

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) Disorders Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 16

SAMPLE

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

SAMPLE

- 1. What type of symptoms may indicate excessive behavior adaptations in Illness Anxiety Disorder?**
 - A. Euphoria about health status**
 - B. Excessive time devoted to avoiding medical treatment**
 - C. Positive reinforcement from health professionals**
 - D. Normalized acceptance of bodily sensations**

- 2. What is defined as diminished emotional expression in the context of negative symptoms?**
 - A. Anhedonia**
 - B. Avolition**
 - C. Asociality**
 - D. Diminished emotional expression**

- 3. Which subtype of Conversion Disorder involves paralysis or weakness?**
 - A. Abnormal movement syndrome**
 - B. Swallowing symptom subtype**
 - C. Weakness/paralysis subtype**
 - D. Sensory loss subtype**

- 4. In Major Depressive Disorder, what must a person avoid having?**
 - A. History of mania or hypomania**
 - B. Symptoms of anxiety**
 - C. Existential thoughts**
 - D. Spiritual concerns**

- 5. What is the primary motivation behind malingering?**
 - A. To feign illness to avoid work**
 - B. To receive external rewards**
 - C. To gain attention from healthcare providers**
 - D. To experience emotional relief**

- 6. Which subtype of Adjustment Disorder involves anxiety?**
- A. Adjustment Disorder with Conduct Disturbance**
 - B. Adjustment Disorder with Depressed Mood**
 - C. Adjustment Disorder with Mixed Disturbance of Emotions**
 - D. Adjustment Disorder with Anxiety**
- 7. What is a defining feature of Personality Disorders?**
- A. Short-term behavior changes based on circumstances**
 - B. Chronic and pervasive patterns of perception and behavior**
 - C. Brief episodes of intense emotional disturbance**
 - D. Exclusive focus on social media interactions**
- 8. In Body Dysmorphic Disorder, what is indicated by "muscle dysphoria"?**
- A. Belief that one's body is too thin**
 - B. Belief that one's body is too small or insufficiently muscular**
 - C. Belief in an inability to perform physical activities**
 - D. Belief that one is unattractive to others**
- 9. What does the Erotomanic subtype of Delusional Disorder involve?**
- A. Belief of an important discovery**
 - B. Belief of malevolent treatment**
 - C. Belief that someone is in love with the individual**
 - D. Belief that one has no self-worth**
- 10. What disorder involves difficulties related to low libido?**
- A. Delayed Ejaculation**
 - B. Erectile Disorder**
 - C. Male Hypoactive Sexual Desire Disorder**
 - D. Premature Ejaculation**

Answers

SAMPLE

1. B
2. D
3. C
4. A
5. B
6. D
7. B
8. B
9. C
10. C

SAMPLE

Explanations

SAMPLE

1. What type of symptoms may indicate excessive behavior adaptations in Illness Anxiety Disorder?

- A. Euphoria about health status**
- B. Excessive time devoted to avoiding medical treatment**
- C. Positive reinforcement from health professionals**
- D. Normalized acceptance of bodily sensations**

Excessive behavior adaptations in Illness Anxiety Disorder often manifest as significant and maladaptive alterations in behavior regarding health and medical context. Individuals with this disorder have persistent fears of having or developing a serious medical condition, which can lead to behaviors aimed at avoiding perceived threats to their health. Devoting excessive time to avoiding medical treatment exemplifies a classic response to the fear and anxiety surrounding health issues. This behavior indicates an overwhelming preoccupation with health that can exacerbate the individual's distress and interfere with their daily functioning. Such avoidance is characteristic of maladaptive coping mechanisms where the individual feels compelled to avoid situations or interventions that could challenge their beliefs about their health status or provoke anxiety. In contrast, other options reflect either positive adaptations or neutral states that do not align with the maladaptive and anxiety-driven behaviors typically seen in this disorder. The focus on avoidance of medical care is a definitive marker of the illness-driven cognitive distortions and behavioral adaptations present in Illness Anxiety Disorder. This choice highlights the core struggle of the individual, which is the conflict between anxiety about potential illness and the rational need for medical treatment.

2. What is defined as diminished emotional expression in the context of negative symptoms?

- A. Anhedonia**
- B. Avolition**
- C. Asociality**
- D. Diminished emotional expression**

Diminished emotional expression is a specific term used in the context of negative symptoms, particularly within schizophrenia spectrum disorders. It refers to a decrease in the range and intensity of emotional expressions that one would typically expect, such as facial expressions, voice tone, and gestures. This symptom may manifest as a flat affect in individuals, where they show little to no emotional reaction to situations that usually provoke a response. When evaluating the other terms presented: anhedonia refers to a loss of pleasure or interest in previously enjoyable activities, avolition indicates a lack of motivation to initiate and sustain purposeful activities, and asociality reflects a lack of interest in social interactions. While these terms describe various negative symptoms that may occur in schizophrenia, they do not specifically denote diminished emotional expression. Therefore, the recognition of diminished emotional expression is key to understanding a fundamental aspect of negative symptoms in this context.

