111 field trials, which represent the only attempt to make reliable dissociative diagnoses, the dissociative disorders had a test-retest reliability of 0.68. For the diagnosis of multiple personality disorder it has a specificity of 100% and a sensitivity of 90%.

The DDIS was based on our clinical experience with 23 cases of MPD and a review of the literature. Sixteen sections were created with a total of 131 questions. The DSM-III criteria (American Psychiatric Association, 1980) for somatization disorder, major depressive episode and borderline personality disorder were included because of previous reports that these are common concurrent diagnoses of MPD (Kluft, 1985a; 1985b; 1987a; Horevitz & Braun, 1984; Ross, Norton, & Vozney, 1989). Other sections dealt with historical and mental status factors associated with MPD, such as drug abuse, history of childhood sexual and physical abuse, and childhood physical and sexual abuse.

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ABSTRACT

The Dissociative Disorders Interview Schedule (DDIS) is a structured interview, which has been developed to assess MPD diagnoses of the dissociative disorders, somatization disorder, major depressive episode, and borderline personality disorder. Additional items provide information about substance abuse, childhood physical and sexual abuse, and secondary features of multiple personality disorder. These items provide information useful in the differential diagnosis of dissociative disorders. The DIES has an overall inter-rater reliability of 0.68. For the diagnosis of multiple personality disorder, it has a specificity of 100% and a sensitivity of 90%.

The dissociative disorders, as classified in DSM-111-R (American Psychiatric Association, 1987), include psychogenic amnesia, psychogenic fugue, multiple personality disorder (MPD), depersonalization disorder and dissociative disorder not otherwise specified. These disorders are conceptualized by a number of authors as occurring on a spectrum of increasing severity, with MPD as the most complex (Beahrs, 1982; Braun, 1986; O’Brien, 1985; Orne, 1984; Ross, 1985). MPD is the most controversial of the dissociative disorders and was thought to be rare up until 1980, at which time about 200 cases had been reported in the world literature (Creaves, 1980). More recently, case estimates indicate that a total of 0,000 cases of MPD have now been diagnosed in North America (Coons, 1986). The rapidly expanding literature on MPD is well reviewed by Kluft (1985a; 1985b; 1987a).

To date, there has been no valid and reliable method for diagnosing dissociative disorders. The currently available structured interviews, including the Diagnostic Interview Schedule (DIS) (Robins, Helzer, Cnottghan, & Ratcliff, 1981), Research Diagnostic Criteria (RDC) (Spitzer, Endicott & Robins, 1978), Schedule for Affective Disorders and Schizophrenia (SADS) (Endicott & Spitzer, 1978) and Renard Diagnostic Interview (RDI) (Helier, Robins, Toughan & Weiner, 1981), do not contain sections for the diagnosis of dissociative disorders. During the SADS-111 field trials, which represent the only attempt to make reliable dissociative diagnoses, the dissociative disorders had a test-retest reliability of 0.68, which was the poorest of any disorders tested (Spiker & Forman, 1979).

Because of the rapid increase in the rate of diagnosis of MPD in the 1980s and because, in the two large series reported to date (Putnam, Gr-off, Silberman, Barbrii, & Post, 1986; Ross, Norton, and Wozney, 1989) totalling 336 cases, MPD patients spent an average of 6.8 years in the mental health system prior to correct diagnosis, a valid and reliable method of diagnosing MPD and other dissociative disorders is required. Consequently, we have developed a structured interview called the Dissociative Disorders Interview Schedule (DDIS), which attempts to provide accurate dissociative diagnoses and, additionally, to provide information about related symptoms, history and diagnoses.

METHOD

Development of the DDIS

The DDIS was based on our clinical experience with 23 cases of MPD and a review of the literature. Sixteen sections were created with a total of 131 questions. The DSM-III criteria (American Psychiatric Association, 1980) for somatization disorder, major depressive episode and borderline personality disorder were included because of previous reports that these are common concurrent diagnoses of MPD (Kluft, 1985a; 1985b; 1987a; Horevitz & Braun, 1984; Ross, Norton, & Vozney, 1989). Other sections dealt with historical and mental status factors associated with MPD such as drug abuse, history of childhood sexual and physical abuse.
abuse. Schneiderian first rank symptoms of schizophrenia (Kluft, 1987), supernormal and extrasensory experiences (Taylor k. al., 1951), history of itinerant raresious (hagnoses and treatments (Putnam et al., 1986; Ross, Norton, V4onev, 1989) secondary features of TPI) not included in the diagnostic criteria. The DSM-III criteria for all the dissociative disorders were also included.

Because of the wide range of DSM-III about the iatrogenic aspects of NIPD (Harriman 1942a, 1912b, 10 leuanpruir, 1071); Leavitt, 14117; Saunt (rs, Y'eekes. Vent). Bert ain(l, 1986), the I18 is highly suiru4 III('1 lo minimize and control for demand characteristics of the interviewer. (1lu's60ils are read sClhaniuni by the interviewer and instructions as to lhow questions should be sequenced, and when to skip gtneslins are imbedded in the schedule. Also,questions;rc sequenced to avoid cueing the subjects to the diagnosis of NIPD before the formal criteria are asked ;Mont: this is done by placing indirect questions about seccondurv features of IPI) first, followed by increasingly specific questions focused direr-oV on NIPD.

The wording of 1)SII-I11 diagnostic questions was kept as close to the text of DSM-III as possible but was simplified when necessary, usually by replacing psychiatric jargon with more widely used synonyms and simplifying phraseology. Tile initial (10111111) the DIMS was administered to line nrmIlfs-associative inpatients to determine whether it was too itigu- ingaunt ii (011111 clarifying wording where necessary. Instructions to the interviewer, including instructions for skipping questions and occasional statements to be read verbatim to the reader were included.

Subjects

The DD1S was administered to 80 m (1011111) patients who had received specific clinical (diagnoses including 20 patients with MPD, 20 with schizophrenia, 20 with panic disorder, and 20 with eating disorders. The three non-MPD groups were chosen for the following reasons: there is some experience working with schizophrenics, to ensure that they met DSM-III criteria for schizophrenia.

Ethical approval had been obtained Iiom the Faculty Committee on the Use of Human Subjects in Research, Faculty of Medicine at our university and all subjects signed a consent form. The consent form explained that the purpose of the interview was to sands prohletts With nneli loly. To avoid s(',leeliot bias, the first 21) patients available in each group who consented to interview were administered the DD1S, with no refusals in the MPI) group; mil only two to three refusals in the other groups.

