



BEHAVIORAL SCIENCES

O F A L A B A M A

Solutions for ADHD, anxiety and life's many challenges

A Screening Test for Obsessive-Compulsive Disorder

Name _____

Date ____ / ____ / ____

PART A

Please select YES or NO.

Have you been bothered by unpleasant thoughts or images that repeatedly enter your mind, such as:

1. Concerns with contamination (dirt, germs, chemicals, radiation) or acquiring a serious illness such as AIDS?

YES

NO

2. Over concern with keeping objects (clothing, groceries, tools) in perfect order or arranged exactly?

YES

NO

3. Images of death or other horrible events?

YES

NO

4. Personally unacceptable religious or sexual thoughts?

YES

NO

Have you worried a lot about terrible things happening, such as:

5. Fire, burglary, or flooding the house?

YES

NO

6. Accidentally hitting a pedestrian with your car or letting it roll down the hill?

YES

NO

7. Spreading an illness (giving someone AIDS)?

YES

NO

8. Losing something valuable?

YES

NO



BEHAVIORAL SCIENCES

O F A L A B A M A

Solutions for ADHD, anxiety and life's many challenges

A Screening Test for Obsessive-Compulsive Disorder

9. Harm coming to a loved one because you weren't careful enough?

YES

NO

Have you worried about acting on an unwanted and senseless urge or impulse, such as:

10. Physically harming a loved one, pushing a stranger in front of a bus, steering your car into oncoming traffic; inappropriate sexual contact; or poisoning dinner guests?

YES

NO

Have you felt driven to perform certain acts over and over again, such as:

11. Excessive or ritualized washing, cleaning, or grooming?

YES

NO

12. Checking light switches, water faucets, the stove, door locks, or emergency brake?

YES

NO

13. Counting; arranging; evening-up behaviors (making sure socks are at same height)?

YES

NO

14. Collecting useless objects or inspecting the garbage before it is thrown out?

YES

NO

15. Repeating routine actions (in/out of chair, going through doorway, re-lighting cigarette) a certain number of times or until it feels just right

YES

NO

16. Need to touch objects or people?

YES

NO

17. Unnecessary re-reading or re-writing; re-opening envelopes before they are mailed?

YES

NO



A Screening Test for Obsessive-Compulsive Disorder

18. Examining your body for signs of illness?

YES

NO

19. Avoiding colors ("red" means blood), numbers ("13" is unlucky), or names (those that start with "D" signify death) that are associated with dreaded events or unpleasant thoughts?

YES

NO

20. Needing to "confess" or repeatedly asking for reassurance that you said or did something correctly?

YES

NO

SCORING PART A: TOP

If you answered YES to 2 or more questions, please continue with Part B.

PART B

The following questions refer to the repeated thoughts, images, urges, or behaviors identified in Part A. Consider your experience during the past 30 days when selecting an answer. Select the most appropriate number from 0 to 4.

1. On average, how much time is occupied by these thoughts or behaviors each day?

0 - None

1 - Mild (less than 1 hour)

2 - Moderate (1 to 3 hours)

3 - Severe (3 to 8 hours)

4 - Extreme (more than 8 hours)

2. How Much distress do they cause you?

0 - None

1 - Mild

2 - Moderate

3 - Severe

4 - Extreme (disabling)

3. How hard is it for you to control them?

0 - Complete control

1 - Much control

2 - Moderate control



A Screening Test for Obsessive-Compulsive Disorder

- 3 - Little control
 4 - No control

4. How much do they cause you to avoid doing anything, going any place, or being with anyone?

- 0 - No avoidance
 1 - Occasional avoidance
 2 - Moderate avoidance
 3 - Frequent and extensive
 4 - Extreme (housebound)

5. How much do they interfere with school, work or your social or family life?

- 0 - None
 1 - Slight interference
 2 - Definitely interferes with functioning
 3 - Much interference
 4 - Extreme (disabling)

Sum on Part B (Add items 1 to 5): _____

SCORING

If you answered YES to 2 or more of questions in Part A and scored 5 or more on Part B, you may wish to contact your physician, a mental health professional, or a patient advocacy group (such as, the Obsessive Compulsive Foundation, Inc.) to obtain more information on OCD and its treatment. Remember, a high score on this questionnaire does not necessarily mean you have OCD--only an evaluation by an experienced clinician can make this determination.

Copyright, Wayne K. Goodman, M.D., 1994, University of Florida College of Medicine
NIMH Website