

Dimensional Yale-Brown Obsessive-Compulsive Severity Scale

Self-Report or Family-Report of Current Severity of OC Symptom Dimensions and Current Global OC Symptom Severity

- *Obsessions about Harm and Related Compulsions*
- *Sexual and Religious Obsessions and Related Compulsions*
- *Symmetry, Ordering, Counting, and Arranging Obsessions and Compulsions*
- *Contamination Obsessions and Cleaning Compulsions*
- *Hoarding and Collecting Obsessions and Compulsions*
- *Somatic Obsessions and Compulsions*
- *Miscellaneous Obsessions and Compulsions*

June 2000

This questionnaire is based in part on items from the the Yale-Brown Obsessive Compulsive Sale (Goodman et al., 1989; Rosenfeld et al., 1993), the results of earlier factor analyses (Leckman et al., 1997; Malaix-Cols et al., 1999; Summerfeldt et al., 1999) and the DSM-IV field trial for OCD (Foa et al., 1995).

Version 9.0

Dear Patient and Family,

Please read this introduction first.

In this questionnaire you will be completing answers about yourself or a family member. The questions concern obsessive-compulsive symptoms that may have bothered you. If you are not sure about how to answer something, or are not 100% sure of an answer, we recommend that you give it your "best try" and then write notes about why you are not sure, or why you answered a particular question the way you did (write notes anywhere: in the margins, on the backside of pages, or on an attached page). Do not worry about right or wrong answers. This is not a test.

If an answer is "never" or no, please mark it as such, do not leave it blank. If you leave it blank we won't know if you meant "never/no", or if you happened to skip the question. In addition to checking a category in one of our checklists, please circle or underline specific words in the examples that describe the behavior. By circling or underlining the words in our examples, you are providing us with valuable information about what you or your family member has experienced.

As you go through this, you will notice that the sections are clearly titled, and that there are directions at the beginning of each. Please take the time to refresh your memory at the beginning of each section. We have included some definitions to help you in your answers.

This form should be completed by the individual with obsessive-compulsive symptoms or by someone who knows that individual well. In the case of a child, it is usually best for a parent to complete the form. An adult may wish to ask a spouse or another close family member for help.

We recommend using a pencil. Do not feel like you have to finish all the answers in one sitting. Work at a pace that is comfortable for you. We appreciate the hard work that is involved in filling this out.

Once you have completed the form and returned it, someone familiar with OCD may be in touch with you to go over some of your answers.

Thank you!

Part I: Obsessive-Compulsive Symptom Checklist

We ask that you please complete the entire checklist that follows.

When completing this questionnaire, please consider the following definitions:

Obsessions are upsetting repetitive and intrusive thoughts or images. Examples include a recurring concern about whether a light has been switched off or a door has been locked. Other examples include worries about germs and diseases. These thoughts or images continue even when the person tries to ignore or suppress them.

Compulsions are repetitive acts, behaviors or mental rituals that the person feels he or she has to perform. For example, repeated checking that the door is locked or appliances are off. Other examples include repetitive hand washing or the need to place things in a certain order.

Please check ✓ one or more boxes in each row as appropriate ("past" means that the symptom was present in the past but not during the previous week). If a symptom has ever been present (current or past), please indicate the age of onset. For children, parents should complete this form with the help of their child.

Never	Current (Past week)	Past	Age of Onset	Obsessions about Harm and Related Compulsions
				1. I have obsessions that I might harm myself. For example, fear of hurting myself with a knife or fork, fear of handling or being near sharp objects, fear of jumping in front of a car, or a fear of walking near glass windows.
				2. I have obsessions that I will be harmed. For example, a fear of being hurt because I am not careful enough. Fear that people or certain objects will harm me.
				3. I check that I did not harm myself or was not harmed. For example, looking for injuries or bleeding after handling sharp or breakable objects or checking with doctors or others for reassurance that you haven't hurt yourself.
				4. I have obsessions that I might harm other people. For example, fear of poisoning other people's food, fear of harming babies, fear of pushing someone in front of a car or train.
				5. I have obsessions that I will harm other people without meaning to hurt them. Worries about being involved in a hit-and-run car accident, fear of being responsible by not providing assistance for some imagined catastrophe, fear of hurting someone's feelings, fear of causing harm by giving wrong advice.
				6. I have obsessions that I may be responsible for something else terrible happening. For example, fear of starting up a fire or being responsible for a burglary or a murder.
				7. I check that I did not harm others or that others were not harmed. For example, checking that you haven't hurt someone without knowing it. You may ask others for reassurance, or telephone to make sure that everything is all right.

