

# N·P·S

NEALPSYCHOLOGICALSPECIALTIES, LTD

## OCD (Obsessions & Compulsions) Checklist

### PART A

Check the circle if the answer is YES. Leave the circle blank if the answer is NO.

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

- Concerns with contamination (dirt, germs, chemicals, radiation) or acquiring a serious illness such as AIDS?
- Over concern with keeping objects (clothing, groceries, tools) in perfect order or arranged exactly?
- Images of death or other horrible events?
- Personally unacceptable religious or sexual thoughts?

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

- Fire, burglary, or flooding the house?
- Accidentally hitting a pedestrian with your car or letting it roll down the hill?
- Spreading an illness (giving someone AIDS)?
- Losing something valuable?
- Harm coming to a loved one because you weren't careful enough?

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

- 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?

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

- Excessive or ritualized washing, cleaning, or grooming?
- Checking light switches, water faucets, the stove, door locks, or emergency brake?
- Counting; arranging; evening up behaviors (making sure socks are at same height)?
- Collecting useless objects or inspecting the garbage before it is thrown out?
- Repeating actions (in/out of chair, going through doorway, re-lighting cigarette) a certain number of times or until it feels **just right**?
- Need to touch objects or people?
- Unnecessary rereading or rewriting; reopening envelopes before they are mailed?
- Examining your body for signs of illness?
- 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?
- Needing to "confess" or repeatedly asking for reassurance that you said or did something correctly?

If you answered “YES” to two or more questions in part A, please complete 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.

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

- None
- Mild (less than 1 hour)
- Moderate (1 to 3 hours)
- Severe (3 to 8 hours)
- Extreme (debilitating)

**How much *distress* do they cause you?**

- None
- Mild
- Moderate
- Severe
- Extreme (debilitating)

**How hard is it for you to control them?**

- Complete Control
- Much Control
- Moderate Control
- Little Control
- No Control

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

- No Avoidance
- Occasional Avoidance
- Moderate Avoidance
- Frequent and Extensive Avoidance
- Extreme Avoidance (house bound)

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

- None
- Slight Interference
- Definitely Interferes with Functioning
- Much Interference
- Extreme (disabling)

### 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. 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.

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**Please note: This symptom checklist does not replace a visit with a qualified medical professional. If you have any questions about this checklist or your answers, please call NPS at 815-477-4727.**

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