**Signs and Symptoms of Obsessive Compulsive Disorder**

0 = Not at all; never.  1 = sometimes; a little.  2 = Moderately.  3 = strongly; nearly all the time.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Symptoms</th>
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<tbody>
<tr>
<td></td>
<td><strong>Obsessions:</strong></td>
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<tr>
<td></td>
<td>Do you experience recurrent and persistent thoughts, impulses, or images that are experienced as intrusive and inappropriate and that cause marked anxiety or distress?</td>
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<td></td>
<td>Are the thoughts, impulses or images MORE than just a reflection of being simply excessive worries about real life problems?</td>
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<td></td>
<td>Do you attempt to ignore or suppress such thoughts, impulses or images, or to neutralise them with some other thought or action?</td>
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<td></td>
<td>Do you recognise that the obsessional thoughts, impulses or images are a product of your own mind? (i.e. not imposed, as in psychotic ‘thought insertion’)</td>
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<td><strong>Compulsions:</strong></td>
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<td></td>
<td>Do you display repetitive behaviours that you feel driven to perform in response to an obsession or according to rules that must be applied rigidly such as:</td>
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<tr>
<td></td>
<td>* washing (e.g. showering, hand-washing, laundering…)</td>
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<tr>
<td></td>
<td>* ordering</td>
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<tr>
<td></td>
<td>* checking?</td>
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<td></td>
<td>Do you display repetitive mental acts that you feel driven to perform in response to an obsession or according to rules that must be applied rigidly such as:</td>
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<tr>
<td></td>
<td>* praying</td>
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<tr>
<td></td>
<td>* counting</td>
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<td></td>
<td>* repeating words silently?</td>
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<td></td>
<td>Are these repetitive behaviours or mental acts aimed at preventing or reducing distress or preventing some dreaded event or situation?</td>
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<td><strong>Additional Criteria</strong></td>
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<td></td>
<td><strong>Obsessions:</strong></td>
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<tr>
<td></td>
<td>Do you feel the obsessions or compulsions are excessive or unreasonable?</td>
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<td></td>
<td>Do the obsessions (worrying thoughts) cause marked distress?</td>
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</tbody>
</table>
|        | Are the obsessions time-consuming (e.g. take > 1 hour a day)?
### Compulsions:

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>____</td>
<td>Do the compulsions (i.e. the safety behaviours) cause you distress?</td>
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<tr>
<td>____</td>
<td>Are the compulsions time-consuming (e.g. take &gt; 1 hour a day)?</td>
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<tr>
<td></td>
<td>How do the obsessions interfere with your normal routine, occupational (or academic) functioning, or usual social activities or relationships?</td>
</tr>
<tr>
<td></td>
<td>How do the compulsions interfere with your normal routine, occupational (or academic) functioning, or usual social activities or relationships?</td>
</tr>
</tbody>
</table>

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**Instructions and Guidelines for use**

A diagnosis of OCD can be made with the presence of either obsessions OR compulsions.

If a patient responds affirmatively to any one question in either the Obsessions or Compulsions category with a score of 3 or greater, then this indicates a high likelihood of OCD. Please refer to a fully qualified clinical psychologist.

If your patient responds affirmatively to one or more question with a score of 2 then please continue to monitor over the next month or so and assess for anxiety and/or depression as well.

**Treatment guidelines** suggest that CBT is the first-line treatment of choice and that SSRIs can help for those who have a poor response to CBT or when there is comorbid depression. A tricyclic antidepressant can be tried in conjunction with CBT is the SSRI did not help. Antipsychotics are recommended only when CBT combined with antidepressants (two trials) have not helped. Benzodiazepines are contraindicated.

If you want to discuss treatment with a fully qualified psychologist, you can call Basten & Associates, Clinical Psychologists on 9891-1766.

Chatswood Sydney Westmead

www.bastenpsychology.com.au