



	<p><b>Compulsions:</b></p> <p>_____ Do the compulsions (i.e. the safety behaviours) cause you distress?</p> <p>_____ Are the compulsions time-consuming (e.g. take &gt; 1 hour a day)?</p> <p>How do the obsessions interfere with your normal routine, occupational (or academic) functioning, or usual social activities or relationships?  .....  .....</p> <p>How do the compulsions interfere with your normal routine, occupational (or academic) functioning, or usual social activities or relationships?  .....  .....</p>
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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 if 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](http://www.bastenpsychology.com.au)