

Somatic Symptom and Related Disorders Practice Test (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

- 1. Which statement best distinguishes Factitious Disorder from Malingering?**
 - A. Factitious Disorder is driven by external incentives; Malingering by internal need to assume the sick role.**
 - B. Both are primarily unconscious.**
 - C. Factitious Disorder is external incentives; Malingering internal.**
 - D. Factitious Disorder is driven by an internal psychological need to assume the sick role; Malingering is driven by external incentives.**

- 2. If there is definite evidence for pretending, which diagnosis should be considered instead?**
 - A. Somatic Symptom Disorder**
 - B. Factitious Disorder or Malingering**
 - C. Illness Anxiety Disorder**
 - D. Conversion Disorder**

- 3. Somatic symptoms without an evident medical explanation are not sufficient to diagnose Somatic Symptom Disorder. True or False?**
 - A. True**
 - B. False**
 - C. Sometimes**
 - D. Cannot be determined**

- 4. The element required for PFAMC is that the psychological factor has a clinically significant effect on the medical condition's course or outcome and the effect is evident.**
 - A. Evident and have significant effects on course or outcome**
 - B. Theoretical and uncertain**
 - C. Present but mild with no effect on course**
 - D. Limited to pediatric cases**

- 5. Functional Neurological Symptom Disorder often presents with variability in symptoms and inconsistent examination findings. What is the clinical implication of this pattern?**
- A. Symptoms often vary with distraction or are inconsistent with anatomical pathways; this variability supports FNSD.**
 - B. Symptoms are always consistent with neurologic disease.**
 - C. Symptoms never vary.**
 - D. Signs are always objective.**
- 6. What is the typical gender distribution for FND and SSD?**
- A. Higher in females; though can occur in males.**
 - B. Evenly distributed across genders.**
 - C. Higher in males.**
 - D. Occurs only in females.**
- 7. How does correlation with neuroanatomy assist in evaluating somatic symptoms?**
- A. It is never used in assessment.**
 - B. It helps determine whether a symptom aligns with known neuroanatomical pathways.**
 - C. It replaces the need for neurologic examination.**
 - D. It confirms all symptoms are psychosomatic.**
- 8. Illness Anxiety Disorder is associated with increased risk for which disorders?**
- A. Somatic Symptom Disorder and Personality Disorder**
 - B. Major Depressive Disorder and Panic Disorder**
 - C. Substance Use Disorders and ADHD**
 - D. Autism Spectrum Disorder and Social Anxiety Disorder**
- 9. Illness Anxiety Disorder is typically described as chronic and relapsing with onset in early to middle adulthood.**
- A. True**
 - B. False**
 - C. Early to middle adulthood**
 - D. Late adulthood**

10. True or False: The diagnosis of conversion disorder requires that the symptoms be explained by neurological disease.

- A. True**
- B. False**
- C. Not enough information**
- D. Both true and false**

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Answers

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

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Explanations

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1. Which statement best distinguishes Factitious Disorder from Malingering?

- A. Factitious Disorder is driven by external incentives; Malingering by internal need to assume the sick role.
- B. Both are primarily unconscious.
- C. Factitious Disorder is external incentives; Malingering internal.
- D. Factitious Disorder is driven by an internal psychological need to assume the sick role; Malingering is driven by external incentives.**

The main idea this item tests is motivation behind feigned illness. The best statement captures that Factitious Disorder involves an internal psychological drive to assume the sick role—people fake symptoms to be cared for and to obtain medical attention, not for external rewards. In contrast, Malingering is driven by external incentives—there are tangible benefits like avoiding work, getting drugs, or securing financial compensation, so the deception is aimed at a concrete outside goal. Keeping the distinction clear between internal, need-for-care motives and external, payoff motives is what distinguishes the two disorders.