Reliability and validity procedures

A rater rc liability and test-retest reliability were evaluated by having two independent interviews administer the DD1S to 9 of the MPD patients, with it six-month interval between administrations. The long interval between Interviuatations provided a stringent test of the instrument's reliability and reduced Ins effects clue to subjects' learning or remembering their previous responses. For the 9 subjects interviewed twice, one of their interviews was chosen at random for inclusion in the 20 MPI) cases.

Inter-rater reliability was calculated using the kappa statistic (Cohen, 1060). kappa was calculated iii each of the major sections of the D1IS and for the D1IS overall. No attempt was made to calculate liter-tiler reliability for sections of a historical or descriptive nature. Although there arc 1 1 separate questions in the DD1S, many with subquestions, kappa was calculated only for the major categories. Therefore the Intråniner of calculations was much less than the total number of questions. For instance questions - 'ill viel(1 only a single inter-rates reliability for the diagnosis of s(7lratrzation disorder.

Clinical validit' of the NIPD diagnoses was established ill two steps. First, all MPI) subjects received a clinical DSM-III diagnosis from the senior ;Athi- prior to an interview. These diagnoses were parsed on longitudinal assessments of the subjects. Second the fourth author, a psychiatrist with no previous experience treating NIPD, clinically assessed the 41 MPD patients who had been given the DDIS twice. She was aware of the nature of the research, but had never met any of the 9 patients before and was told that anywhere from 0 - 9 of them could have MPD. She was otherwise blind to their diagnoses.

Because no other reliable instrument for riagi losing (dissociative disorders exists, we could not. compare the DDIS to another instrument. However, the Dissociative Experiences Scale (DES) (Bernstein & Putnam, 1986) a valid and reliable self-report instrument. for measuring dissociative experiences, was filled out by 17 of the 20 MPI) patients and five of the schizophrenic patients.

Scoring the DD1S

Scoring rules for the instrument are based on DSM-III and/or DSM-III-R scoring rules for each of the diagnostic categories. Other sections such as Schneiderian symptoms are scored by adding up the total number of positive responses. There is no overall score for the instrument. Norms fell the instrument on 102 cases of MPD interviewed at four different centers are now available (Ross, Miller, Reagor, Bjornson, Fraser, & Anderson, unpublished data. 1989).
RESULTS

Clinical validity and reliability

The diagnostically illud psychiatrist diagnosed 8 out of the 9 women she interviewed. In the other case she diagnosed "atypical dissociative disorder - rule out M1 I)." This woman had had the fall syndrome of MNP1 in the past including amnesia between alters but was in remission at the time of assessment 11) the validating psychiatrist. That is, the "window of diagnosability" for MNP (Rhin, 1985x) and qualified for the diagnosis of MN on a longitudinal basis. These results indicate that the DDIS has excellent validity.

The overall interrater reliability of the DDIS is 11.03, which is above the standard of agreement for a new protocol to be considered reliable (Henson & Barlow, 1976). Kappa values of the different sections of the 11)IS are shown in Table 1.

Using 11w clinical diagnoses of the senior author as the standard of (OlinparisOn, there were two false negative Wagnoses of MPD. One of these was the first interview done on an MPD patient a week after diagnosis: she scored positive for M1I) six months later and scored negative the first time only because she answered 'unsure' to the second DSM-111 diagnostic criterion. None of the subjects in the three outpatient groups met the diagnostic criteria for MPD. The DDIS, therefore, has a specificity of 100 and a sensitivity of 90% for the diagnosis of MPD.

Clinical findings and DES scores

The clinical findings from the 80 subjects are reported elsewhere (Ross, Heber, Norton, & Anderson, IOSNa; Ross, I leber, Norton, & Anderson, 1984lb). The DDIS differentiated MFPD from the other groups at the p =.05 level by the diagnosis of MPD, history of physical and sexual abuse, drug abuse, secondary features of MPD, extrasensory and supernatural experiences and a number of other items.

The DES scores differentiated the MPD group from a group of 20 schizophrenics, of whom five are included in this study and 13 panic disorder patients drawn from the same clinic but not included in this study. These results are also reported elsewhere (Ross, Norton, & Anderson, 1988). The DES scores provide partial external validation of the DDIS, however.

DISCUSSION

The DDIS has promising clinical validity and interrater reliability. Because it was tested on psychiatric groups expected to show overlap with the dissociative disorders, the DDIS was subjected to a particularly severe test. If normal controls had been used the DDIS would probably have differentiated MPD from controls on many more items.

The overall interrater agreement of the DDIS compares well with that of other structured interviews. The Anxiety Disorders Interview Schedule (Dinatdo, O'Brien, Pat low, LNallell, & Plancherd, 1983) has an overall reliability of 0.65; the RDC have a kappa of 0.75 on 18 diagnoses with a range of 0.40 - 1.00; the SADS has a test-retest reliability of 0.79 on 8 Axis I diagnoses; the 11)1.5 has a kappa of 0.69 on DSNI-111 diagnoses, a sensitivity of 75% and a specificity of 14%; the RDI has an agreement of 0.60 with a range of 0.5 -0.77; and in the DSNI III field trials the overall test-retest reliability was 10.66 for Axis 1 disorders and 0.51 for Axis II disorders.

The DDIs establishes, for the first time, that MPD, psychogenic amnesia, psychogenic fugue, and dissociative disorder not otherwise specified (atypical dissociative disorder in DSM-111) can be reliably diagnosed. Depersonalization disorder, which we view as a symptom rather than a freestanding disorder, cannot be reliably diagnosed using the DDIS. The instrument also establishes the validity of the diagnosis of MPD.

The DDIS can be administered in 30 - 45 minutes and could therefore be used in screening high risk populations, for research purposes, and for gathering data in the clinical neatment of dissociative disorders. It is designed to be administered by nurses, social workers, psychologists, physicians and other mental health professionals: persons with no knowledge of psychiatric disorders would not be able to understand and administer the DDIS but the reliability of their findings has not been established.

