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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Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 15

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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.

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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!

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Questions

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1. Which is true of a hypomanic episode?

A. It causes marked impairment in functioning

B. It lasts for over 4 days

C. It must always include depressive symptoms

D. It requires hospitalization

2. What characterizes a delusion of grandeur?

A. A belief in persecution

B. A belief in one's importance or power

C. A belief in external control over one's actions

D. A belief that one is receiving special messages

3. Which statement is true regarding Major Depressive Disorder with Atypical Features?

A. Includes severe anhedonia

B. Focuses more on physical health symptoms

C. Features mood reactivity and increased sleep

D. Is characterized by psychotic symptoms

4. Individuals with Conduct Disorder and Childhood-Onset subtype are typically characterized by which age?

A. Under 10 years

B. Between 10 and 15 years

C. Over 15 years

D. Over 18 years

5. In Body Dysmorphic Disorder, what is indicated by "muscle dysphoria"?

A. Belief that one's body is too thin

B. Belief that one's body is too small or insufficiently muscular

C. Belief in an inability to perform physical activities

D. Belief that one is unattractive to others

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6. What does "word salad" refer to in the context of disorganized speech?

A. A coherent sentence structure

B. Random words thrown together without meaningful connections

C. A well-structured discussing style

D. A tool for creative writing

7. What can be a result of Obstructive Sleep Apnea Hypopnea?

A. Difficulty initiating sleep

B. Episodes of breathing cessation at night

C. Excessive sleepiness throughout the day

D. B and C only

8. What is a prominent trait of Narcissistic Personality Disorder?

A. Lack of concern for personal appearance

B. Grandiose sense of self-importance and entitlement

C. Desire to avoid attention at all costs

D. Strong empathy towards others

9. In Schizoaffective disorder, the active phase of schizophrenia is concurrent with what other episode?

A. Major depressive episode or manic episode

B. Obsessive-compulsive episode

C. Psychotic episode without mood symptoms

D. Anxiety disorder episode

10. Which symptom is a characteristic of manic episodes?

A. Persistent low mood

B. Sleep disturbances

C. Increased goal-directed activity

D. Loss of appetite

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Answers

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

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Explanations

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1. Which is true of a hypomanic episode?

A. It causes marked impairment in functioning

B. It lasts for over 4 days

C. It must always include depressive symptoms

D. It requires hospitalization

A hypomanic episode is characterized by a distinct period of persistently elevated, expansive, or irritable mood and increased goal-directed activity or energy lasting at least four consecutive days. This duration aligns with the criteria set forth in the DSM-5, highlighting the time commitment necessary for diagnosing a hypomanic episode. In contrast, a key feature of hypomania is that it does not typically cause marked impairment in social or occupational functioning, which distinguishes it from a manic episode. The absence of a requirement for hospitalization also sets it apart, as hypomanic episodes can frequently be managed without intensive treatment, unlike severe mood episodes that may necessitate such intervention. Additionally, while some individuals may experience depressive symptoms, these are not required for a hypomanic diagnosis. Therefore, the criteria focus on the duration and characteristics of the mood episode itself.

2. What characterizes a delusion of grandeur?

A. A belief in persecution

B. A belief in one's importance or power

C. A belief in external control over one's actions

D. A belief that one is receiving special messages

A delusion of grandeur is characterized by a belief in one's importance, power, or abilities that are significantly exaggerated. Individuals experiencing this type of delusion may see themselves as possessing extraordinary capabilities or as having a special status, such as believing they are famous, have divine qualities, or are destined to achieve great things. This belief is not supported by evidence and often reflects a disconnect from reality. The other options refer to different forms of delusions. A belief in persecution pertains to paranoid delusions, where individuals believe they are being targeted or harassed. The belief in external control over one's actions relates to delusions of control, suggesting that an outside force is manipulating their behavior. Lastly, the belief that one is receiving special messages describes a different type of delusion, often associated with grandiosity but instead focusing on the belief in being the recipient of specific and often significant communications from the universe or a higher power.