				<p>8. I have violent or horrific images in my mind. For example, images of murders or accidents or other gory images such as dismembered bodies.</p>
				<p>9. I have obsessions that I might blurt out obscenities or insults. For example, a fear of shouting obscenities in a quiet place with many people around - like a church or in a classroom. A fear of writing obscenities.</p>
				<p>10. I have obsessions that involve doing something else embarrassing. For example, fear of taking off my clothes in public or appearing foolish in social situations.</p>
				<p>11. I obsess about acting on an unwanted impulse. A fear of stabbing a friend or driving car into a tree or a fear of running someone over <i>on impulse</i>. Fear that you may steal things.</p>
				<p>12. I check that nothing terrible will or did happen. For example, searching the newspaper or listening to the radio or television for news about some catastrophe you believe you caused. You may also ask people for reassurance.</p>
				<p>13. I check or take other measures to prevent or avoid harm coming to myself or others. For example, you may stay away from sharp or breakable objects. You may refuse to handle knives or scissors, and you may avoid fragile glass objects. You may ask others for reassurance or ask them to be with you to make sure that harmful things don't happen.</p>
				<p>14. I need to repeat routine activities to prevent terrible consequences. For example, needing to do the same action over and over again after having a "bad," obsessive thoughts about harmful acts - in order to prevent some terrible consequence. Please check this item only if the repeating is done in response to harmful thoughts.</p>
				<p>15. I have mental rituals other than checking. For example, mental rituals are compulsions you do "in your head", like thinking of a "good" thought to undo a "bad" thought or needing to keep mental lists that have to be remembered in a certain order. . Please check this item only if these mental rituals are specifically related to or done in order to relieve obsessions about harming yourself or others.</p>

Never	Current (Past week)	Past	Age of Onset	<p>Sexual and Religious Obsessions and Related Compulsions</p>
				<p>16. I have forbidden or improper sexual thoughts, images, or impulses. For example, unwanted sexual thoughts about strangers, family, or friends.</p>
				<p>17. I have sexual obsessions that involve children or incest. For example, unwanted thoughts about sexually molesting either your own or other children.</p>
				<p>18. I have obsessions about homosexuality. For example, worries like "Am I a homosexual" or "What if I suddenly become gay?" when there is no basis for this concern.</p>

				<p>19. I have obsessions about violent sexual behavior towards other people. For example, unwanted images of violent sexual behavior toward adult strangers, friends, or family members.</p>
				<p>20. I check to make sure that I have not done anything wrong of a sexual nature. For example, checking your private parts, bedding, or clothing for evidence of wrong doing. Asking for reassurance that nothing bad has happened.</p>
				<p>21. I avoid certain actions, people, places or things to prevent sexual obsessions and compulsions from occurring. For example, not going into the magazine section of a bookstore because of some of the pictures or titles.</p>
				<p>22. I am obsessed with sacrilege and blasphemy. For example, worries about having blasphemous thoughts, saying evil things or being punished for these things.</p>
				<p>23. I am obsessed with what is really right or wrong in a moral sense. For example, worries about always doing things in the morally correct way or worries about having told a lie or having cheated someone.</p>
				<p>24. I fear saying certain things. For example, fear of saying something awful or inappropriate that might be considered disrespectful to someone living or dead. Some people have a fearful of giving the wrong advice.</p>
				<p>25. I check to make sure that I have not done anything wrong of a religious nature. For example, checking your Bible or other scared objects. Or asking for reassurance that nothing has happened from your priest, rabbi, or minister.</p>
				<p>26. I have compulsions that involve religious duties or objects. For example, excessive cleaning or checking of religious objects. Praying for hours at a time or seeking reassurance from religious leaders more often than is really necessary.</p>
				<p>27. I avoid certain actions, people, places or things to prevent obsessions and compulsions about religion or morality from occurring. For example, not going to church or not watching certain TV shows because they may provoke thoughts of being possessed by an evil influence or the devil.</p>
				<p>28. I need to repeat routine activities to prevent terrible consequences. For example, needing to do the same action over and over again after having a "bad," sexual or religious obsessional thought) in order prevent some terrible consequence. Please don't endorse this symptom unless the repeating is in response to such thoughts.</p>
				<p>29. I need to tell, ask or confess things. For example, asking other people to reassure you about possible wrongdoing; confessing to a wrong thing that didn't occur or telling people your private thoughts to feel better.</p>
				<p>30. I have mental rituals other than checking. For example, mental rituals are compulsions you do "in your head", like thinking of a "good" thought to undo a "bad" thought or needing to keep mental lists that have to be remembered in a certain order. . Please check this item only if these mental rituals are specifically related to or done in order to relieve sexual or religious obsessions.</p>

