DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, FIFTH EDITION, TEXT REVISION (DSM-5-TR) 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

1. **What is a primary symptom of Gambling Disorder involving the need to increase gambling amounts?**
   - A. Restlessness when cutting down on gambling
   - B. Preoccupation with gambling
   - C. Gambling tolerance
   - D. Seeking financial help from others

2. **What symptom is associated with Prolonged Grief Disorder?**
   - A. Increased interest in daily activities
   - B. Feelings of emotional numbness
   - C. Desire for new relationships
   - D. Minimal thoughts about the deceased

3. **Which characteristic is often associated with paraphilic disorders?**
   - A. The absence of sexual fantasies
   - B. The presence of clinically significant distress
   - C. The lack of sexual arousal
   - D. The social acceptance of behavior

4. **Which specifier of Delirium is marked by a heightened level of energy and agitation?**
   - A. Hypoactive
   - B. Hyperactive
   - C. Mixed
   - D. Substance-induced

5. **In which disorder is there recurrent and compulsive hair pulling?**
   - A. Body Dysmorphic Disorder
   - B. Hoarding Disorder
   - C. Trichotillomania
   - D. Excoriation Disorder

6. Which of the following describes Other Specified Obsessive Compulsive or Related Disorder?

A. The presence of obsessions or compulsions causing significant distress

B. The inability to acquire needed items due to hoarding

C. Exaggerated emphasis on muscle appearance

D. Compulsive eating behavior leading to distress

7. What symptoms characterize Major or Mild NCD due to Parkinson's Disease?

A. Only cognitive decline without motor symptoms

B. Core motor features consistent with Parkinson's Disease

C. Multiple medical conditions with no clear diagnosis

D. Symptoms due to substance use

8. Which of the following describes Pedophilic Disorder?

A. Sexually arousing fantasies about adults

B. Sexually arousing behaviors involving prepubescent children

C. Recurrent arousal from nonliving objects

D. Arousal from the submission of another person

9. Other Specified Insomnia Disorder is defined by?

A. Severe sleep apnea symptoms

B. Clinically significant distress related to insomnia

C. Presence of vivid dreams and nightmares

D. Sleep problems without any significant distress

10. What distinguishes Factitious Disorder?

A. The individual genuinely suffers from physical symptoms

B. The symptoms are fabricated for external benefits

C. Symptoms are produced as a result of stress

D. Only psychological symptoms are present

Answers

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

Explanations

1. What is a primary symptom of Gambling Disorder involving the need to increase gambling amounts?

A. Restlessness when cutting down on gambling

B. Preoccupation with gambling

C. Gambling tolerance

D. Seeking financial help from others

The primary symptom of Gambling Disorder that pertains to the need to increase gambling amounts is tolerance. This concept refers to the escalating amount of money or time a person must invest in gambling to achieve the desired excitement or pleasure. Over time, individuals may find that what once satisfied them is no longer enough, prompting them to gamble larger sums or engage in gambling for longer periods. Tolerance showcases the progressive nature of Gambling Disorder, where an individual's relationship with gambling evolves, often leading to increased risks and potential negative impacts on various aspects of their life. This symptom highlights the need for clinicians to assess the severity and progression of an individual's gambling behavior, as it can inform treatment planning and intervention strategies. The other symptoms listed, while relevant to the experience of someone with Gambling Disorder, do not specifically address the concept of needing to increase the amounts gambled. For instance, restlessness when attempting to cut down on gambling or preoccupation with gambling reflects other aspects of the disorder, but these do not directly illustrate the relationship to increasing gambling amounts as tolerance does. Seeking financial help from others, although it may occur in the context of gambling issues, also does not capture the core feature of tolerance.

2. What symptom is associated with Prolonged Grief Disorder?

A. Increased interest in daily activities

B. Feelings of emotional numbness

C. Desire for new relationships

D. Minimal thoughts about the deceased

Prolonged Grief Disorder is characterized by severe and persistent grief that lasts longer than what is considered culturally or situationally appropriate following the death of a loved one. One of the hallmark symptoms of this disorder is the experience of emotional numbness. Individuals may feel disconnected from their feelings, struggles to experience positive emotions, and exhibit a pervasive sense of emptiness or sorrow that does not seem to improve over time. This symptom stands in contrast to a healthy grieving process, where although sadness is experienced, individuals can still find moments of joy and engagement with life. In Prolonged Grief Disorder, the emotional numbness can significantly hinder one's ability to engage with daily living, leading to complications in various aspects of life. It's important to recognize this symptom's role in distinguishing Prolonged Grief Disorder from other forms of coping with loss, highlighting the disorder's impact on an individual's emotional and psychological well-being.