Further work on the reliability and validity of the DDIS is in progress. The authors emphasize that the present findings must be viewed as preliminary. The reliability and validity of the diagnoses of somatization disorder and depression are being studied by coadministering the DDIS anti the Diagnostic Interview Schedule, which also makes those diagnoses, to a series of psychiatric inpatients. In addition, interrater reliability studies on 80 subjects, only a portion of whom will have MPD, are its progress. A number of such studies are being conducted which will contribute to establishing the validity, reliability, and clinical utility of the instrument.

Data from the DDIS have appeared in several different publications (Ross, 1989; Ross & Anderson, 1988; Ross et al., 1989a; Ross et al., 1989b; Ross, Anderson, Heber, Norton, Anderson, del Campo, & Pillay, 1989; Ross, Anderson, Heber, Norton, in press). The DDIS is useful because there is no other published instrument for making dissociative diagnoses, and because it enquires about much of the extensive comorbidity of MPD patients. For instance, no other published instrument enquires about secondary features of MPD and extrasensory experiences. The fact that data gathered with the DDIS have been published in 11 number of different journals suggests that the instrument provides useful information.

The DDIS and the DES, used together, provide a rich source of information on clinical subjects. No other studies have yet been published which establish the validity and reliability of any of the dissociative disorders.

REFERENCES


APPENDIX 1

THE DISSOCIATIVE DISORDERS INTERVIEW SCHEDULE

The Dissociative Disorders Interview Schedule (DIES) is a highly structured interview which makes DSM-III diagnoses of somatization disorder, borderline personality disorder and major depressive episode, as well as all the dissociative disorders. It inquires about Schneiderian symptoms of schizophrenia, secondary Icahn es of ATPD, extrasensory experiences, substance abuse and Other items relevant to the dissociative disorders.

The DDIS was initially administered to 80 subjects; 20 with MN), 20 with schizophrenia, 20 with panic disorder and 20 with eating disorders. Nine of the NIPD subjects were interviewed by two different interviewers at six month intervals to determine inter-rater reliability. These nine Mn) subjects were also given a clinical diagnostic assessment by a diagnostically blind psychiatrist.

The DDIS has excellent clinical validity. The DDIS has an overall inter-rater reliability of 0.648. It has a specificity of 100 % and a sensitivity of 90 % for the diagnosis of MPD.

The DDIS can be administered in 30-45 minutes. The DDIS discriminated the NIPD) subjects from the other groups at Vcn % high levels of significance on numerous items.

If you administer the DDIS to an MPD patient, please send a copy to Colin A. Ross, M.D., FRCP(: Depai Intent ofPsychiatry, St. Boniface General Hospital, 409 Tackle Avenue. Winnipeg. Manitoba, Canada, R2I I 2A0. We would be interested in receiving copies of the DDIS administered to any other subjects, particularly those with schizophrenia and borderline personality disorder.

CONSENT FORM FOR DISSOCIATIVE DISORDERS INTERVIEW SCHEDULE

I agree to be interviewed as part of a research project on dissociative disorders. Dissociative disorders involve problems with memory.

I understand that the interview corntains some personal questions about my sexual and psychological history however, all information that I give will be kept confidential. My name will not appear on the research questionnaire.

I understand that the information I give to the interviewer will not be available to any doctor, authority, therapist, case worker or other person involved with me. My answers will have no direct effect on how I am treated in the future.

I understand that the overall results of this research will be published and these results will be available to authorities or therapists involved with me.

I understand that the interviewer and other researchers cannot offer me treatment and cannot intervene on my behalf with any authorities or therapists involved with me.

I understand that the purpose of this interview is for research and that I cannot expect any direct benefit to myself other than knowing that I have helped the researchers understand dissociative disorders better.

I agree to answer the interviewer’s questions as well as I can but I know that I am free not to answer any particular questions I do not want to answer.

Although I have signed my name to this form, I know that it will be kept separate from my answers and that my answers cannot be connected to my name, except by the interviewer and his/her research colleagues.

I also understand that I may be asked to participate in further dissociative disorders interviews in the future, but that I will be free to say no. If I do say no this will have no consequences for me and any authorities or therapists involved with me will not be told of my decision not to be interviewed again.

Signed: ___________________ Witness: ___________________ Date: ______________

DISSOCIATION, Vol. 11, No. 3: September 1989
## DEMOGRAPHIC DATA FOR DISSOCIATIVE DISORDERS
### INTERVIEW SCHEDULE

**Age:**

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**Sex:**

- Male = 1
- Female = 2

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**Marital status:**

- Single = 1
- Married (including common-law) = 2
- Separated / Divorced = 3
- Widowed = 4

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**Number of children:**

(If no children, score 0)

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**Occupational status:**

- Employed = 1
- Unemployed = 2

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**Have you been in jail in the past?**

- Yes = 1
- No = 2
- Unsure = 3

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**Physical diagnoses currently active**

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**Current and past diagnoses must consist of written diagnoses provided by the referring physician or available in the patient’s chart (give DSM-I-III codes impossible, if not write DSM-III diagnoses to the right of the brackets).**

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**Psychiatric diagnoses currently in remission**

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Questions in the Dissociative Disorders Interview Schedule must be asked in the order they occur in the Schedule. All the items in the Schedule, including all the items in the DSM-III diagnostic criteria for dissociative disorders and borderline personality disorder must be enquired about. The wording of the questions should be used exactly as written in order to standat-d/ the information gathered by different interviewers. The interviewer should not read the section headings aloud. "The interviewer should open the interview by thanking the Subject for their participation and then sluntld say:

Most of the questions I will ask are answered Yes, No or Unsure. A few of the questions have different answers and I will explain those as we go along."

I. Somatlc Complaints

1. Do you suffer from headaches?
   Yes = 1
   No = 2
   Unsure = 3

   If subject answered No to question I, go to question 3:

2. Have you been told by a doctor that you have migraine headaches?
   Yes = 1
   No = 2
   Unsure = 3

   Interviewer should read the following to the subject:
   "I am going to ask you about a series of physical symptoms now. To count a symptom as present and to answer these questions, the following must be met:
   a) no physical disorder has been found to account for the symptom.
   b) the symptom does not occur unique during a panic attack.
   c) it caused you to take medicine (mitral than aspirin), see a doctor, or alter your life style

   Interviewer should now ask the subject, 'Have you ever had the following physical symptoms for which doctors could find no physical explanation?'

   The interviewer should review criteria a-c for the subject immediately following the first positive response to ensure that the subject has understood.

