

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, FIFTH EDITION (DSM-5) DISORDERS PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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

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- 1. What is the primary symptom of Akathisia?**
 - A. Repetitive movements of the face
 - B. Excessive movements due to inner restlessness
 - C. Extreme rigidity
 - D. Loss of premorbid functioning
- 2. 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
- 3. Acute Stress Disorder involves symptoms similar to PTSD for what duration?**
 - A. Less than 3 days
 - B. 3 days to 1 month
 - C. 1 month to 6 months
 - D. 6 months to 1 year
- 4. What type of fear is characteristic of Specific Phobia?**
 - A. Fear that is proportionate to the actual danger
 - B. Fear that is excessive and irrational
 - C. Fear of social situations
 - D. Fear of leaving home alone
- 5. Which of these is NOT a common psychological aspect of Anorexia Nervosa?**
 - A. Intense fear of weight gain
 - B. Body image disturbance
 - C. Increased self-esteem
 - D. Restriction of food intake

6. What is a common symptom of Narcolepsy?

- A. Difficulty maintaining sleep
- B. Recurrent irresistible sleep during the day
- C. Cataplexy
- D. B and C only

7. In Dissociative Fugue, what is a common behavior of individuals?

- A. Excessive focus on past memories
- B. Purposeful travel with memory loss
- C. Frequent mood swings and irritability
- D. Detachment from family and friends

8. What is the primary characteristic of exhibitionism?

- A. Engaging in sexual activity in public
- B. Sexual arousal from observing others
- C. Sexual arousal from exposing genitals to strangers
- D. Receiving sexual gratification from dressing as the opposite sex

9. What is a notable behavior of someone with Dependent Personality Disorder?

- A. Excessive devotion to work
- B. Indecisiveness and reliance on others
- C. Recurrent uncontrollable aggression
- D. Perfectionism and stubbornness

10. Which disorder is characterized by experiences of unreality or detachment regarding surroundings?

- A. Major Depressive Disorder
- B. Dissociative Identity Disorder
- C. Derealization
- D. Body Dysmorphic Disorder

Answers

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

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Explanations

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1. What is the primary symptom of Akathisia?

- A. Repetitive movements of the face
- B. Excessive movements due to inner restlessness**
- C. Extreme rigidity
- D. Loss of premorbid functioning

Akathisia is characterized primarily by an overwhelming sense of inner restlessness that compels individuals to be in constant motion. This symptom often manifests as an inability to stay still, leading to excessive movements such as pacing, shifting one's weight from one leg to another, or fidgeting. The inner agitation is distinct and can be distressing for those experiencing it, making it a hallmark feature of the disorder. In contrast, other symptoms listed do not align with the definition of akathisia. Repetitive movements of the face are more commonly associated with disorders like tardive dyskinesia. Extreme rigidity is typically a symptom found in conditions such as Parkinson's disease or severe forms of catatonia. Loss of premorbid functioning refers to the decline in baseline levels of functioning prior to the onset of a disorder, which is more relevant to various severe mental health conditions, rather than specifically indicative of akathisia. Understanding these differences helps clarify why excessive movements due to inner restlessness serves as the primary symptom of akathisia.

2. 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.

3. Acute Stress Disorder involves symptoms similar to PTSD for what duration?

- A. Less than 3 days
- B. 3 days to 1 month**
- C. 1 month to 6 months
- D. 6 months to 1 year

Acute Stress Disorder (ASD) is characterized by symptoms that resemble those of Post-Traumatic Stress Disorder (PTSD) but occur within a specific time frame following a traumatic event. The correct duration for ASD symptoms is between 3 days to 1 month after the trauma. This parameter distinguishes Acute Stress Disorder from PTSD, which requires that symptoms persist for longer than 1 month. Understanding this time frame is essential for accurate diagnosis and treatment planning. In clinical practice, recognizing the distinction helps clinicians provide appropriate interventions during the acute phase of stress reactions following trauma. It is crucial for mental health professionals to be aware of these time constraints to guide referrals and therapeutic strategies effectively. The criteria outlined by the DSM-5 emphasize the importance of timing in the assessment of these stress-related disorders.

4. What type of fear is characteristic of Specific Phobia?

- A. Fear that is proportionate to the actual danger
- B. Fear that is excessive and irrational**
- C. Fear of social situations
- D. Fear of leaving home alone

Specific Phobia is characterized by an excessive and irrational fear of a specific object, situation, or activity that is out of proportion to the actual danger posed. This means that individuals with Specific Phobia experience intense anxiety when they encounter the feared object or situation, even if the actual risk is minimal or nonexistent. This disproportionate reaction significantly interferes with their daily functioning and leads to avoidance behaviors. This characteristic of excessive fear aligns with the diagnostic criteria outlined in the DSM-5, which emphasizes that individuals must recognize their fear as unreasonable or excessive, although this insight may not always be present in more severe cases. In contrast, fears that are proportionate to actual danger, fear of social situations, or fear of leaving home alone represent different types of anxiety disorders rather than Specific Phobia. Thus, the defining aspect of Specific Phobia is the irrationality of the fear, making the correct option distinctly align with its definition.

5. Which of these is NOT a common psychological aspect of Anorexia Nervosa?

- A. Intense fear of weight gain
- B. Body image disturbance
- C. Increased self-esteem**
- D. Restriction of food intake

In Anorexia Nervosa, increased self-esteem is not a common psychological aspect associated with the disorder. Individuals suffering from Anorexia often experience low self-esteem, which is significantly influenced by their distorted body image and the preoccupation with weight and body shape. The intense fear of weight gain and the disturbance in body image reflect the psychological struggles that these individuals face, as their self-worth is frequently tied to their perception of their own body and weight. The restriction of food intake is a primary behavior associated with Anorexia, as those with the disorder limit their caloric intake significantly in efforts to lose weight or prevent weight gain. In contrast, the presence of increased self-esteem would suggest a sense of confidence and satisfaction with oneself, which is typically not seen in individuals with Anorexia Nervosa.

