

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

Study Guide



Everything you need from our exam experts!

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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. Which factor must be present to qualify for Substance/Medication-Induced Major or Mild Neurocognitive Disorder?**
 - A. Prolonged severe substance use**
 - B. Documented prion disease**
 - C. Established diagnosis of Huntington's Disease**
 - D. Multiple etiologies contributing to decline**

- 2. What condition is applicable when depressive features cause impairment but there is insufficient information for a complete diagnosis?**
 - A. Other Specified Depressive Disorder**
 - B. Unspecified Depressive Disorder**
 - C. Panic Attack**
 - D. Social Anxiety Disorder**

- 3. What feature is common among all Personality Disorders?**
 - A. Acute and transient symptoms**
 - B. Pervasive patterns of behavior**
 - C. Exclusively genetic origins**
 - D. Mandatory hospitalization for treatment**

- 4. What defines elimination disorders in the DSM-5-TR?**
 - A. A category of anxiety disorders**
 - B. A category of disorders characterized by inappropriate excretion of urination or feces**
 - C. A category of personality disorders**
 - D. A category of mood disorders**

- 5. What is a key feature of Non-Rapid Eye Movement Sleep Arousal Disorder?**
 - A. Vivid dreams and nightmares**
 - B. Sleepwalking and sleep terrors**
 - C. Consistent difficulty falling asleep**
 - D. Feeling refreshed after sleep**

6. What occurs during Rapid Eye Movement Sleep Behavior Disorder?

- A. Episodes of vocalization and complex motor behaviors**
- B. Uncontrollable leg movements during sleep**
- C. Sudden awakenings with confusion**
- D. Experiences of sleep paralysis**

7. Which disorder is used when there is marked impairment due to depressive features but does not meet full criteria for any existing diagnosis?

- A. Selective Mutism**
- B. Other Specified Depressive Disorder**
- C. Panic Disorder**
- D. Anxiety Disorders**

8. What defines Hallucinogen Persisting Perception Disorder?

- A. Reexperiencing perceptual symptoms after the effect of a hallucinogen has worn off**
- B. Complete loss of memory ability**
- C. Continuous hallucinations without any breaks**
- D. Severe depression following hallucinogen use**

9. The memory gaps experienced in Dissociative Identity Disorder are primarily related to:

- A. Social interactions and relationships**
- B. Personal information and daily events**
- C. General knowledge and historical facts**
- D. Dreams and aspirations**

10. Which condition is defined by marked clumsiness and slowness in motor skills execution?

- A. Developmental Coordination Disorder**
- B. Tic Disorders**
- C. Specific Learning Disorder**
- D. Stereotypic Movement Disorder**

Answers

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

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Explanations

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1. Which factor must be present to qualify for Substance/Medication-Induced Major or Mild Neurocognitive Disorder?

- A. Prolonged severe substance use**
- B. Documented prion disease**
- C. Established diagnosis of Huntington's Disease**
- D. Multiple etiologies contributing to decline**

To qualify for Substance/Medication-Induced Major or Mild Neurocognitive Disorder, the presence of prolonged severe substance use is essential. This disorder is characterized by a significant impairment in cognitive function resulting from the effects of substances or medications. The DSM-5-TR specifies that this impairment must occur during or shortly after the significant use of a substance, reinforcing the idea that the neurocognitive decline is directly linked to the substance's effects on brain function. The requirement for prolonged severe substance use underscores the notion that not just any minor or short-term use, but rather a substantial and ongoing consumption of substances can lead to a notable deterioration in cognitive capabilities. This context is crucial for distinguishing it from neurocognitive disorders arising from other medical conditions or neurodegenerative diseases. The other factors listed, such as documented prion disease or an established diagnosis of Huntington's Disease, relate to neurocognitive disorders induced by specific medical conditions rather than by substance use. Multiple etiologies contributing to decline would suggest a more complex interplay of factors leading to cognitive impairment but does not align specifically with the criteria for Substance/Medication-Induced Major or Mild Neurocognitive Disorder.

2. What condition is applicable when depressive features cause impairment but there is insufficient information for a complete diagnosis?

- A. Other Specified Depressive Disorder**
- B. Unspecified Depressive Disorder**
- C. Panic Attack**
- D. Social Anxiety Disorder**

The condition applicable when depressive features cause impairment but there is insufficient information for a complete diagnosis is categorized as Unspecified Depressive Disorder. This term is used in situations where the clinician chooses not to specify the reason that the criteria for a specific depressive disorder has not been met. This may occur when there is not enough information available or when the clinician wants to provide a diagnosis without detailing the characteristics or subtypes that would apply. Unspecified Depressive Disorder allows for flexibility in clinical practice, particularly when engaging with a patient who may have complex presentations or when there is uncertainty regarding their current symptoms. This diagnosis serves to acknowledge the patient's distress and impairment related to depressive symptoms without being constrained by strict criteria that cannot be fully assessed. In contrast, Other Specified Depressive Disorder refers to cases where the clinician specifies the reason why the criteria for a specific depressive disorder were not met, providing greater clarity about the presentation. Conditions such as Panic Attack and Social Anxiety Disorder are distinct and do not address the parameters of depressive symptoms specifically.

