



# A Screening Test for Obsessive-Compulsive Disorder

People who have Obsessive Compulsive Disorder (OCD) experience recurrent, unpleasant thoughts (obsessions) and feel driven to perform certain acts over and over again (compulsions). Although sufferers usually recognize that the obsessions and compulsions are senseless or excessive, the symptoms of OCD often prove difficult to control without proper treatment. Obsessions and compulsions are not pleasurable; on the contrary, they, are a source of distress. The following questions are designed to help people determine if they have symptoms of OCD and could benefit from professional help.

**Part A.** Please circle 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. overconcern 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
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
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**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 <b>just right</b>	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
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