2. If there is definite evidence for pretending, which diagnosis should be considered instead?

- A. Somatic Symptom Disorder
- B. Factitious Disorder or Malingering**
- C. Illness Anxiety Disorder
- D. Conversion Disorder

Definite deception about symptoms points to a problem where someone is intentionally feigning or producing illness for a motive. The best-match concept here is Factitious Disorder or Malingering, because both involve deliberate falsification or exaggeration of symptoms. The key difference is motivation: factitious disorder is driven by an internal need to assume the sick role, while malingering is driven by external incentives such as financial gain, avoiding work, or obtaining drugs. This is why other options don't fit: Somatic Symptom Disorder and Illness Anxiety Disorder center on real symptoms or preoccupation without intentional deception; the distress or worry is not based on purposely feigning illness. Conversion Disorder involves neurological symptoms that are not intentionally produced or feigned; the symptoms are not under voluntary control.

3. Somatic symptoms without an evident medical explanation are not sufficient to diagnose Somatic Symptom Disorder. True or False?

A. True

B. False

C. Sometimes

D. Cannot be determined

In Somatic Symptom Disorder, the key is the way a person responds to somatic symptoms, not just whether a medical explanation is found. The disorder requires one or more somatic symptoms plus disproportionate thoughts about their seriousness, persistent high anxiety about health, and/or excessive time and energy devoted to the symptoms. Importantly, these criteria can apply even if the symptoms have a medical explanation, or if no clear explanation is found. So simply having somatic symptoms without a medical cause by itself is not enough to diagnose SSD; there must be that maladaptive cognitive-behavioral response to the symptoms. For example, chronic pain that is accompanied by persistent, excessive worry and frequent doctor visits would meet SSD, whereas pain with no such preoccupation would not.

4. The element required for PFAMC is that the psychological factor has a clinically significant effect on the medical condition's course or outcome and the effect is evident.

A. Evident and have significant effects on course or outcome

B. Theoretical and uncertain

C. Present but mild with no effect on course

D. Limited to pediatric cases

The key idea is that a psychological factor must actually influence the medical condition in a clinically meaningful way, and that influence must be observable by the clinician. For PFAMC, the psychological factor has to have a clinically significant effect on the course or outcome of the medical condition, and this effect must be evident. That's why the best choice specifies both an evident influence and a significant impact on the course or outcome. The other options don't fit because a theoretical or uncertain link isn't enough to show real, observed impact; a factor present but with only mild or no effect on the course isn't clinically significant; and restricting to pediatric cases ignores that PFAMC can apply across different age groups.

5. Functional Neurological Symptom Disorder often presents with variability in symptoms and inconsistent examination findings. What is the clinical implication of this pattern?

A. Symptoms often vary with distraction or are inconsistent with anatomical pathways; this variability supports FNSD.

B. Symptoms are always consistent with neurologic disease.

C. Symptoms never vary.

D. Signs are always objective.

When symptoms vary and examination findings are inconsistent, it points to a functional neurological pattern rather than a true neuroanatomical lesion. In Functional Neurological Symptom Disorder, symptoms can wax and wane and do not map to known pathways, and they often shift with distraction or attention. This variability is a diagnostic clue that the problem is psychogenic rather than structural, guiding the clinician to approach testing and management differently—validate the patient, avoid unnecessary, potentially harmful tests or procedures, and focus on restoring function through rehabilitative and psychological strategies. Signs may include nonanatomical sensory patterns, motor weakness that changes with distraction, or tremor that disappears when attention is directed elsewhere, all of which support a functional origin. The goal is to acknowledge the symptoms as real and distressing while addressing underlying factors with a multidisciplinary plan (neurology, psychiatry/psychology, and rehab).

6. What is the typical gender distribution for FND and SSD?

A. Higher in females; though can occur in males.

B. Evenly distributed across genders.

C. Higher in males.

D. Occurs only in females.

The main idea here is that both functional neurological disorder (FND) and somatic symptom disorder (SSD) show a clear female predominance in typical clinical samples and research, though they can occur in men. In FND, most studies find a higher proportion of women—often roughly two-thirds to four-fifths of cases—while men are present but less common. For SSD, the pattern is similar, with women affected more frequently, commonly around a 2:1 female-to-male ratio, though exact figures vary by study and population. The higher female distribution likely reflects a mix of sociocultural factors, patterns of help-seeking, and potential reporting biases rather than a simple biological rule. So, the statement that these disorders are higher in females, though they can occur in males, best matches the typical distribution. The other options—equal distribution, higher in males, or occurring only in females—do not fit the common evidence.