3. What feature is common among all Personality Disorders?

- A. Acute and transient symptoms
- B. Pervasive patterns of behavior**
- C. Exclusively genetic origins
- D. Mandatory hospitalization for treatment

Personality disorders are characterized by pervasive patterns of behavior, cognition, and inner experience that differ significantly from the expectations of the individual's culture. These patterns are inflexible and can lead to distress or impairment in social, occupational, or other important areas of functioning. The pervasive nature of these behaviors indicates that they are established early in life and typically remain stable over time. Unlike acute and transient symptoms seen in other mental health conditions, personality disorders present as enduring ways of thinking, feeling, and behaving. This stability and the tendency to adapt poorly to changes in circumstances contribute to ongoing personal and interpersonal challenges, which is a hallmark feature of personality disorders. The options related to acute symptoms, genetic origins, and mandatory hospitalization do not accurately capture the essence of personality disorders as well as the pervasive patterns of behavior. Hospitalization, for instance, is not a requirement for all personality disorders; many individuals may manage their symptoms without intensive treatment. Thus, the defining feature of pervasive patterns of behavior is central to understanding and diagnosing personality disorders correctly.

4. What defines elimination disorders in the DSM-5-TR?

- A. A category of anxiety disorders
- B. A category of disorders characterized by inappropriate excretion of urination or feces**
- C. A category of personality disorders
- D. A category of mood disorders

Elimination disorders, as defined in the DSM-5-TR, specifically refer to conditions where a child exhibits inappropriate excretion of urine or feces. This encompasses two main types: enuresis, which involves the inappropriate urination, and encopresis, which refers to the inappropriate defecation. These disorders typically manifest in children and can lead to significant distress or impairment in social, academic, or other areas of functioning. The focus on inappropriate excretion distinguishes these disorders from other categories in the DSM-5-TR. For example, anxiety disorders involve excessive worry or fear; personality disorders are characterized by enduring patterns of behavior and inner experience; and mood disorders primarily relate to disturbances in emotional state. Thus, elimination disorders occupy a distinct classification that highlights issues surrounding physical functioning related to toileting.

5. What is a key feature of Non-Rapid Eye Movement Sleep Arousal Disorder?

- A. Vivid dreams and nightmares
- B. Sleepwalking and sleep terrors**
- C. Consistent difficulty falling asleep
- D. Feeling refreshed after sleep

Non-Rapid Eye Movement Sleep Arousal Disorder is characterized primarily by abnormal behaviors that occur during non-rapid eye movement (NREM) sleep. The key features of this disorder include episodes such as sleepwalking (somnambulism) and sleep terrors (night terrors), which manifest as arousals from sleep that are not associated with dreaming. Individuals may engage in complex behaviors while still being in a state of sleep and may have no memory of these events upon waking. Sleepwalking involves performing routine activities while in a state of partial arousal from deeper stages of sleep, which can lead to safety concerns if the person is not in a safe environment. Sleep terrors typically involve a sudden awakening with a feeling of terror, screaming, or an intense fear response, often leading to confusion without a clear recall of the episode. These behaviors are distinct from experiences like vivid dreams or nightmares, which are hallmarks of REM sleep, or consistent difficulty falling asleep, which relates more to insomnia disorders. Feeling refreshed after sleep is an indicator of healthy sleep quality, contrasting with the disruptions experienced in Non-Rapid Eye Movement Sleep Arousal Disorder.

6. What occurs during Rapid Eye Movement Sleep Behavior Disorder?

- A. Episodes of vocalization and complex motor behaviors**
- B. Uncontrollable leg movements during sleep
- C. Sudden awakenings with confusion
- D. Experiences of sleep paralysis

During Rapid Eye Movement Sleep Behavior Disorder (REM Sleep Behavior Disorder), individuals experience episodes of vocalization and complex motor behaviors while they are in the REM stage of sleep. Normally, during REM sleep, the body is in a state of muscle atonia, meaning the muscles are effectively paralyzed to prevent individuals from acting out their dreams. However, in this disorder, the normal paralysis is absent or incomplete, allowing individuals to physically act out their dreams. This can manifest as talking, shouting, kicking, or even jumping out of bed, reflecting the narrative of their dreams. The other choices involve symptoms associated with different sleep disorders. Uncontrollable leg movements during sleep are characteristic of restless legs syndrome or periodic limb movement disorder. Sudden awakenings with confusion are more aligned with confusion arousals or sleep terrors. Experiences of sleep paralysis occur at transitions between sleep and wakefulness but are not specifically linked to the actions one performs during the REM phase, as seen in REM Sleep Behavior Disorder. Thus, the description of vocalization and complex motor behaviors is definitive for diagnosing this particular disorder.