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3. Which statement is true regarding Major Depressive Disorder with Atypical Features?

A. Includes severe anhedonia

B. Focuses more on physical health symptoms

C. Features mood reactivity and increased sleep

D. Is characterized by psychotic symptoms

The statement regarding Major Depressive Disorder with Atypical Features emphasizes mood reactivity and increased sleep, which are defining characteristics of this subtype of depression. Individuals with Major Depressive Disorder with Atypical Features often exhibit a greater sensitivity to interpersonal relationships, which is reflected in the mood reactivity—meaning their mood can improve in response to positive events, contrasting the more pervasive and persistent depressive symptoms seen in other forms of depression. Increased sleep, or hypersomnia, is also a notable feature, where affected individuals may experience excessive sleeping instead of insomnia, which is more common in other depressive disorders. This combination of mood reactivity and increased sleep helps differentiate Atypical Features from the more traditional presentation of Major Depressive Disorder. While anhedonia (the inability to experience pleasure) is a common symptom of Major Depressive Disorder, in the atypical variant, it is not necessarily "severe"; individuals might still find enjoyment in certain activities, particularly if their mood has temporarily lifted due to external factors. The focus on physical health symptoms does not specifically pertain to this subtype, as it is more centrally concerned with mood and behavior. Finally, psychotic symptoms are not a characteristic of Major Depressive Disorder with Atypical Features; rather

4. Individuals with Conduct Disorder and Childhood-Onset subtype are typically characterized by which age?

A. Under 10 years

B. Between 10 and 15 years

C. Over 15 years

D. Over 18 years

Individuals with Conduct Disorder, specifically the Childhood-Onset subtype, are indeed typically characterized by behaviors that emerge before the age of 10. This subtype is marked by the display of more severe behavioral issues, including aggression towards people and animals, destruction of property, deceitfulness or theft, and serious violations of rules. The early onset is significant as it may indicate a more persistent and severe course of the disorder compared to those with an Adolescent-Onset subtype, where symptoms usually appear after the age of 10. Recognizing the age of onset is crucial for diagnosis and can help guide treatment options and interventions aimed at addressing the behavioral issues effectively.

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5. In Body Dysmorphic Disorder, what is indicated by "muscle dysphoria"?

A. Belief that one's body is too thin

B. Belief that one's body is too small or insufficiently muscular

C. Belief in an inability to perform physical activities

D. Belief that one is unattractive to others

Muscle dysphoria in the context of Body Dysmorphic Disorder specifically refers to an individual's belief that their body is too small or lacks sufficient muscle mass. This manifestation highlights the concern over one's perceived muscle size and overall physical strength, which can lead to significant distress and preoccupation with these thoughts. Individuals with this form of dysphoria may engage in excessive exercise or take supplements in an attempt to improve their physique, reflecting their distorted perception of body image. This condition falls under the broader category of Body Dysmorphic Disorder, where individuals focus intensely on perceived flaws in their appearance, but in the case of muscle dysphoria, it specifically centers on muscularity and body size rather than other aspects of physical appearance. The other options address different aspects of body perception, but they do not capture the specific preoccupation with muscle size and development that characterizes muscle dysphoria.

6. What does "word salad" refer to in the context of disorganized speech?

A. A coherent sentence structure

B. Random words thrown together without meaningful connections

C. A well-structured discussing style

D. A tool for creative writing

"Word salad" refers to a type of disorganized speech characterized by the jumbling together of random words and phrases in a way that lacks meaningful connections. This phenomenon often occurs in individuals with certain psychiatric disorders, such as schizophrenia, where their thought processes can be so disorganized that their speech becomes difficult to understand. The speaker may string together words that are unrelated or nonsensical, making it challenging for listeners to follow a coherent narrative or grasp the intended message. The concept captures both the literal confusion of language and the underlying disordered thinking that affects the person's ability to communicate clearly. This term is used clinically to describe speech that is not just disorganized but also severely lacking in logical coherence, demonstrating a significant impact on communication.

