

SOMATIC SYMPTOM AND RELATED DISORDERS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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<https://somaticsymptomreldisorders.examzify.com>



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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. Sensory symptoms in conversion disorder include which of the following?**
 - A. Memory loss
 - B. Altered skin sensation, vision, or hearing
 - C. Seizures
 - D. Gait abnormalities
- 2. What are ethical and legal considerations when diagnosing Factitious Disorder?**
 - A. Avoid stigma, protect patient safety, consider safeguarding if abuse is suspected, and document carefully
 - B. Use confrontational questioning to verify deception
 - C. Ignore safeguarding concerns
 - D. Rely on patient testimony
- 3. 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
- 4. Non-epileptic attacks in conversion disorder peak in which decade of life?**
 - A. 1st decade
 - B. 2nd decade
 - C. 3rd decade
 - D. 4th decade
- 5. 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

- 6. True or False: The prevalence of Illness Anxiety Disorder is similar in males and females.**
- A. True
 - B. False
 - C. More common in males
 - D. More common 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. Which nonverbal sign is most consistent with Functional Neurological Symptom Disorder?**
- A. Consistent exam findings that map to neuroanatomy
 - B. Absence of variability during testing
 - C. Inconsistent exam findings, non-anatomical distribution, variability with distraction; la belle indifference
 - D. Clear objective signs on imaging
- 9. What kind of change on the SSD-12 indicates treatment response?**
- A. An increase in symptom frequency.
 - B. No change in severity.
 - C. Decrease in reported severity and impact over time.
 - D. Improved laboratory results.
- 10. Which term best describes intentional symptom fabrication not listed as a DSM diagnosis?**
- A. Illness Anxiety Disorder
 - B. Somatic Symptom Disorder
 - C. Malingering
 - D. Factitious Disorder

Answers

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

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Explanations

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1. Sensory symptoms in conversion disorder include which of the following?

- A. Memory loss
- B. Altered skin sensation, vision, or hearing**
- C. Seizures
- D. Gait abnormalities

In conversion disorder, sensory deficits are a key feature when symptoms affect perception without an organic medical cause. These sensory manifestations often involve altered skin sensation, vision, or hearing, meaning the person experiences numbness, tingling, blindness, or deafness that cannot be traced to a neurological lesion and does not follow known neuroanatomical patterns. Importantly, these symptoms are not intentionally produced and don't reflect a conscious fabrication. Memory loss is a dissociative phenomenon rather than a sensory deficit. Seizures described in this context are non-epileptic events and are motor rather than purely sensory. Gait abnormalities are motor signs. Therefore, the sensory option—altered skin sensation, vision, or hearing—is the best fit for what conversion disorder can present in terms of sensory symptoms.

2. What are ethical and legal considerations when diagnosing Factitious Disorder?

- A. Avoid stigma, protect patient safety, consider safeguarding if abuse is suspected, and document carefully**
- B. Use confrontational questioning to verify deception
- C. Ignore safeguarding concerns
- D. Rely on patient testimony

The ethical and legal management of suspected Factitious Disorder focuses on compassionate care while protecting safety and meeting safeguarding duties. The best approach emphasizes avoiding stigma, treating the patient with respect, and carefully documenting all findings, uncertainties, and the care plan. It also requires considering safeguarding if there is any concern of abuse or harm to a vulnerable person, which may trigger mandatory reporting or protective actions under the law. This foundation supports a nonjudgmental, collaborative assessment that prioritizes patient safety, accurate diagnosis, and appropriate multidisciplinary involvement. Confrontational questioning to verify deception tends to damage trust, can escalate distress, and is not an effective or ethical way to confirm the diagnosis. Ignoring safeguarding concerns is unethical and often illegal, as clinicians have a duty to protect vulnerable individuals when abuse or neglect is suspected. Relying on patient testimony alone is unreliable in Factitious Disorder because patients may intentionally misrepresent or falsify symptoms; diagnosis and management require corroborating information, collateral data, and objective findings, with attention to safety and appropriate referrals.