7. How does correlation with neuroanatomy assist in evaluating somatic symptoms?

- A. It is never used in assessment.**
- B. It helps determine whether a symptom aligns with known neuroanatomical pathways.**
- C. It replaces the need for neurologic examination.**
- D. It confirms all symptoms are psychosomatic.**

Understanding neuroanatomical plausibility is essential when evaluating somatic symptoms. Clinicians use knowledge of how nerves and brain regions produce specific sensory and motor patterns to judge whether a presenting symptom could arise from a known neuroanatomical pathway. If the symptom distribution matches what a lesion in a particular pathway would produce—for example, sensory loss that follows a dermatomal pattern or motor weakness aligned with a specific nerve or tract—it suggests an organic basis and guides appropriate testing. If the pattern is inconsistent with anatomy—such as non-dermatomal sensory loss or weakness that doesn't respect known pathways—it raises suspicion for a functional or psychogenic process, prompting different management. This approach complements, rather than replaces, a thorough neurologic examination and does not classify all symptoms as psychosomatic or rule them in without further workup.

8. Illness Anxiety Disorder is associated with increased risk for which disorders?

- A. Somatic Symptom Disorder and Personality Disorder**
- B. Major Depressive Disorder and Panic Disorder**
- C. Substance Use Disorders and ADHD**
- D. Autism Spectrum Disorder and Social Anxiety Disorder**

Illness Anxiety Disorder is defined by a preoccupation with having or acquiring a serious illness, with high health anxiety and excessive health-related behaviors, even when somatic symptoms are mild or not present. This focus on health concerns often goes hand in hand with other conditions that share similar patterns of worry about bodily states and the impact on functioning. Somatic Symptom Disorder is a natural comorbidity because both conditions revolve around distress and maladaptive beliefs about bodily symptoms. Even if actual symptoms aren't severe, the excessive thoughts, feelings, and behaviors about health found in Somatic Symptom Disorder align with the health-anxiety core of Illness Anxiety Disorder, making co-occurrence common. Personality Disorders can also be more prevalent in individuals with chronic health anxiety. Long-standing patterns of thinking and behavior—such as heightened need for reassurance, intolerance of uncertainty, and a tendency toward catastrophizing about health—can contribute to persistent illness-focused worry and complicate management, increasing the likelihood of a comorbid personality pathology. While depressive and panic disorders, and other conditions listed in the other options, can occur in someone with Illness Anxiety Disorder, the strongest and most characteristic comorbidity pattern involves Somatic Symptom Disorder and Personality Disorder.

9. Illness Anxiety Disorder is typically described as chronic and relapsing with onset in early to middle adulthood.

A. True

B. False

C. Early to middle adulthood

D. Late adulthood

Illness Anxiety Disorder most often begins in early adulthood and can have a chronic, relapsing course over time. The aspect clinicians emphasize is the typical window of onset, which is early to middle adulthood. Describing onset as "Early to middle adulthood" directly reflects this common timing, making it the best descriptor for when the condition tends to start. Late adulthood is less typical for onset, and focusing on the onset window provides the most precise answer about when this disorder usually first appears.

10. True or False: The diagnosis of conversion disorder requires that the symptoms be explained by neurological disease.

A. True

B. False

C. Not enough information

D. Both true and false

The main idea is that conversion disorder (functional neurological symptom disorder) involves neurological-type symptoms that cannot be explained by any neurological or medical disease. Clinicians look for symptoms that are incompatible with neurology and for no medical condition that fully accounts for them. If a clear neurological disease explains the symptoms, it wouldn't be labeled conversion disorder. So the diagnosis does not require that the symptoms be explained by a neurological disease; it's diagnosed precisely when there is no adequate neurological explanation. This is why the statement is false.

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://somaticsymptomreldisorders.examzify.com>

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