7. What can be a result of Obstructive Sleep Apnea Hypopnea?

A. Difficulty initiating sleep

B. Episodes of breathing cessation at night

C. Excessive sleepiness throughout the day

D. B and C only

Obstructive Sleep Apnea Hypopnea is characterized by repeated episodes of partial or complete blockage of the airway during sleep, leading to a significant decrease in airflow. This condition can result in episodes of breathing cessation at night, known as apneas, as well as hypopneas, which are partial blockages resulting in reduced breathing. These episodes disrupt normal sleep patterns and are often associated with significant daytime consequences. One of the major outcomes of these disruptions is excessive sleepiness during the day. Because individuals with this condition frequently awaken during the night due to breathing difficulties, they do not achieve restful sleep. This leads to excessive daytime sleepiness, as the body's need for restorative sleep is not met. In summary, the combination of nightly episodes of breathing cessation (apneas) and excessive sleepiness during the day are both hallmark features of Obstructive Sleep Apnea Hypopnea, making the correct response an understanding of how these symptoms interrelate with the disorder.

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8. What is a prominent trait of Narcissistic Personality Disorder?

A. Lack of concern for personal appearance

B. Grandiose sense of self-importance and entitlement

C. Desire to avoid attention at all costs

D. Strong empathy towards others

A prominent trait of Narcissistic Personality Disorder is characterized by a grandiose sense of self-importance and entitlement. Individuals with this disorder often hold an inflated view of their own significance and abilities, believing they are unique or special in ways that set them above others. This sense of superiority can lead to a variety of behaviors, such as seeking excessive admiration and feeling entitled to special treatment. Their relationships may be strained because they often exploit others to achieve their goals and are generally dismissive of the feelings or needs of those around them. This grandiosity can result in alternating episodes of high self-esteem and deep insecurity. As they operate under the belief that they deserve recognition and admiration, they may react intensely to perceived criticism or lack of acknowledgment. Hence, the grandiose sense of self-importance and entitlement encapsulates the core features of Narcissistic Personality Disorder effectively.

9. In Schizoaffective disorder, the active phase of schizophrenia is concurrent with what other episode?

A. Major depressive episode or manic episode

B. Obsessive-compulsive episode

C. Psychotic episode without mood symptoms

D. Anxiety disorder episode

In schizoaffective disorder, the defining feature is that during the active phase of schizophrenia, there is a concurrent mood episode, which can be either a major depressive episode or a manic episode. This combination of symptoms is what differentiates schizoaffective disorder from schizophrenia. In schizophrenia, mood disturbances may occur, but they are not predominant or concurrent with the active psychotic symptoms. In schizoaffective disorder, the presence of these mood episodes is essential because they influence the course of the disorder and treatment approaches. The diagnosis is based on the intersection of these two types of symptoms, making it distinct from other disorders where psychosis or mood disturbances stand alone, such as those mentioned in the other options. Therefore, the correctness of the first option stems from this key characteristic of schizoaffective disorder.

10. Which symptom is a characteristic of manic episodes?

A. Persistent low mood

B. Sleep disturbances

C. Increased goal-directed activity

D. Loss of appetite

In manic episodes, a hallmark symptom is increased goal-directed activity or energy. This can manifest in various ways, including engaging in numerous projects simultaneously, exhibiting restlessness, and demonstrating a heightened sense of productivity. Individuals may feel an overwhelming drive to achieve goals, often with little regard for the practicality or feasibility of their ambitions. This surge in motivation and activity is a defining aspect of mania, distinguishing it from other mood states. The other symptoms listed, while they can occur in various contexts, do not align with the characteristics of a manic episode. Persistent low mood is indicative of depressive episodes, sleep disturbances can be a feature but are not specific to mania, and loss of appetite is more commonly associated with depression rather than the elevated mood or increased energy found in mania. Thus, increased goal-directed activity is the symptom that distinctly characterizes manic episodes in the context of DSM-5 criteria.

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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:

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

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