3. Abdominal pain (other than when menstruating)
   Yes = 1
   No = 2
   Unsure = 3

4. Nausea (other than motion sickness)
   Yes = 1
   No = 2
   Unsure = 3

5. Vomiting (other than motion sickness)
   Yes = 1
   No = 2
   Unsure = 3

6. Bloating (gassy)
   Yes =
   No = 2
   Unsure = 3

7. Diarrhea
   Yes = 1
   No = 2
   Unsure = 3

8. Intolerance of (gets sick on) several different foods
   Yes = 1
   No = 2
   Unsure = 3

9. Back pain
   Yes = 1
   No = 2
   Unsure = 3

Dissociative Disorders Interview continued on next page.
| 10. Joint pain | Yes = 1 | No = 2 | Unsure = 3 |
| 11. Pain in extremities (the hands and feet) | Yes = 1 | No = 2 | Unsure = 3 |
| 12. Pain in genitals other than during intercourse | Yes = 1 | No = 2 | Unsure = 3 |
| 13. Pain during urination | Yes = 1 | No = 2 | Unsure = 3 |
| 14. Other pain (other than headaches) | Yes = 1 | No = 2 | Unsure = 3 |
| 15. Shortness of breath when not exerting oneself | Yes = 1 | No = 2 | Unsure = 3 |
| 16. Palpitations (a feeling that your heart is beating very strongly) | Yes = 1 | No = 2 | Unsure = 3 |
| 17. Chest pain, | Yes = 1 | No = 2 | Unsure = 3 |
| 18. Dizziness | Yes = 1 | No = 2 | Unsure = 3 |
| 19. Difficulty swallowing | Yes = 1 | No = 2 | Unsure = 3 |
| 20. Loss of voice | Yes = 1 | No = 2 | Unsure = 3 |
| 21. Deafness | Yes = 1 | No = 2 | Unsure = 3 |
| 22. Double vision | Yes = 1 | No = 2 | Unsure = 3 |
| 23. Blurred vision | Yes = 1 | No = 2 | Unsure = 3 |
| 24. Blindness | Yes = 1 | No = 2 | Unsure = 3 |
| 25. Fainting or loss of consciousness | Yes = 1 | No = 2 | Unsure = 3 |
| 26. Amnesia | Yes = 1 | No = 2 | Unsure = |
| 27. Seizure or convolution | Yes = 1 | No = 2 | Unsure = 3 |
| 25. Trouble walking | Yes = 1 | No = 2 | Unsure = 3 |
29. Paralysis or muscle weakness  
   Yes = 1  No = 2  Unsure = 3

30. Urinary retention or difficulty urinating  
   Yes = 1  No = 2  Unsure = 3

31. Long periods with no sexual desire  
   Yes = 1  No = 2  Unsure = 3

32. Pain during intercourse  
   Yes = 1  No = ?  Unsure = 3

Note: If subject is male ask question 33 and then go to question 38. If female, go to question 34.

33. Impotence  
   Yes = 1  No = 2  Unsure = 3

34. Irregular menstrual periods  
   Yes = 1  No = 2  Unsure = 3

35. Painful menstruation  
   Yes = 1  No = 2  Unsure =

36. Excessive menstrual bleeding  
   Yes = 1  No = 2  Unsure =

37. Vomiting throughout pregnancy  
   Yes = 1  No = 2  Unsure = 3

38. You have had many physical problems or a belief that you have been sick for several years beginning before the age of 31  
   Yes = 1  No = 2  Unsure =

39. Have you ever had any other serious physical symptoms for which doctors could not find an explanation?  
   Yes = 1  No = 2  Unsure = 3

II. Substance Abuse

40. Have you ever had a drinking problem?  
   Yes = 1  No = 2  Unsure = 3

41. Have you ever used street drugs extensively?  
   Yes = 1  No = 2  Unsure = 3

42. Have you ever injected drugs intravenously?  
   Yes = 1  No = 2  Unsure = 3

43. Have you ever had treatment for a drug or alcohol problem?  
   Yes = 1  No = 2  Unsure = 3

III. Psychiatric History

44. Have you ever had treatment for an emotional problem or mental disorder?  
   Yes = 1  No = 2  Unsure = 3
5. Do you know what psychiatric diagnoses, if any, you have been given in the past?
   Yes = 1  No = 2  Unsure = 3

10. Have you ever been diagnosed as having:
   a) depression |
   b) mania |
   c) schizophrenia |
   d) anxiety disorder |
   e) other psychiatric disorder (specify)
   Yes = 1  No = 2  Unsure = 3

11. Subject did not volunteer a diagnosis for 46(e) go to question 48.

17. If the subject volunteered diagnoses for (c) did the subject volunteer any of the following:
   a) psychogenic amnesia
   b) psychogenic fugue
   c) multiple personality disorder
   d) depersonalization disorder
   e) atypical dissociative disorder
   Yes = 1  No = 2  Unsure = 3

18. Have you ever been prescribed psychiatric medication?
   Yes = 1  No = 2  Unsure = 3

49. Have you ever been prescribed one of the following medications?
   a) antipsychotic
   b) antidepressant
   c) lithium
   d) anti-anxiety or sleeping medication
   e) other (specify)
   Yes = 1  No = 2  Unsure = 3

50. Have you ever received L (shock treatment?
   Yes = 1  No = 2  Unsure = 3

51. Have you ever had therapy for emotional, fancily, or psychological problems, for more than 5 sessions in one course of treatment?
   Yes = 1  No = 2  Unsure = 3

52. How many therapists, if any, have you seen for emotional problems or mental illness in your life?
   Unsure = 89

If subject answered No to both questions 51 and 52, go to question 54.

53. Have you ever had a treatment for an emotional problem or mental illness which was ineffective?
   Yes = 1  No = 2  Unsure = 3

Dissociative Disorders Interview Schedule (Q) for rr a previous page.
N. Major Depressive Episodes

The purpose of this section is to determine whether the subject has ever had or currently has a major depressive episode.

1. Have you ever had a period of depressed mood listing at least two weeks in which interest or pleasure in all or almost all activities was lost and felt depressed, blue, hopeless, low, down in the clumps or irritable?

If subject answered No to question 51, go to question 56.

If subject answered Yes or Unsure, interviewer should ask, "During this period did you experience the following symptoms: on any day for at least two weeks?"