7. Which disorder is used when there is marked impairment due to depressive features but does not meet full criteria for any existing diagnosis?

A. Selective Mutism

B. Other Specified Depressive Disorder

C. Panic Disorder

D. Anxiety Disorders

The chosen answer, Other Specified Depressive Disorder, serves as a diagnosis for situations where an individual experiences significant depressive symptoms that lead to marked impairment in their daily functioning but does not fulfill the full criteria for any specific depressive disorder outlined in the DSM-5-TR. This diagnosis allows clinicians to recognize and document that an individual is experiencing considerable challenges related to depression, even when their symptoms do not fit neatly into predefined categories such as Major Depressive Disorder or Persistent Depressive Disorder. It acknowledges that the symptoms are clinically significant and warrant attention, thereby providing a tailored approach to treatment. In contrast, the other options do not fit this context. Selective Mutism relates to anxiety and is characterized by an inability to speak in specific social situations despite speaking in other situations, which is distinct from depressive features. Panic Disorder involves recurrent panic attacks and anxiety related to them, not primarily characterized by depressive symptoms. Lastly, Anxiety Disorders encompass a range of disorders primarily marked by excessive fear or anxiety rather than depressive symptoms. Therefore, Other Specified Depressive Disorder is specifically designed to capture the nuances of depressive experiences that do not meet full criteria for established disorders, thus affirming its correctness in this scenario.

8. What defines Hallucinogen Persisting Perception Disorder?

A. Reexperiencing perceptual symptoms after the effect of a hallucinogen has worn off

B. Complete loss of memory ability

C. Continuous hallucinations without any breaks

D. Severe depression following hallucinogen use

Hallucinogen Persisting Perception Disorder is characterized by the reexperiencing of perceptual symptoms that were initially induced by the use of hallucinogenic substances, even after the effects of the drug have subsided. This can include visual disturbances or other sensory alterations that occur after the individual has stopped using the hallucinogen. This condition can be distressing and disruptive to daily life, as the symptoms mirror those experienced during the intoxication phase but arise independently of further substance use. The other options do not accurately capture the essence of this disorder. A complete loss of memory ability is more aligned with cognitive disorders rather than the specific perceptual disturbances seen in Hallucinogen Persisting Perception Disorder. Continuous hallucinations without breaks suggests a persistent state of hallucination, which is not the nature of this disorder, as it involves episodic reexperiencing rather than ongoing hallucinations. Severe depression following hallucinogen use may occur in some individuals but does not define this disorder, which is specifically focused on the return of perceptual symptoms from past hallucinogen experiences.

9. The memory gaps experienced in Dissociative Identity Disorder are primarily related to:

- A. Social interactions and relationships**
- B. Personal information and daily events**
- C. General knowledge and historical facts**
- D. Dreams and aspirations**

The memory gaps experienced in Dissociative Identity Disorder (DID) are primarily related to personal information and daily events. Individuals with DID often have significant lapses in memory that involve their own experiences, including details about their life history, personal relationships, and daily activities. This dissociation occurs as a coping mechanism in response to trauma, where distinct identities can develop, each potentially having its own memories and ways of interacting with the world. In contrast, the other options pertain to areas that are not typically affected in the same way. While social interactions and relationships may be impacted by the identity shifts, they are not specifically characterized by the profound memory loss evident in DID. General knowledge and historical facts remain intact for individuals with DID; the memory gaps are more about personal experiences than factual knowledge. Likewise, dreams and aspirations, which are more related to an individual's goals and desires, do not typically manifest as memory gaps in the same manner as personal experiences do. Therefore, the most accurate portrayal of the memory gaps in DID relates to personal information and daily events.

10. Which condition is defined by marked clumsiness and slowness in motor skills execution?

- A. Developmental Coordination Disorder**
- B. Tic Disorders**
- C. Specific Learning Disorder**
- D. Stereotypic Movement Disorder**

Developmental Coordination Disorder (DCD) is characterized by marked difficulties in the development of motor skills, leading to substantial clumsiness and slowness in executing coordinated movements. Individuals with this condition often struggle with tasks that require fine and gross motor skills, such as writing, playing sports, or even simple activities like tying shoelaces. This disorder can impact daily functioning and is evident in multiple settings, such as at home and in school, making it crucial for diagnosis and intervention. Other conditions mentioned, such as Tic Disorders, typically involve involuntary movements or vocalizations, rather than overall motor skill execution deficits. Specific Learning Disorder primarily affects academic skills like reading and mathematics, rather than physical coordination. Stereotypic Movement Disorder is characterized by repetitive and non-functional motor movements, which do not align with the overall clumsiness or slowness described in DCD. Thus, Developmental Coordination Disorder stands out as the most accurate description of marked clumsiness and slowness in motor skill performance.

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://dsm5tr.examzify.com>

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

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