Never	Current (Past week)	Past	Age of Onset	Ordering, Symmetry, Counting, Doing and Re-doing and the Need for Things to be "Just Right"
				<p>31. I have obsessions about things needing to be perfect or exact. For example, worries or uncomfortable feelings about papers and books being properly aligned, worries about calculations being done perfectly or my handwriting being perfect.</p>
				<p>32. I have obsessions about symmetry. For example, being totally obsessed or preoccupied if certain sensations, thoughts, or things are not even or symmetrical</p>
				<p>33. I check that I did not make mistakes. For example, repeated checking while reading, writing, or doing simple calculations to make sure you didn't make a mistake. Checking lists. This may involve making lists of things to do and obsessively checking these lists.</p>
				<p>34. I re-read or re-write things. For example, you may take hours to read a few pages in a book or to write a short letter because you get stuck in a cycle of reading and re-reading. This may also involve searching for a "perfect" word or phrase, or worry that you didn't really understand the meaning of what you read, or having obsessions about the shape of certain letters.</p>
				<p>35. I need to repeat routine activities (like going in and out of a doorway or getting up and down from a chair). Other examples include repeating routine activities like turning appliances on and off, setting an object down on a table, combing your hair, or looking in a particular direction. You may not feel comfortable unless you do these things the "right" number of times or so that a certain evenness or symmetry has been achieved. Try to distinguish this one from doing things over and over to get rid of a bad thought or an obsession.</p>
				<p>36. I have counting compulsions. For example, counting objects like ceiling or floor tiles, books in a bookcase, nails in a wall, or even grains of sand on the beach.</p>
				<p>37. I have ordering or arranging compulsions. For example, straightening paper and pens on a desktop or books in a bookcase. You may waste hours arranging things in your house just so, and you may become very upset if this order is disturbed.</p>
				<p>38. I have compulsions that involve symmetrical touching or evening- up movements or things. For example, if I touch or do something on the right side, I need to do touch or do the same thing on the left side.</p>
				<p>39. I need to touch, tap, or rub things. For example, you may feel the urge to touch rough surfaces like wood, or hot surfaces like a stovetop. Feeling the urge to lightly touch other people. Feeling the urge to touch an object. Needing to rub or pick at things.</p>
				<p>40. I fear not saying "just the right thing". For example, you may feel that you need to find "just the right" word or phrase before saying something or answering someone.</p>

				41. I have mental rituals other than checking or evening-up. For example, mental rituals are compulsions you do "in your head." Please check this item only if these mental rituals are specifically related to obsessions of symmetry, exactness, or just right perceptions.
				42. I avoid certain actions, people, places or things to prevent obsessions and compulsions about symmetry or exactness from occurring. For example, not looking at certain things in the house because they are sure to prompt obsessions or compulsions.