55. Poor appetite or significant weight loss (when not dieting) or increased appetite or significant weight gain.

   Yes = 1
   No = 2
   Unsure = 3

56. Sleeping too little or too much.

   Yes = 1
   No = 2
   Unsure = 3

57. Being physically and mentally slowed down or agitated to the point where it was noticeable to other people.

   Yes = 1
   No = 2
   Unsure = 3

58. Loss of interest or pleasure in usual activities, or decrease in sexual drive.

   Yes = 1
   No = 2
   Unsure = 3

59. Loss of energy: fatigue.

   Yes = 1
   No = 2
   Unsure = 3

60. Feelings of worthlessness, self-reproach, or excessive or inappropriate guilt.

   Yes = 1
   No = 2
   Unsure = 3

61. Difficulty concentrating or difficulty making decisions.

   Yes = 1
   No = 2
   Unsure = 3

62. Have you ever had recurrent thoughts of death, suicidal thoughts, wishes to be dead, or attempted suicide?

   Yes = 1
   No = 2
   Unsure = 3

If you have made a suicide attempt, did you:

   a) take an overdose
   b) slash your wrists or other body areas
   c) inflict cigarette burns or other self injuries
   d) use a gun, knife, or other weapons
   e) attempt hanging
   f) use another method

   Yes = 1
   No = 2
   Unsure = 3

63. If No, have you had an episode of depression as described above, is it:

   current active, first occurrence = 1
   currently in remission = 2
   current active, recurrence = 3
   uncertain = 4
   clue to a specific organic cause = 5

Dissociative Disorders Interview Schedule revised version: page 179
V. Schneiderian First Rank Symptoms

64. Have you ever experienced the following:
   
   Yes=1  
   No=2  
   Unsure =3

   a) voices arguing in your head
   ii) voices controlling your thoughts
   c) having your feelings made or controlled by someone or something outside yourself
   d) having your thoughts made or controlled by someone or something outside yourself
   e) having your actions made or controlled by someone or something outside yourself
   f) influences from outside you plaguing you or affecting your body such as some external force
   g) having thoughts taken out of your mind
   h) thinking thoughts which seemed to be someone else’s
   i) bearing your thoughts out loud
   j) other people being able to hear your thoughts as if they’re out loud
   k) thoughts of a delusional nature that were not out of touch with reality

   If subject answered No to all Schneiderian symptoms, go to question 67, otherwise, interviewer should ask:

   "If you have experienced any of the above symptoms are they clearly limited to one of the following:"

65. Occurred only under the influence of drugs, or alcohol.
   Yes -1  
   No = 2  
   Unsure =

66. Occurred only during a major depressive episode.
   Yes = 1  
   No = 2  
   Unsure = 3

VI. Trances, Sleepwalking, Childhood Companions

67. Have you ever walked in your sleep?
   Yes = 1  
   No = 2  
   Unsure = 3

   If subject answered No to question 67, go to question 69.

68. If you have walked in your sleep, how many times, roughly?
   1-10 = 1  
   11-50 = 2  
   >50 = 3  
   Unsure = 4

69. Have you ever had a trance-like episode where you stare off into space, lose awareness of what is going on around you and lose track of time?
   Yes = 1  
   No = 2  
   Unsure = 3

   If subject answered No to question 69, go to question 71.

70. If you have had this experience, how many times, roughly?
   1- 0=1  
   1-50=2  
   >5(1=3  
   Unsure = 4

71. Did you have imaginary playmates as a child?
   Yes=1  
   No = 2  
   Unsure = 3

   If subject answered No to question 71, go to question 73.

72. If you had imaginary playmates, how old were you when they stopped?
   Unsure = C)

   If subject still has imaginary companions score subject’s current age.
**VII. Childhood Abuse**

73. Were you physically abused as a child or adolescent?
   - Yes = 1
   - No = 2
   - Unsure = 3

If subject answered No to question 73, go to question 78.

74. Was the physical abuse independent of episodes of sexual abuse?
   - Yes = 1
   - No = 2
   - Unsure = 3

75. If you were physically abused, was it:
   a) father
   b) mother
   c) stepfather
   d) stepmother
   e) sibling
   f) male relative
   g) female relative
   h) other male
   i) other female
   - Yes = 1
   - No = 2
   - Unsure = 3

76. If you were physically abused, how old were you when it started?
   - Sure = 841
   - If less than 1 year old, score 1.

77. If you were physically abused how old were you when it stopped?
   - Unsure = 89
   - If less than 1 year old, score 0. If ongoing score subject's current age.

78. Were you sexually abused as a child or adolescent: Sexual abuse includes rape, or
   any type of unwanted sexual touching or fondling that you may not have experienced.
   - Yes = 1
   - No = 2
   - Unsure = 3
   - No Answer = 4

If the subject answered No to question 78, go to question 85. If the subject answered Yes or Unsure to question 78, the interviewer should state the following before asking further questions on sexual abuse:

"The following questions concern detailed examples of the types of sexual abuse you may not have experienced. Because of the explicit nature of these questions, you have the option not to answer any or all of them. The reason I am asking these questions is to try to determine the severity of the abuse that you experienced. You may answer Yes, No, Unsure or not give an answer to each question.

79. If you were sexually abused was it by:
   a) father
   b) mother
   c) stepfather
   d) stepmother
   e) sibling
   f) male relative
   g) female relative
   h) other male
   i) other female
   - Yes = 1
   - No = 2
   - Unsure = 3
   - No Answer = 4

If subject is female skip question 80. If male skip question 81

80. If you are male and were sexually abused, did the abuse involve:
   a) hand to genital touching
   b) other types of fondling
c) intercourse with a female

d) mat intercourse with a male - you active

e) you performing oral sex on a male

f) you performing oral sex on a female

g) oral sex clone to you by a male

h) oral sex done to you by a female

i) anal intercourse with a male

j) enforced sex with animals

k) pornographic photographs

l) other (specify)

Yes = 1  No = 2  Unsure = 3  No Answer = 4

8.1. If you are female alai were sexually abused, did the abuse involve:

a) hand to genital touching

b) other types of fondling

c) intercourse with a male

(l) simulated intercourse with a female

e) you performing oral sex on a male

f) you performing oral sex on a female

g) oral sex clone to you by a male

h) oral sex done to you by a female

i) anal intercourse with a male

j) enforced sex with animals

k) pornographic photographs

l) other (specify)

Yes = 1  No = 2  Unsure = 3  No Answer = 4

82. If you were sexually abused, how old were you when it started?

Unsure = 89.  If less than 1 year, score 0.