3. Which subtype of Conversion Disorder involves paralysis or weakness?

- A. Abnormal movement syndrome**
- B. Swallowing symptom subtype**
- C. Weakness/paralysis subtype**
- D. Sensory loss subtype**

The subtype of Conversion Disorder that involves paralysis or weakness is correctly identified as the weakness/paralysis subtype. This subtype specifically manifests as an inability to move a limb or weakness in a specific area of the body, which can be mistaken for neurological disorders but occurs without a neurological basis. Individuals may display symptoms like limb paralysis, difficulties in walking, or other motor function impairments, and these symptoms can significantly affect their daily lives. In the context of Conversion Disorder, this subtype exemplifies how psychological stress can lead to physical symptoms, even in the absence of any identifiable medical condition. It highlights the intricate relationship between mind and body, where emotional distress can translate into physical manifestations such as weakness or paralysis. Understanding this subtype is crucial in the realm of psychology and psychiatry, as it emphasizes the need for comprehensive treatment approaches that address both psychological and physical aspects of the condition.

4. In Major Depressive Disorder, what must a person avoid having?

- A. History of mania or hypomania**
- B. Symptoms of anxiety**
- C. Existential thoughts**
- D. Spiritual concerns**

In Major Depressive Disorder, it is essential for a person to avoid having a history of mania or hypomania in order to meet the diagnostic criteria outlined in the DSM-5. The rationale behind this requirement is rooted in the distinction between Major Depressive Disorder and Bipolar Disorder. If an individual has a history of manic or hypomanic episodes, the diagnosis would shift to a bipolar spectrum disorder rather than a unipolar depressive disorder. Consequently, the presence of a manic or hypomanic history is a crucial factor in accurately diagnosing and understanding the individual's mental health condition, ensuring appropriate treatment and management. Other options, while they may contribute to the individual's overall mental health experience, do not serve as exclusion criteria for Major Depressive Disorder. Symptoms of anxiety, existential thoughts, and spiritual concerns can co-occur with depression but do not preclude the diagnosis of Major Depressive Disorder, making them less relevant in this context. Therefore, avoiding a history of mania or hypomania is the key criterion for maintaining the classification of Major Depressive Disorder.

5. What is the primary motivation behind malingering?

- A. To feign illness to avoid work
- B. To receive external rewards**
- C. To gain attention from healthcare providers
- D. To experience emotional relief

The primary motivation behind malingering is indeed to receive external rewards. Malingering is characterized by the intentional production of false or exaggerated symptoms for a specific external gain, which can include financial compensation, avoidance of responsibilities such as work or legal obligations, or even to achieve a more favorable social status. Individuals who malingering consciously engage in these behaviors because they expect to benefit from them materially or socially. This distinguishes malingering from other forms of illness, as individuals displaying genuine psychological disorders are not motivated by external rewards but rather suffer from internal distress or dysfunction. Understanding this motivation is crucial in differentiating malingering from other diagnoses in the DSM-5, such as factitious disorders, where the individual's motivations are more focused on the maintenance of a sick role rather than tangible benefits. In this context, other options do not align as directly with the primary motivator for malingering. While avoiding work might be a tactic employed by someone who is malingering, it is not the underlying driving reason. Similarly, gaining attention from healthcare providers or experiencing emotional relief relates more to other psychological conditions and may introduce elements of behavior that are not centered purely on external gains.

6. Which subtype of Adjustment Disorder involves anxiety?

- A. Adjustment Disorder with Conduct Disturbance
- B. Adjustment Disorder with Depressed Mood
- C. Adjustment Disorder with Mixed Disturbance of Emotions
- D. Adjustment Disorder with Anxiety**

The subtype of Adjustment Disorder that specifically involves anxiety is commonly identified as Adjustment Disorder with Anxiety. This diagnosis is characterized by the development of emotional or behavioral symptoms in response to a significant stressor, which manifests primarily as anxiety. Individuals experiencing this subtype often exhibit symptoms such as nervousness, worry, and physical symptoms like palpitations or sweating that are directly linked to the stressor they are facing. The focus on anxiety distinguishes this subtype from others. In contrast, Adjustment Disorder with Conduct Disturbance primarily involves behavioral issues rather than emotional disturbances in the form of anxiety. Adjustment Disorder with Depressed Mood emphasizes symptoms related to depression, such as feelings of sadness or hopelessness, and does not specifically highlight anxiety. Finally, Adjustment Disorder with Mixed Disturbance of Emotions indicates a combination of various emotional symptoms, often including both depression and anxiety, but it does not singularly highlight anxiety as its primary feature. Therefore, the designation of Adjustment Disorder with Anxiety is the most accurate choice for naming the subtype associated directly with anxiety symptoms in this classification.