Never	Current (Past week)	Past	Age of Onset	Contamination Worries & Cleaning Compulsions
				43. I am obsessed with dirt or germs. For example getting germs from sitting in certain chairs, shaking hands, or touching door handles.
				44. I am overly concerned or disgusted with bodily waste or secretions (like urine, feces, or saliva). For example fears of being on contact with one's own or someone else's urine, feces, semen, or vaginal secretions.
				45. I am obsessed with environmental contaminants (like asbestos, radiation, or toxic waste). For example, fear of being contaminated by asbestos or radon, fear of radioactive substances, fear of things associated with towns containing toxic waste sites. Fear of being contaminated by pollution.
				46. I have obsessions about insects or animals. For example, fear of being contaminated by flies by being in contact with a dog, cat, or other animals.
				47. I am bothered by sticky substances or residues. For example, fear of adhesive tape, sap, tooth paste or other sticky substances that may trap contaminants.
				48. I am concerned I will get ill because of contamination. For example, fear of becoming ill as a direct result of being contaminated. This may include fears of contracting specific diseases such as AIDS or cancer specifically because of contamination.
				49. I have compulsive or ritualized handwashing. For example, needing to wash and rewash your hands because of worries about dirt or germs or because you don't feel your hands are clean enough. Often if the sequence of washing is interrupted, the whole process may have to be restarted. The ritual may involve needing to wash your hands a certain number of times or in certain ways.
				50. I have compulsive or ritualized showering, bathing, or toilet routines. For example, your showers, baths, and other bathroom routines may have to be done in a certain order. You may use an excessive amount of toilet tissue. Often if the sequence of washing or cleaning is interrupted, the whole process may have to be restarted.

				<p>51. I have compulsions that involve repeated cleaning of household items or other inanimate objects. For example, excessive and/or repetitive cleaning of faucets, toilets, floors, kitchen counters, or kitchen utensils.</p>
				<p>52. I do other things to prevent or remove contact with contaminants. For example, asking family members remove insecticides, garbage, gasoline cans, raw meat, paints, varnish, drugs in the medicine cabinet, or kitty litter, if you can't avoid these things. Or you might use rubber gloves</p>
				<p>53. I have mental rituals other than checking. For example, mental rituals are compulsions you do "in your head." Please check this item only if these mental rituals are specifically related to contamination worries.</p>
				<p>54. I avoid doing certain things or going to certain places because of contamination concerns. For example, not going to public restrooms, not using hotel towels, or not shaking hands. You may ask family members to open doors or you may wear gloves, or use Kleenex or paper towels to avoid touching things directly.</p>

Never	Current (Past week)	Past	Age of Onset	Collecting and Hoarding
				<p>55. I have obsessions about needing to save or hoard things for the future. For example, worries about throwing things away (papers, documents, ticket stubs) because you might need them in the future.</p>
				<p>56. I have obsessions about discarding things. For example, keeping lots of things because of their sentimental value, or because of an urge to pick up or collect things.</p>
				<p>57. I have obsessions about losing things. For example, worries about losing a trinket, or unimportant objects like a scrap of paper.</p>
				<p>58. I having difficulty deciding whether or not I should save something. For example, I will pick up something for no reason and keep because I can't decide to throw it away.</p>
				<p>59. I have compulsions to hoard or collect things. For example, I may have rooms filled with old newspapers, notes, cans, paper towels, wrappers and empty bottles - I don't throw these things away because I fear that I may one day need them. I may also pick up objects or trash from the street or from garbage cans.</p>
				<p>60. I have mental rituals that concern hoarding or saving things. For example, mental rituals are compulsions I do "in my head", like thinking of a "good" thought to undo a "bad" thought or needing to keep mental lists that have to be remembered in a certain order. (Please check this item only if these mental rituals are specifically related to <i>hoarding</i> obsessions.)</p>
				<p>61. I avoid certain actions, people, places or things to prevent hoarding compulsions. For example, not walking past certain stores or markets, or not reading the newspaper. Asking other people to clean up my closet and throw things away.</p>

Never	Current (Past week)	Past	Age of Onset	Somatic Obsessions & Compulsions
				62. I am concerned with illness or disease. For example, worries about having an illness like cancer, heart disease, AIDS, despite reassurance from doctors.
				63. I have checking rituals related to obsessions about disease or illness. For example, seeking reassurance from friends or doctors that I don't have a serious illness like heart disease, or a brain tumor or some other form of cancer. I may repeatedly check a body part or compulsively take my pulse, blood pressure, or temperature.
				64. I have mental rituals other than checking. For example, mental rituals are compulsions I do "in my head." Please check this item only if these mental rituals are specifically related to somatic worries
				65. I avoid certain actions, people, places or things to prevent obsessions and compulsions about disease from occurring. For example, not driving past a hospital because it will provoke thoughts of illness.