83. If you were sexually abused, how old were you when it stopped?

Unsure = 89.  If less than 1 year, score 0. If ongoing score subject’s current age.

84. How many separate incidents of sexual abuse were you subjected to up until the age of 18?

1-5 = 1  6-10 = 2  11-50 = 3  >50 = 4  Unsure = 5

85. How many separate incidents of sexual abuse were you subjected to after the age of 18?

0 = 1  1-5 = 2  6-10 = 3  11-50 = 4  >50 = 5  Unsure = 6

VIII. Features Associated with Multiple Personality Disorder

For questions 86-95, if subject answers Yes, ask subject to specify whether it is occasionally, fairly often or frequently, excluding question 93.

86. Have you ever noticed that things are missing from your personal possessions or where you live?

Never = 1  Occasionally = 2  Fairly Often = 3

Frequently = 4  Unsure = 5

87. Have you ever noticed that there are things present where you live, and you don’t know where they came from or how they got there? e.g. clothes, jewelry, books, furniture.

Never = 1  Occasionally = 2  Fairly Often = 3

Frequently = 4  Unsure = 5
88. Have you ever noticed that your handwriting changes drastically or that there are things around in handwriting you don’t recognize?
   
   Never = 1    Occasionally = 2    Fairly Often = 3
   
   Frequently = 4    Unsure = 5

89. Do people ever count up and talk to you as if they know you but you don’t know them, or only know them faintly?
   
   Never = 1    Occasionally = 2    Fairly Often = 3
   
   Frequently = 4    Unsure = 5

90. Do people ever tell you things you’ve done or said, that you can’t remember, not counting times you have been using drugs or alcohol?
   
   Never = 1    Occasionally = 2    Fairly Often = 3
   
   Frequently = 4    Unsure = 5

91. Do you ever have blank spells or periods of missing time that you can remember, not counting times you have been using drugs or alcohol?
   
   Never = 1    Occasionally = 2    Fairly Often = 3
   
   Frequently = 4    Unsure = 5

92. Do you ever find yourself coming to in an unfamiliar place, wide awake, not sure how you got there, and not sure what has happened in the past while, not counting times when you have been using drugs or alcohol?
   
   Never = 1    Occasionally = 2    Fairly Often = 3
   
   Frequently = 4    Unsure = 5

93. Are there large parts of your childhood after age 5 which you can’t remember?
   
   Yes = 1    No = 2    Unsure = 3

94. Do you ever have memories come back to you all of a sudden, in a flood or like flashbacks?
   
   Never = 1    Occasionally = 2    Fairly Often = 3
   
   Frequently = 4    Unsure = 5

95. Do you ever have long periods when you feel unreal, as if in a dream, or as if you’re not really there, not counting when you are using drugs or alcohol?
   
   Never = 1    Occasionally = 2    Fairly Often = 3
   
   Frequently = 4    Unsure = 5

96. Do you hear voices talking to you sometimes or talking inside your head?
   
   Yes = 1    No = 2    Unsure = 3

   If subject answered No to question 96, go to question 98.

97. If you hear voices, do they seem to come from inside you?
   
   Yes = 1    No = 2    Unsure =

98. Do you ever speak about yourself as “we” or “us”?
   
   Yes = 1    No = 2    Unsure = 3

99. Do you ever feel that there is another person or persons inside you?
   
   Yes = 1    No = 2    Unsure =

   If subject answered No to question 99, go to question 102.

100. Is there another person or persons inside you that has a name?
    
    Yes = 1    No = 2    Unsure =
101. If there is another person inside you, does he or she ever come out and take control of your body?
Yes- No = 2 Unsure = 3

IX. Supernatural/Possession/ESP Experiences/Cults

102. Have you ever had any kind of supernatural experience:
Yes = 1 No = 2 Unsure = 3

103. Have you ever had any perception experience such as:
  a) mental telepathy
  b) seeing the future while awake
  c) moving objects with your mind
  d) seeing the future in dreams
  e) déjà vu (the feeling that what is happening to you has happened before)
  f) other (specify)
Yes = 1 No = 2 Unsure = 3

104. Have you ever felt you were possessed by a:
  a) demon
  b) dead person
  c) living person
  d) some other power or force
Yes = 1 No = 2 Unsure = 3

105. Have you ever had any contact with:
  a) ghosts
  b) poltergeists (cause noises or objects to move around)
  c) spirits (dám' kind
  d) other (specify)
Yes = 1 No = 2 Unsure = 3

106. Have you ever felt you knew something about past lives or incarnations of yours
Yes = 1 No = 2 Unsure = 3

107. Have you ever been involved in cult activities:
Yes = 1 No = 2 Unsure = 3

X. Borderline Personality Disorder

The interviewer should state, "For the following eight questions, please answer Yes only if you have been this way much of the time for much of your life. I-Live you experienced:"

108. Impulsive or unpredictable behavior in at least two areas that are potentially self-damaging, e.g., spending, sex, gambling, substance use, shoplifting, overeating, physically self-damaging acts.
Yes = 1 No = 2 Unsure = 3

109. A pattern in which many of your personal relationships tend to be intense, but unstable and short-lived.
Yes = 1 No = 2 Unsure = 3

110. Intense anger or lack of control of anger, e.g., frequent displays of temper, constant anger.
Yes = 1 No = 2 Unsure = 3
111. Feeling uncertain about your identity, which might include problems with self-image, self-anoneness, sexual identity or career choice. e.g. because you feel uncertain about who you are, you may us- to imitate different people in an attempt to discover which identity fits best for you.
Yes = 1  No = 2  Unsure = 3

112. Frequent mood swings: nod( cable shifts from normal mood to depression, irritability or anxiety.
Yes = 1  No = 2  Unsure = 3

113. Feeling uncomfortable being- alone, tag. frantic efforts to avoid being alone. depressed when alone.
Yes = 1  No = 2  Unsure = 3

114. Physically sill-damaging ac( Is, e.g., suicidal gestures, self-mutilation, recurrent accidents or physical fights.
Yes = 1  No = 2  Unsure = 3

115. Chronic Icings of emptiness or boredom.
Yes = 1  No = 2  Unsure = 3

XI. Psychogenic Amnesia

116. Have volt ever experienced sudden inability to recall important personal inlurtn:tion or events that is to extensive to be explained by ordinary lorgetfulness?
Yes- 1  No = 2  Unsure = 3

If subject answered No or Insure to question 116, go to 118.