3. Which characteristic is often associated with paraphilic disorders?

A. The absence of sexual fantasies

B. The presence of clinically significant distress

C. The lack of sexual arousal

D. The social acceptance of behavior

The presence of clinically significant distress is a defining characteristic of paraphilic disorders as outlined in the DSM-5-TR. Paraphilic disorders are diagnosed when the sexual fantasies, sexual urges, or behaviors associated with atypical sexual interests lead to distress or impairment in social, occupational, or other important areas of functioning. This distress can manifest in various ways, such as anxiety, guilt, or feelings of isolation resulting from the individual's sexual interests. In contrast, the absence of sexual fantasies would not typically be related to paraphilic disorders, as these disorders are directly tied to the presence of such fantasies or urges. A lack of sexual arousal is also contrary to the nature of paraphilic disorders, which fundamentally involve a deviation from normative sexual interests that still elicits arousal. Lastly, social acceptance of behavior is not a characteristic of paraphilic disorders; many of the behaviors in this category are socially stigmatized and not accepted, highlighting the distress experienced by individuals who engage in them.

4. Which specifier of Delirium is marked by a heightened level of energy and agitation?

A. Hypoactive

B. Hyperactive

C. Mixed

D. Substance-induced

The correct choice, which indicates a heightened level of energy and agitation in the context of delirium, is hyperactive. Individuals experiencing hyperactive delirium often display increased motor activity, restlessness, and may engage in behaviors that reflect agitation. This state is characterized by a surge in activity levels, which can include fidgeting, excessive talking, or other forms of physical movement that are more pronounced than what is typical in other forms of delirium. On the other hand, hypoactive delirium is characterized by decreased motor activity, lethargy, and apathy, and does not align with the symptoms described in the question. The mixed specifier refers to episodes that fluctuate between hyperactive and hypoactive states, lacking a consistent pattern of agitation, while the substance-induced specifier highlights delirium resulting from intoxication or withdrawal from substances, without specifically addressing levels of energy or agitation. Thus, the defining trait of hyperactive delirium makes it the appropriate selection in this scenario.

5. In which disorder is there recurrent and compulsive hair pulling?

A. Body Dysmorphic Disorder

B. Hoarding Disorder

C. Trichotillomania

D. Excoriation Disorder

Trichotillomania is characterized by the recurrent and compulsive pulling out of one's hair, leading to noticeable hair loss. This behavior often serves as a way for individuals to relieve tension or anxiety, and it can occur in response to stress or as a means of self-soothing. Those affected may pull hair from various areas, including the scalp, eyebrows, and eyelashes. The condition is categorized under the obsessive-compulsive and related disorders in the DSM-5-TR, emphasizing the compulsive nature of the hair-pulling behavior. In contrast, Body Dysmorphic Disorder involves a preoccupation with perceived flaws in physical appearance, leading to compulsive behaviors aimed at fixing or hiding those perceived defects. Hoarding Disorder is characterized by persistent difficulty discarding possessions, leading to clutter and impairment in functioning, while Excoriation Disorder involves recurrent skin picking that results in visible damage to the skin. Each of these disorders has distinct symptoms and behaviors that differentiate them from Trichotillomania.

6. Which of the following describes Other Specified Obsessive Compulsive or Related Disorder?

A. The presence of obsessions or compulsions causing significant distress

B. The inability to acquire needed items due to hoarding

C. Exaggerated emphasis on muscle appearance

D. Compulsive eating behavior leading to distress

The description of Other Specified Obsessive Compulsive or Related Disorder fits well with the presence of obsessions or compulsions that cause significant distress. This category is designed for cases that do not fully meet the criteria for a specific obsessive-compulsive disorder (OCD) or related disorder but still have notable obsessive or compulsive features. It recognizes that individuals may experience distressing thoughts or engage in rituals that impact their functioning even if their symptoms do not align precisely with other diagnosed disorders. This option emphasizes the core aspects of obsessive-compulsive disorders, which involve repetitive thoughts (obsessions) and/or behaviors (compulsions) that are time-consuming and distressing to the individual. The focus on significant distress is crucial, as it highlights the disorder's impact on the individual's life, which is a central component of the diagnosis in the DSM-5-TR framework. Other options, while related to compulsive or related behaviors, primarily refer to distinct conditions: hoarding, body dysmorphic disorder, and specific eating disorders, which fall under different diagnostic criteria. Each of these conditions has specific features and definitions, distinguishing them from the broader category of Other Specified Obsessive Compulsive or Related Disorder.