Never	Current (Past week)	Past	Age of Onset	Miscellaneous Obsessions & Compulsions
				66. I need to know or remember certain things. For example, needing to remember insignificant things like license plate numbers, bumper stickers or T-shirt slogans.
				67. I have superstitious fears. For example, a fear of passing a cemetery, hearse, a black cat, walking under a ladder, breaking a mirror or fear of omens associated with death.
				68. I have superstitious behaviors. For example, I may not take a bus or train if its number contains an "unlucky" number like thirteen. I may be reluctant to leave your house on the thirteenth of the month. I may throw away clothes you wore while passing a funeral home or cemetery.
				69. I have lucky or unlucky numbers. For example, worries about common numbers like thirteen, having to do activities a certain "lucky" number of times, or having to start an activity only at a certain lucky hour of the day. Also this might involve avoiding numbers that could bring bad luck.
				70. I have obsessions and/or compulsions about colors with special significance. For example, black may be associated with death, red may be associated with blood and injury. You may avoid using objects of these colors.

				71. Intrusive nonsense sounds, names, words, or music come into my mind. For example, hearing words, songs or music in my mind that I can't stop. Getting stuck on the sound of certain names or words.
				72. Intrusive nonviolent images come into my mind. For example, imaging neutral scenes. Getting stuck on the visual details of certain pictures of scenes.
				73. I avoid certain actions, people, places or things to prevent any of these miscellaneous obsessions and compulsions. For example, not walking on cracks or not writing certain numbers.
				74. I get stuck doing routine behaviors and it slows me down. For example, showering or getting dressed or going out of the house can take hours. Others may get stuck eating or talking so that these everyday activities take much longer than necessary to perform.
				75. I make lists much more than I need to. I make many lists of things to do or check.

Never	Current (Past week)	Past	Age of Onset	Other OC Spectrum Obsessions & Compulsions
				76. I obsess about the possibility of being separated from a close family member. For example, worrying that something terrible might happen to a parent or child or lover that would result in never seeing them again.
				77. I have compulsions or rituals that are done in order to prevent the loss of someone (or being separated from someone) very important to me. For example, following that special person from room to room or calling them over and over again on the telephone; having to pray or doing specific rituals in order to avoid that bad things happen to someone.
				78. I am obsessed that I might become a particular person. For example, having the thought that I might become like a particular person or even become that other person; fear that one part of my body does not belong to me.
				79. I have compulsions to rid myself of thinking so much about another person I am obsessed by. For example, pushing the unwanted thoughts away or performing some other ritual to get rid of those thoughts.
				80. I have staring rituals. For example, needing to look at things so that their edges line-up just right or having to look at things in a certain way for a certain time.
				81. I have the urge to repeat something that I or someone else has said. This might be a certain word you can't get out of your mind or it might be the end of phrase that you just said or heard someone else say.

				<p>82. I am excessively concerned with a part of my body or an aspect of my appearance. For example, worries about the appearance, safety or functioning that your face, ears, nose, eyes, or other part of your body. Worries that some part of your body is misshapen or ugly, despite being told you look OK.</p>
				<p>83. I check something related to obsessions about my appearance. For example, seeking reassurance from friends about your appearance. Repeatedly checking yourself for body odors or check your appearance (facial features or other physical features) by looking in a mirror for ugly features. Needing to groom yourself continuously or compare some aspect of your body to other people; you may have to wear certain clothes on certain days. Being obsessed with your weight.</p>
				<p>84. I have obsessions about food. For example, being obsessed with recipes, calories, and/or dieting.</p>
				<p>85. I have obsessions and/or compulsions about physical exercise. For example, being obsessed with the need for exercise to burn off calories. Related compulsions include exercising according to certain rules or for a certain duration of time.</p>
				<p>86. I have eating rituals. You may have to arrange your food, knife, and fork in a particular order before eating. You may have to eat according to a strict ritual, or may not be able to eat until the hands of a clock are exactly on a certain time.</p>
				<p>87. I pull my hair out (obsessions and compulsions). For example, you may pull your hair from your scalp, eyelids, eyelashes, or pubic areas. You may use your fingers or tweezers to pull your hair. Typically this involves seeking the right hair. You may visually inspect the hair or do something else (remove the follicle or bite the hair). You may produce bald spots on your scalp that require a wig, or pluck your eyelids or eyebrows smooth.</p>
				<p>88. I pick at my skin (obsessions and compulsions). For example, you may pick at the skin around your fingernails, bumps on your skin or near sores. You may injure yourself or make the sores worse.</p>