117. If you answered Yee to the previous question was the disturbance clue to a known physical disorder (e.g., blackouts during alcohol intoxication. or stroke)?
Yes = 1  No = 2  Unsure = 3

XII. Psychogenic Fugue

118. I-lave von ever experienced sudden unexpected travel away from your home or customary place of work, with inability to recall sour paste
Yes = 1  No = 2  Unsure = 3

119. Have you ever assumed a new identity (partial or complete)?
Yes = 1  No = 2  Unsure = 3

If subject answered No to one or both of questions 118 and 119, go to 121.

120. If you answered Yes to both the previous two questions was the disturbance due to a known physical disorder (e.g., blackouts during alcohol intoxication, or stroke)?
Yes = 1  No = 2  Unsure = 3

XIII. Depersonalization Disorder

121 Inter'vewer should say, "I am now going to ask you a series of questions about depersonalization. Depersonalization means feeling unreal, feeling as if you're in a dream, seeing yourself from outside your body or similar experiences."

a) have you had one or more episodes of depersonalization sufficient to cause problems in your work or social life?
Yes= 1  No=2  Unsure = 3
b) Have you ever had the feeling that your feet and hands or other parts of hack have shrunk in size?
Yes = 1  No = 2  Unsure = 3

c) Have you ever experienced seeing yourself outside your body?
Yes = 1  No = 2  Unsure = 3

d) Have you ever had the strong feeling of ill talus that lasted a period of time, not actual? hell you are tiling (frogs not alcohol);
Yes = 1  No = 2  Unsure =

If subject did not answer des to questions b-d, go to question 123.

122. If you answered Yes to any of the previous questions about depersonalization, was the disturbance due to another disorder, such as Schizophrenia, Affective Disorder, Organic Mental Disorder (mental disorder with it physical curse), Anxiety Disorder, or epilepsy?
Yes = 1  No = 2  Unsure =

XIV. Multiple Personality Disorder - NIMH Research Criteria, consisting of D,SM-II criteria plus two further criteria (123-125)

123. Have you ever felt like there are two or more very different personalities within yourself, each of which is dominant at a particular time?
Yes = 1  No = 2  Unsure =

If subject answered No to question 123, go to question 125.

Do any of the following apply to your

124. The personality or part of you that is dominant at any particular time controls your behavior.
Yes= 1  No = 2  Unsure =3

125. Each individual personality is complex and has behaviors and social relationships that are not shared by the other personalities.
Yes = 1  No = 2  Unsure = 3

126. He or more different personalities have been in control of coot bock on at least three separate occasions.
Yes = 1  No = 2  Unsure = 3

127. Some type of amnesia or combination of types of autnesia exists among the different personalities.
Yes = 1  No = 2  Unsure = 3

XV. Atypical Dissociative Disorder (Dissociative Disorder NotOtherwise Specified)

128. Subject appears to have a dissociative disorder but does not satisfy the criteria for a specific dissociative disorder. Examples include trance-like states, derealization unaccompanied by depersonalization, and those more prolonged dissociated states that may occur in persons who have been subjected to periods of prolonged and intense coercive persuasion (brainwashing, thought reform, and indoctrination while the captive of terrorists or cultists).
Yes = 1  No = 2  Unsure = 3
XVI. Concluding Items

During the interview, slid the subject display unusual, illogical, or idiosyncratic thought processes:
Yes - 1  No = 2  Unsure = 3

130. If the subject is assessed as having a multiple personality disorder, and answered Yes to question 1, the interviewer should ask, In your opinion are the headaches asked about earlier part of your proleval ssith different personalities controlling your
Yes - 1  No = 2  Unsure = 3

131. If the subject is assessed as having MPD. and has also received the diagnosis of depression (question 63), the interviewer should ask: "In your opinion is the depression I asked about earlier:
Confined to one personality = 1
Affects most or all personalities 2
Unsure - 3

Interviewer should make a brief concluding statement telling subject that there are no riot c questions, and thanking the subject for his; her participation.

APPENDIX II

SCORING THE DISSOCIATIVE DISORDERS INTERVIEW SCHEDULE

The Dissociative Disorders Interview Schedule is divided into 16 sections. Each section is scored independently. All DSM-III diagnoses are made according to the rules in DSM-III.

Here is no total score for the entire interview. However, average scores for 2 1 multiple personality disorder (MPD) subjects on selected subsections are given below.

Following presentation of scoring rules for each section, you will find a description of a typical profile for an MPD patient. The DDlS has been administered to over 400 adult subjects without a confirmed false positive diagnosis of MPD.

Structured interview data on 102 MPD subjects from across North America have been collected. These provide average scores for MPD which differ somewhat from those presented in the DDlS subsections. Structured interview data on 102 MPD subjects from across North America have been collected. These provide average scores for MPD which differ somewhat from those presented in the DDlS subsections.

I. Somatic Complaints

This is scored according to DSM-III rules. To be positive for somatization disorder the subject must answer 'yes' to question 38; in addition, the subject must answer 'yes' to at least 14 questions if female and 12 questions if male, from questions 3-37. We prefer to use the DSM-III-R criteria, which require 13 'yes' answers for either sex, from questions 3-37.

A history of somatization disorder distinguishes MPD from schizophrenia, eating disorders, and controls. but not from panic disorder. The average number of symptoms positive from questions 3-37 for AAPT is 13.3.

II. Substance Abuse

We score the subject as positive for substance abuse if he or she answers 'yes' to any question in this section. A history of substance abuse differentiates MPD from schizophrenia, eating disorders, panic disorder, and controls: 1 1 out of 20 MPD subjects were positive.

M. Psychiatric History

This is a descriptive section which does not yield a score as such. hi a questionnaire study we found that in 236 cases of MPD, the average patient had received 2.74 other psychiatric diagnoses besides MPD.

IV. Major Depressive Episodes

This is scored according to DSM-III rules. To be positive the subject must answer 'yes' to question 54. He or she must answer 'yes' to 4 questions from 55-G2.