7. What symptoms characterize Major or Mild NCD due to Parkinson's Disease?

A. Only cognitive decline without motor symptoms

B. Core motor features consistent with Parkinson's Disease

C. Multiple medical conditions with no clear diagnosis

D. Symptoms due to substance use

The correct answer highlights that Major or Mild Neurocognitive Disorder (NCD) due to Parkinson's Disease is characterized by core motor features consistent with Parkinson's Disease itself. This diagnosis is grounded in the understanding that Parkinson's Disease is primarily recognized for its motor manifestations, which include bradykinesia, rigidity, and tremors. These motor symptoms are not just incidental but serve as a crucial diagnostic criterion when considering the neurocognitive aspects of the disorder. In the context of NCD, patients often exhibit cognitive decline as it relates to the underlying neurodegenerative process associated with Parkinson's Disease. As the disease progresses, cognitive symptoms may arise alongside the hallmark motor symptoms, making it essential to acknowledge the connection between the two. Recognizing both sets of symptoms enables clinicians to provide a comprehensive diagnosis and management plan. The other options do not encompass the full spectrum of symptoms relevant to this diagnosis. Major or Mild NCD due to Parkinson's involves both cognitive and motor symptoms rather than only cognitive decline or symptoms unrelated to Parkinson's. It is also not characterized by multiple unconnected medical conditions or solely by symptoms stemming from substance use.

8. Which of the following describes Pedophilic Disorder?

A. Sexually arousing fantasies about adults

B. Sexually arousing behaviors involving prepubescent children

C. Recurrent arousal from nonliving objects

D. Arousal from the submission of another person

Pedophilic Disorder is characterized specifically by recurrent and intense sexual fantasies, sexual urges, or behaviors that involve sexual activity with prepubescent children, typically aged 13 years or younger. The key element of this disorder is that the individual experiences arousal that is focused on children rather than adults or other forms of sexual stimuli. This distinguishing factor separates it from other paraphilic disorders. In the context of the available choices, the focus on prepubescent children aligns perfectly with the diagnostic criteria set forth in the DSM-5-TR. This definition is critical for understanding the nature of the disorder, its diagnosis, and the treatment considerations for individuals diagnosed with Pedophilic Disorder. The other options describe different concepts. The first choice pertains to adult fantasies, which do not align with the hallmark features of Pedophilic Disorder. The third choice deals with fetishistic behaviors, arousing from non-living objects, which is defined separately as a fetishistic disorder. The fourth choice relates to sexual masochism, where the arousal comes from the submission of another person, which is also outside the scope of Pedophilic Disorder. These distinctions are vital for accurate diagnosis and understanding of various sexual disorders.

9. Other Specified Insomnia Disorder is defined by?

A. Severe sleep apnea symptoms

B. Clinically significant distress related to insomnia

C. Presence of vivid dreams and nightmares

D. Sleep problems without any significant distress

Other Specified Insomnia Disorder is characterized by clinically significant distress or impairment in social, occupational, or other important areas of functioning specifically related to insomnia. This means that the individual's sleep difficulties are impacting their daily life, leading to considerable distress, even if the insomnia does not fully meet the criteria for a specific insomnia disorder. This distinction is crucial in understanding the diagnosis, as it emphasizes the presence of distress as a core feature of this particular insomnia disorder. The focus is on how the individual's symptoms affect their daily life, indicating that the individual is experiencing significant problems despite those symptoms not fitting neatly into the more defined categories of insomnia disorders. In this context, other options don't align with the defining aspects of Other Specified Insomnia Disorder, either because they point to different conditions or do not express the critical factor of clinically significant distress that drives the diagnosis.

10. What distinguishes Factitious Disorder?

A. The individual genuinely suffers from physical symptoms

B. The symptoms are fabricated for external benefits

C. Symptoms are produced as a result of stress

D. Only psychological symptoms are present

Factitious Disorder is characterized by the intentional production or feigning of physical or psychological symptoms in order to assume the sick role. Individuals with this disorder are aware that they are fabricating their symptoms, but they do so without any apparent external incentives such as financial gain or avoidance of legal responsibility. Instead, their primary motivation is to receive medical attention and emotional support, similar to what is offered to a patient who is genuinely ill. The distinction here lies in the fact that the motivations behind their symptoms are internal rather than external, which differentiates Factitious Disorder from other disorders where symptoms are fabricated for clear external rewards. Understanding this core aspect highlights why the fabrication of symptoms occurs in the absence of tangible benefits, which is the essence of the disorder.

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:

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