6. What is a common symptom of Narcolepsy?

- A. Difficulty maintaining sleep
- B. Recurrent irresistible sleep during the day
- C. Cataplexy
- D. B and C only**

Narcolepsy is characterized by several hallmark symptoms, two of which are specifically included in the correct choice. Recurrent irresistible sleep during the day is a defining feature of narcolepsy, leading to episodes of excessive daytime sleepiness that prompt individuals to fall asleep unexpectedly in various situations. Cataplexy, which is a sudden loss of muscle tone often triggered by strong emotions, is another key symptom associated with narcolepsy. These episodes can vary in severity and can cause significant impairment in functioning. The inclusion of both of these symptoms as part of the diagnosis highlights the diversity of experiences among those with narcolepsy and helps differentiate this disorder from other conditions that may cause excessive sleepiness or sleep disturbances. The other symptom listed, difficulty maintaining sleep, while it may be present in some individuals, is not a primary symptom of narcolepsy. Instead, it is more often associated with other sleep disorders, such as insomnia. Thus, the combination of recurrent daytime sleep episodes and cataplexy distinctly identifies the common symptoms linked to narcolepsy.

7. In Dissociative Fugue, what is a common behavior of individuals?

- A. Excessive focus on past memories
- B. Purposeful travel with memory loss**
- C. Frequent mood swings and irritability
- D. Detachment from family and friends

In Dissociative Fugue, a defining characteristic is the purposeful travel combined with a significant loss of memory relating to the individual's identity and past. This travel is often not planned, and individuals may find themselves in unfamiliar places, unable to recall their identity or important personal information. This behavior signifies a departure from one's usual life, which is a critical element of the disorder. The loss of identity is so profound that it can lead to the individual adopting a new lifestyle or persona temporarily. This behavior distinguishes Dissociative Fugue from other dissociative disorders, as the act of traveling while experiencing memory loss is a hallmark of this specific condition, indicating an escape from stressors or trauma. Other options do not align with the core features of Dissociative Fugue. For instance, excessive focus on past memories does not fit with the memory loss aspect. Frequent mood swings and irritability are more indicative of mood disorders rather than dissociative states. Similarly, while detachment from family and friends can occur in various mental health conditions, it is not an exclusive or defining feature of Dissociative Fugue. Thus, purposeful travel with memory loss accurately encapsulates the most typical behavior seen in individuals with this disorder.

8. What is the primary characteristic of exhibitionism?

- A. Engaging in sexual activity in public
- B. Sexual arousal from observing others
- C. Sexual arousal from exposing genitals to strangers**
- D. Receiving sexual gratification from dressing as the opposite sex

The primary characteristic of exhibitionism is sexual arousal from exposing one's genitals to unsuspecting strangers. This behavior encompasses not just the act of revealing oneself but also the thrill and excitement derived from the reaction of others. Individuals with exhibitionistic disorder typically find gratification by shocking others or seeking attention through this exposure. This behavior is classified under paraphilic disorders, indicating that it is a distinct type of sexual expression that significantly deviates from societal norms. While engaging in sexual activity in public might seem related, it does not encapsulate the essence of exhibitionism, which focuses specifically on the act of revealing one's genitals rather than the broader context of sexual activity in public settings. Similarly, arousal from observing others pertains to voyeurism, not exhibitionism, and the gratification from cross-dressing relates to transvestic disorder. Thus, the essence of exhibitionism lies in the specific act of exposing oneself to others, leading to the identification of this characteristic as central to the disorder.

9. What is a notable behavior of someone with Dependent Personality Disorder?

- A. Excessive devotion to work
- B. Indecisiveness and reliance on others**
- C. Recurrent uncontrollable aggression
- D. Perfectionism and stubbornness

A notable behavior of someone with Dependent Personality Disorder is indecisiveness and reliance on others. This disorder is characterized by a pervasive and excessive need to be taken care of, which leads to submissive and clinging behaviors. Individuals with this condition often struggle with making decisions independently and may rely heavily on others to make choices for them. This reliance stems from their fear of being abandoned or not being able to take care of themselves, resulting in a profound fear of separation and a tendency to submit to others' demands and instructions. Other behaviors often associated with this disorder include having difficulty expressing disagreement and feeling uncomfortable or helpless when alone due to fears of being unable to care for themselves. These features highlight the key aspects of dependency and decision-making that define the disorder.

10. Which disorder is characterized by experiences of unreality or detachment regarding surroundings?

- A. Major Depressive Disorder
- B. Dissociative Identity Disorder
- C. Derealization**
- D. Body Dysmorphic Disorder

Derealization is characterized specifically by experiences of unreality or detachment from one's surroundings. Individuals with this disorder often perceive the world around them as distorted or dreamlike, feeling as though they are observing their environment from a distance rather than engaging with it normally. This symptom can be mild or severe and often leads to significant distress or impairment in functioning. In contrast, the other disorders listed do not primarily focus on the experience of unreality regarding one's environment. Major Depressive Disorder is primarily marked by persistent sadness, hopelessness, and a lack of interest in activities, rather than detachment from surroundings. Dissociative Identity Disorder involves the presence of two or more distinct personality states and does include dissociation but focuses more on identity and memory rather than perception of surroundings. Body Dysmorphic Disorder centers on obsessive preoccupation with perceived flaws in one's physical appearance, which is unrelated to experiences of unreality regarding the environment.

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!

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