A history of depression does not discriminate MPD from other diagnostic groups: 17 out of 20 MPD subjects were positive for major depressive episode at some time in their life.
V. Schneiderian First Rank Symptoms

In this section we score the total number of ‘yes’ responses. The total number of Schneiderian symptoms must be greater than or equal to 3. The average number of positive responses is 5.3.

VI. Trances, Sleepwalking, Childhood Companions

Each of these items is scored independently. The subject is positive for sleepwalking if he or she answers ‘yes’ to question 67, positive for trances if ‘yes’ to question 63, positive for imaginary playmates if ‘yes’ to question 71. Each of these items discriminates MPD from schizophrenia, eating disorders, panic disorder, and controls.

VII. Childhood Abuse

The subject is scored positive for physical abuse if he or she answers ‘yes’ to question 73. Other data are descriptive. History of physical abuse discriminates MPD from schizophrenia, eating disorders, panic disorder, and control: 15 of 20 MPD subjects were positive.

VII. Childhood Abuse

The subject is positive for sexual abuse if he or she answers ‘yes’ to question 78. Sexual abuse also discriminates MPD from the other three groups: 16 out of 20 MPD subjects were positive.

VIII. Features Associated With MPD

The responses in this section are added up to give a total score. A positive response in this section is either ‘yes’ or else ‘fairly often’ or ‘often’ depending on the structure of the question. ‘Never’ and ‘occasionally’ are scored as negative. Secondary features discriminate MPD from the other three groups: average number of feantrates positive for MPD is 1.3.

IX. Supernatural, Possession, ESP Experiences, Cults

In this section the positive answers are added up to give a total score. These experiences discriminate MPD from the other groups: average number of positive responses for N1PD is 5.5.

X. Borderline Personality Disorder

This is scored by DSM-III rules. The subject must be positive for 5 items to meet the criteria for borderline personality. Borderline personality clues not discriminate MPD from other groups tested to date. Except for panic disorder and controls, however, the average number of borderline criteria positive does discriminate MPD from schizophrenia, eating disorders, and panic disorder: the average for 20 MPD subjects is 5.3.

XI. Psychogenic Amnesia

This is scored by DSM-III rules. The subject must be positive for question 116 and negative for question 117. Psychogenic amnesia discriminates MPD from the other three groups: 13 out of 20 MPD subjects were positive. According to DSM-III-R rules, a positive diagnosis of MPD means that one cannot have a diagnosis of psychogenic amnesia. That makes sense to us. However, using DSM-III and DSM-III-R rules, psychogenic amnesia provides an additional discriminating section.

XII. Psychogenic Fugue

This is scored by DSM-III rules. If the subject is positive for questions 116, 117, and negative for 120, this diagnosis also discriminates MPD from all other groups: 7 out of 21 MPD subjects were positive. As for psychogenic amnesia, DSM-III-R rules state that a diagnosis of MPD prevents a concurrent diagnosis of psychogenic fugue.

XIII. Depersonalization Disorder

This is scored by DSM-111 rules. The subject must be positive for question 116, and negative for 121. Questions 118 and 119 are for the idebet which are required for the DSM-III diagnosis. This diagnosis discriminates MPD from other groups very poorly. It is also the only DSM-III diagnosis in the inter ewschedule (A) with low inter-rater reliability (r=,56). We consider depersonalization to have no specific symptoms, not a diagnosis, and recommend that it be ignored in interpreting results of structured interview.

XIV. Multiple Personality Disorder

The criteria given are the NIMI I criteria, of which the first 3 are the DSM-111 criteria. The subject must be positive for all 3 items to meet the DSM-III criteria for MPD. The diagnosticians discriminate MPD from other groups tested to date with no false positive responses, and two false negatives out of 20. The inter-rater reliability for MPD is (r=.78). The sensitivity is 0.8, the specificity is 1.0, and the ethnic validity is excellent, in our initial study.

The translation of DSAI-III criteria into DSM-III-R criteria is problematic because of the wording in the two manuals. Subjects who have the first two DSM-III criteria only are probably true multiples. However, patients who have the first two DSM-III criteria only are not likely to have true MPD unless they have a high score on secondary features. This may be the case if they have the first few assessment sessions, before the diagnostician has contacted alter personalities directly. We usually don’t make a diagnosis of MPD until we have contacted alter personalities directly. If alters have not been contacted directly, or reported by a reliable observer, one can say that the subject almost certainly has MPD based on interview results, but a conclusive diagnosis is not possible.

Most MPD patients will have: numerous somatic symptoms; a history of substance abuse and major depressive episode; a number of Schneiderian symptoms; sleepwalk-
trance slates and/or imaginary playmates in childhood; a history of physical abuse; sexual abuse; borderline personality disorder, or at least 3 borderline symptoms; numerous extrasensory experiences; other dissociative diagnoses; and a history of numerous past diagnoses and treatments.

Not all 111P1 patients will have all of these features, but most will have a substantial proportion of them. MN) subjects with particularly severe abuse histories appear to have higher scores and more items positive, but time do not have sufficient data to say that for sure.

DISSOCIATIVE DISORDERS INTERVIEW SCHEDULE NORMS FOR 102 CASES

The following al l-age values for 102 cases of 111P1) diagnosed at four different centers. Two centers differed on two items, otherwise there were no significant differences between the centers on any of the items in the DDIS.

Only 82 subjects completed the Dissociative Experiences Scale. The average score was 41.4 (S.D. 20.0), and the median score was 43.8, with a range of 1.2 - 83.6.

<table>
<thead>
<tr>
<th>Item</th>
<th>Average Number of Symptoms Per Subject (S.D.)</th>
</tr>
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<tbody>
<tr>
<td>Somatic symptoms</td>
<td>11.2 (7.3)</td>
</tr>
<tr>
<td>Schneiderian symptoms</td>
<td>6.4 (2.8)</td>
</tr>
<tr>
<td>Secondary characteristics of MPD</td>
<td>10.2 (3.5)</td>
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<tr>
<td>Borderline criteria</td>
<td>5.2 (2.3)</td>
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<tr>
<td>Extrasensory experiences</td>
<td>5.6 (3.3)</td>
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<tr>
<th>Diagnosis</th>
<th>% of Subjects Positive for Diagnosis</th>
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<tr>
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<td>Borderline personality disorder</td>
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<td>Somatization disorder</td>
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