

Shutdown Dissociation Scale (Shut-D)

If you're interested in this clinical form for use in Explorer Online please [get in touch](#).

Clinical Form Name	Shut-D
Clinical Area(s)	Psychology
Descripti on of Use	Assessing the vulnerability to dissociate as a consequence of exposure to traumatic stressors
Availability	Yes, full access in Explorer Online
Explorer Online Screensh ot	<div><div>SHUT-D</div><div><div>QUESTION 1.</div><div>HAVE YOU FAINTED/HAVE YOU BEEN PASSING OUT?</div><div></div></div><div><div>QUESTION 2.</div><div>HAVE YOU FELT DIZZY AND HAD YOUR VISION GONE BLACK/HAVE YOU FELT DIZZY AND YOU COULDN'T SEE ANYMORE, AS IF YOU WERE BLIND?</div><div></div></div><div><div>QUESTION 3.</div><div>HAVE YOU FELT LIKE YOU COULDN'T HEAR FOR A WHILE, AS IF YOU WERE DEAF? WHEN PEOPLE WERE TALKING TO YOU, DID THEY SOUND FAR AWAY?</div><div></div></div><div><div>QUESTION 4.</div><div>HAVE YOU HAD AN EXPERIENCE OF NOT BEING ABLE TO PROPERLY SEE THINGS AROUND YOU (E.G. BLURRED VISION)?</div><div></div></div><div><div>QUESTION 5.</div><div>HAVE YOU FELT LIKE YOUR BODY OR A PART OF YOUR BODY HAS GONE NUMB?</div><div></div></div><div><div>QUESTION 6.</div></div></div>

Excel File
/Structure

CEN.Shut-D.v1.xlsx

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- ☐ CEN Shut-D.v1
 - ☐ Description
 - ☐ Uses 0 Archetype(s)
 - ☐ Definition
 - ☐ ENTRY - Shut-D
 - ☐ CLUSTER - Question 1
 - ☐ ELEMENT - Have you fainted?/Have you been passing out?
 - ☐ CLUSTER - Question 2
 - ☐ ELEMENT - Have you felt dizzy and has your vision gone black?/Have you felt dizzy and you couldn't see anymore, as if you were blind?
 - ☐ CLUSTER - Question 3
 - ☐ ELEMENT - Have you felt like you couldn't hear for a while, as if you were deaf? When people were talking to you, did they sound far away?
 - ☐ CLUSTER - Question 4
 - ☐ ELEMENT - Have you had an experience of not being able to properly see things around you (e.g. blurred vision)
 - ☐ CLUSTER - Question 5
 - ☐ ELEMENT - Have you felt like your body or a part of your body has gone numb?
 - ☐ CLUSTER - Question 6
 - ☐ ELEMENT - Have you felt like you couldn't move for a while, as if you were paralysed?
 - ☐ CLUSTER - Question 7
 - ☐ ELEMENT - Have you felt like your body, or a part of it was insensitive to pain (analgesia)?
 - ☐ CLUSTER - Question 8
 - ☐ ELEMENT - Have you been in a state where your body suddenly felt heavy and tired?
 - ☐ CLUSTER - Question 9
 - ☐ ELEMENT - Have you had times when your body became stiff for a while?
 - ☐ CLUSTER - Question 10
 - ☐ ELEMENT - Have you felt nauseous? Have you felt like you are about to throw up? Have you felt yourself break out in a cold sweat?
 - ☐ CLUSTER - Question 11
 - ☐ ELEMENT - Have you had an 'out-of-body' sensation? Have you felt like you were outside of your body?
 - ☐ CLUSTER - Question 12
 - ☐ ELEMENT - Have you had moments when you found that you couldn't speak?/Have you been able to speak only with great effort?/Have you had an experience in which you could only whisper for a period of time?
 - ☐ CLUSTER - Question 13
 - ☐ ELEMENT - Has your body felt weak and warm for no apparent reason?
 - ☐ CLUSTER - System Generated Scoring
 - ☐ ELEMENT - Total Raw Score (0-39)
 - ☐ ELEMENT - Score Interpretation
 - ☐ Ontology
 - ☐ Presentation