Part II: Severity Ratings - Past week

Next we are going to ask about each of these *groups* of obsessions and compulsions. Some individuals have symptoms in each of these groups. Others are just affected by obsessions and compulsions related to only one or two of these groups of symptoms. We want to determine for each of these groups how severe the symptoms have been *over just the past week*. At the end of the section we will ask you to consider all of your obsessions and compulsions taken together.

A. Obsessions about Harm and Related Compulsions

First look to see if you checked off any of the items from **#1 through item #15** on the symptom list.

Did you check off any of them for the past week? YES NO (circle one)

If you circled "no," please go to the next section on sexual and religious obsessions (p. 14)

If yes, which of these symptoms bothered you the most during the past week? _____
(Write in the item number)

Now try to think *just* about these harmful obsessions and related compulsions as you answer these next questions.

1. How severe have these obsessions and compulsions been over the past week? Rate the symptoms from 1 to 10 with "10" being the worst they have ever been and "1" being the best (least severe) they have ever been since you first started having these symptoms. _____ Rating (1-10)

2. Do you find that you avoid certain situations, places, people, animals, or things because of these obsessions and compulsions?

If yes, please list those things you actively avoid because of just these obsessions and compulsions

3. How often do you deliberately avoid things because of these thoughts and compulsions?

0 = **Never** - No deliberate avoidance

1 = **Rarely** - I rarely avoid things

2 = **Occasionally** - I avoid some things some of the time. At times avoiding things is a problem in my life

3 = **Frequently** - I avoid some things most of the time. It is a definite problem for me much of the time.

4 = **Extreme, very extensive avoidance** - I am always avoiding something. Avoidance is very serious problem. My life is completely constrained by what I need to avoid.

4. What is the worst thing that you worry will happen if you don't give in to the urge to perform your compulsions in response to these obsessions about harm? Please describe:

5. How certain are you that this feared consequence is reasonable and will actually occur?

- 0 = **Certain** that the feared consequence **will not happen**
- 1 = **Mostly certain** that the feared consequence **will not happen**
- 2 = **Unsure** whether or not the feared consequence **will or won't happen**
- 3 = **Mostly certain** that that the feared consequence **will happen**
- 4 = **Certain** that the feared consequence **will happen**

B. Sexual and/or Religious Obsessions and Related Compulsions

First look to see if you checked off any of the items from #16 through item #30 on the symptom list.

Did you check off any of them for the past week? YES NO (circle one)

If you circled "no," please go to the next section on ordering, symmetry, counting, doing and re-doing (p. 15)

If yes, which of these symptoms bothered you the most during the past week? _____
(Write in the item number)

Now try to think *just* about these sexual and religious obsessions and related compulsions as you answer these next questions.

1. How severe have these obsessions and compulsions been over the past week? Rate the symptoms from 1 to 10 with "10" being the worst they have ever been and "1" being the best (least severe) they have ever been since you first started having these symptoms. _____ Rating (1-10)

2. Do you find that you avoid certain situations, places, people, animals, or things because of these obsessions and compulsions?

If yes, please list those things you actively avoid because of just these obsessions and compulsions

3. How often do you deliberately avoid things because of these thoughts and compulsions?

- 0 = **Never** - No deliberate avoidance
- 1 = **Rarely** - I rarely avoid things

- 2 = **Occasionally** - I avoid some things some of the time. At times avoiding things is a problem in my life
- 3 = **Frequently** - I avoid some things most of the time. It is a definite problem for me much of the time.
- 4 = **Extreme, very extensive avoidance** - I am always avoiding something. Avoidance is very serious problem. My life is completely constrained by what I need to avoid.

