



## Cognitive Appraisals of Dissociation in Psychosis (CAD-P)

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Female \_\_\_\_\_  
 Provider Name \_\_\_\_\_ Date \_\_\_\_\_ Male \_\_\_\_\_ Other \_\_\_\_\_

Please rate how often you think the following when you are feeling strange, disconnected, unreal or "dissociated".

*Please note that this should NOT be whilst under the influence of drugs, alcohol, or legal highs.*

		Never	Rarely	Sometimes	Often	Always	ROW TOTAL
1	I can't trust my own mind.	0	1	2	3	4	
2	Someone has done something to me.	0	1	2	3	4	
3	Something is terribly wrong.	0	1	2	3	4	
4	I'm losing my mind.	0	1	2	3	4	
5	I'm not really "me".	0	1	2	3	4	
6	I am all alone.	0	1	2	3	4	
7	I don't look right to other people right now.	0	1	2	3	4	
8	I must be sick.	0	1	2	3	4	
9	I'm not in the same world as everyone else.	0	1	2	3	4	
10	This is because I am evil.	0	1	2	3	4	
11	Now I won't be able to do the things I wanted.	0	1	2	3	4	
12	It's not me in control right now.	0	1	2	3	4	
13	This might last forever.	0	1	2	3	4	
<b>TOTAL</b>							



MIRACLE Counseling

**Scoring: Sum score of all items.**

***Note that:***

Raw scores cannot distinguish between many appraisals occurring infrequently, and a small number of appraisals experienced very frequently. In clinical contexts, therefore, further interpretation of responses may be required.

Notes: