



Obsessive-Compulsive Disorder (OCD) Screening Tool

This is a screening measure to help you determine whether you might have Obsessive-Compulsive Disorder (OCD) that needs professional attention. This screening tool is not designed to make a diagnosis of OCD but to be shared with your primary care physician or mental health professional to inform further conversations about diagnosis and treatment.

Directions:

1. Complete the provided form
2. Print out the results
3. Share them with your health care provider to determine a diagnosis

Are you troubled by the following?

- Yes** **No** Do you have unwanted ideas, images, or impulses that seem silly, nasty, or horrible?
- Yes** **No** Do you worry excessively about dirt, germs, or chemicals?
- Yes** **No** Are you constantly worried that something bad will happen because you forgot something important, like locking the door or turning off appliances?
- Yes** **No** Do you experience shortness of breath?
- Yes** **No** Are you afraid you will act or speak aggressively when you really don't want to?
- Yes** **No** Are you always afraid you will lose something of importance?
- Yes** **No** Do you ever experience "jelly" legs?
- Yes** **No** Trouble falling or staying asleep, or restless and unsatisfying sleep
- Yes** **No** Are there things you feel you must do excessively or thoughts you must think repeatedly to feel comfortable or ease anxiety?
- Yes** **No** Do you wash yourself or things around you excessively?
- Yes** **No** Do you have to check things over and over or repeat actions many times to be sure they are done properly?

Yes **No** Do you avoid situations or people you worry about hurting by aggressive words or actions?

Yes **No** Do you keep many useless things because you feel that you can't throw them away?

Having more than one illness at the same time can make it difficult to diagnose and treat the different conditions. Depression and substance abuse are among the conditions that occasionally complicate obsessive-compulsive disorder.

Yes **No** Have you experienced changes in sleeping or eating habits?

More days than not, do you feel...

Yes **No** sad or depressed

Yes **No** disinterested in life

Yes **No** worthless or guilty

During the last year, has the use of alcohol or drugs...

Yes **No** resulted in your failure to fulfill responsibilities with work, school, or family?

Yes **No** placed you in a dangerous situation, such as driving a car under the influence?

Yes **No** gotten you arrested?

Yes **No** continued despite causing problems for you or your loved ones?

Please print this completed form and share it with your health care provider to determine a diagnosis.

For more information, visit us at www.adaa.org or contact us at information@adaa.org

Reference: Goodman, WK, Price LH, et al. The Yale-Brown Obsessive Compulsive Scale (Y-BOCS): Part 1. Development, use and reliability. Arch Gen Psychiatry. 46:1006-1011 (1989). Diagnostic and Statistical Manual of Mental Disorders (DSM IV), American Psychiatric Association, 1994, Washington, D.C.