3. 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.

4. Non-epileptic attacks in conversion disorder peak in which decade of life?

- A. 1st decade
- B. 2nd decade
- C. 3rd decade**
- D. 4th decade

Non-epileptic attacks in conversion disorder most often begin in young adulthood. The pattern seen in clinical data shows the highest frequency of onset during the 20s, which is the third decade of life (roughly ages 20–29). This reflects how functional neurological symptoms frequently emerge during periods of psychosocial stress in early adulthood. While such symptoms can appear at other ages, the peak is in the 20s, making that the best answer. Remember these episodes mimic seizures but are not due to epilepsy.

5. 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.

6. True or False: The prevalence of Illness Anxiety Disorder is similar in males and females.

- A. True**
- B. False
- C. More common in males
- D. More common in females

Illness Anxiety Disorder involves a persistent preoccupation with having or acquiring a serious illness, often with high health anxiety and excessive health-related behaviors, despite minimal or no somatic symptoms. When studying how common this condition is across genders, the data show no strong difference between men and women. Large epidemiological studies in general populations find similar prevalence rates for Illness Anxiety Disorder in males and females, with only minor or inconsistent differences in some samples. That's why the statement is true: it's similar in both sexes. Note that actual help-seeking patterns can vary by gender, which can influence who ends up in clinical samples, but in the general population the rates are roughly alike.

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. Which nonverbal sign is most consistent with Functional Neurological Symptom Disorder?

- A. Consistent exam findings that map to neuroanatomy
- B. Absence of variability during testing
- C. Inconsistent exam findings, non-anatomical distribution, variability with distraction; la belle indifférence**
- D. Clear objective signs on imaging

Functional Neurological Symptom Disorder shows neurologic symptoms that are real to the patient but not explained by a recognizable neurological disease, and the exam often reveals nonveridical, non-anatomical signs that fluctuate with distraction. The best nonverbal clue is an examination where the signs don't fit neuroanatomy and vary with attention or testing—sometimes described as inconsistency on exam, non-dermatomal or non-neuroanatomical spread of symptoms, and even a lack of distress about the symptoms (la belle indifférence). These patterns distinguish FND from true organic neurologic conditions, which typically produce consistent, anatomically coherent findings and may be supported by objective imaging.

9. What kind of change on the SSD-12 indicates treatment response?

- A. An increase in symptom frequency.
- B. No change in severity.
- C. Decrease in reported severity and impact over time.**
- D. Improved laboratory results.

The main idea is that treatment response on the SSD-12 shows up as a drop in the patient's own report of somatic symptom burden over time. The SSD-12 measures how severe the somatic symptoms feel and how much they impact daily life, so a decrease in reported severity and its functional impact indicates improvement with treatment. Worsening would be shown by increased symptom frequency, no change would mean little to no response, and improved lab results don't capture the subjective distress these symptoms cause, which is what the SSD-12 tracks.

10. Which term best describes intentional symptom fabrication not listed as a DSM diagnosis?

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

The main idea here is distinguishing intentional fabrication of symptoms for an external goal from other somatic-related presentations. The term that best fits intentional symptom fabrication for an external incentive—and which is not itself a DSM diagnosis—is malingering. It describes consciously feigning or fabricating symptoms to gain something outside of medical treatment, such as avoiding work, obtaining financial compensation, or evading legal or military duties. This differs from somatic symptom disorder, where the person genuinely experiences distressing symptoms and related thoughts and behaviors, not deliberate fabrication. It also differs from illness anxiety disorder, where the concern is about having or acquiring a serious illness with little to no actual somatic symptoms. Factitious disorder involves intentional production or feigning of symptoms to assume the sick role, but the motivation is internal (psychological need to be seen as ill), not external gain, and it is itself a DSM-defined condition.

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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!

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