7. What is a defining feature of Personality Disorders?

- A. Short-term behavior changes based on circumstances
- B. Chronic and pervasive patterns of perception and behavior**
- C. Brief episodes of intense emotional disturbance
- D. Exclusive focus on social media interactions

A defining feature of personality disorders is indeed characterized by chronic and pervasive patterns of perception, thinking, and behavior. These patterns are relatively inflexible and deviate significantly from cultural expectations, leading to distress and impairment in social, occupational, or other important areas of functioning. Individuals with personality disorders often exhibit these traits consistently across various situations and relationships, causing them to struggle with managing their emotions and interpersonal relationships over time. This enduring nature is what distinguishes personality disorders from other mental health conditions that may involve more temporary or situation-specific symptoms. The other options describe characteristics that do not align with the nature of personality disorders. For example, short-term behavior changes that depend on circumstances are often indicative of situational stressors or mood disorders rather than the consistent patterns found in personality disorders. Brief episodes of intense emotional disturbance suggest conditions such as mood disorders or anxiety disorders, which are more episodic rather than chronic. Lastly, an exclusive focus on social media interactions would not capture the broader, enduring patterns of behavior and perception associated with personality disorders, as these disorders encompass a wide range of behaviors across many contexts, not just modern digital interactions.

8. In Body Dysmorphic Disorder, what is indicated by "muscle dysphoria"?

- A. Belief that one's body is too thin
- B. Belief that one's body is too small or insufficiently muscular**
- C. Belief in an inability to perform physical activities
- D. Belief that one is unattractive to others

Muscle dysphoria in the context of Body Dysmorphic Disorder specifically refers to an individual's belief that their body is too small or lacks sufficient muscle mass. This manifestation highlights the concern over one's perceived muscle size and overall physical strength, which can lead to significant distress and preoccupation with these thoughts. Individuals with this form of dysphoria may engage in excessive exercise or take supplements in an attempt to improve their physique, reflecting their distorted perception of body image. This condition falls under the broader category of Body Dysmorphic Disorder, where individuals focus intensely on perceived flaws in their appearance, but in the case of muscle dysphoria, it specifically centers on muscularity and body size rather than other aspects of physical appearance. The other options address different aspects of body perception, but they do not capture the specific preoccupation with muscle size and development that characterizes muscle dysphoria.

9. What does the Erotomanic subtype of Delusional Disorder involve?

- A. Belief of an important discovery**
- B. Belief of malevolent treatment**
- C. Belief that someone is in love with the individual**
- D. Belief that one has no self-worth**

The Erotomanic subtype of Delusional Disorder is characterized by a belief that another person, often of higher social status or a celebrity, is in love with the individual. This delusion is typically persistent, leading the person to interpret benign interactions—such as a simple glance or polite conversation—as signs of deep romantic interest. Individuals with this subtype may engage in behaviors reflecting their belief, such as pursuing or attempting to communicate with the perceived love interest, sometimes to the extent of stalking. This delusion can significantly impact the individual's life, as it may lead to social withdrawal or obsession with the object of their affections. Understanding this subtype is crucial for clinicians as it guides treatment approaches, which may include psychotherapy and medication, to help the individual combat the delusional belief and address any associated challenges.

10. What disorder involves difficulties related to low libido?

- A. Delayed Ejaculation**
- B. Erectile Disorder**
- C. Male Hypoactive Sexual Desire Disorder**
- D. Premature Ejaculation**

The disorder that specifically involves difficulties related to low libido is Male Hypoactive Sexual Desire Disorder. This condition is characterized by a marked decrease in sexual desire or fantasies, which can result in distress or interpersonal difficulties. Individuals with this disorder experience a consistent lack of interest in sexual activity, as opposed to other disorders that focus on specific aspects of sexual function, such as ejaculation or erectile function. In contrast, Delayed Ejaculation focuses on the difficulty in achieving ejaculation, Erectile Disorder concerns the inability to achieve or maintain an erection, and Premature Ejaculation involves ejaculating sooner than desired during sexual activity. While these disorders can certainly affect overall sexual functioning and satisfaction, they do not specifically align with the issue of low sexual desire that is central to Male Hypoactive Sexual Desire Disorder. This distinction is important for accurate diagnosis and subsequent treatment.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://dsm5disorders.examzify.com>

We wish you the very best on your exam journey. You've got this!

SAMPLE