4. **What is the worst thing that you worry will happen if you don't give in to the urge to perform your compulsions in response to these sexual or religious obsessions?** Please describe:

5. **How certain are you that this feared consequence is reasonable and will actually occur?**

- 0 = **Certain** that the feared consequence **will not happen**
- 1 = **Mostly certain** that the feared consequence **will not happen**
- 2 = **Unsure** whether or not the feared consequence **will or won't happen**
- 3 = **Mostly certain** that that the feared consequence **will happen**
- 4 = **Certain** that the feared consequence **will happen**

C. Symmetry, Ordering, Counting, and Arranging Obsessions and Compulsions

Again, please look to see if you checked any of the items **from #31 through item #42** on the symptom list. If so, please complete this section.

Did you check any of them for the **past week**? YES NO (circle one)

If no, please go to the next section on contamination obsessions and cleaning compulsions (p. 16)

If yes, which of these symptoms bothered you the most during the past week? _____
(Write in the number)

Now try to think *just* about these symmetry, ordering, counting, and arranging obsessions and compulsions as you complete this next section of the questionnaire. Check one choice for each question. Rate severity *during the past week only*.

1. **How severe have these obsessions and compulsions been over the past week? Rate the symptoms from 1 to 10 with "10" being the worst they have ever been and "1" being the best (least severe) they have ever been since you first started having these symptoms.** _____ Rating (1-10)

2. **Do you find that you avoid certain situations, places, people, animals, or things because of symmetry, ordering, counting, and arranging obsessions and compulsions?**

If yes, please list those things you actively avoid because of just these obsessions and compulsions

3. **How often do you deliberately avoid things because of these thoughts and compulsions?**

- 0 = **Never**, No deliberate avoidance
- 1 = **Rarely** - I rarely avoid things
- 2 = **Occasionally** - I avoid some things some of the time. At times avoiding things is a problem in my life
- 3 = **Frequently** - I avoid some things most of the time. It is a definite problem for me much of the time.
- 4 = **Extreme, very extensive avoidance** - I am always avoiding something. Avoidance is very serious problem. My life is completely constrained by what I need to avoid.

4. **What is the worst thing that you worry will happen if you did not respond to these symmetry, ordering, counting, and arranging obsessions and compulsions?** Please describe:

5. **How certain are you that this feared consequence is reasonable and will actually occur?**

- 0 = **Certain** that the feared consequence **will not happen**
- 1 = **Mostly certain** that the feared consequence **will not happen**
- 2 = **Unsure whether** or not the feared consequence **will or won't happen**
- 3 = **Mostly certain** that that the feared consequence **will happen**
- 4 = **Certain** that the feared consequence **will happen**

D. Contamination Obsessions and Cleaning Compulsions

Next look to see if you checked any of the items from **#43 through item #54** on the symptom list. If so, please complete this section.

Did you check any of them for the **past week**? YES NO (circle one)

If **no**, please go to the next section on collecting and hoarding obsessions and compulsions (p. 18)

If **yes**, which of these symptoms bothered you the most during the past week? _____
(Write in the number)

Now try to think *just* about these contamination obsessions and cleaning compulsions as you answer the next set of questions. **Check ✓ one choice for each question. Rate severity during the past week only.**

1. **How severe have these obsessions and compulsions been over the past week? Rate the symptoms from 1 to 10 with "10" being the worst they have ever been and "1" being the best (least severe) they**

have ever been since you first started having these symptoms. _____ Rating (1-10)

2. Do you find that you avoid certain situations, places, people, animals, or things because of these contamination obsessions and cleaning compulsions? If yes, please list those things you actively avoid because of just these obsessions and compulsions

3. How often do you deliberately avoid things because of these thoughts and compulsions?

- 0 = **Never**, No deliberate avoidance
- 1 = **Rarely** - I rarely avoid things
- 2 = **Occasionally** - I avoid some things some of the time. At times avoiding things is a problem in my life
- 3 = **Frequently** - I avoid some things most of the time. It is a definite problem for me much of the time.
- 4 = **Extreme, very extensive avoidance** - I am always avoiding something. Avoidance is very serious problem. My life is completely constrained by what I need to avoid.

4. What is the worst thing that you worry will happen if you did not respond to your contamination obsessions with cleaning compulsions or other rituals? Please describe:

5. How certain are you that this feared consequence is reasonable and will actually occur?

- 0 = **Certain** that the feared consequence **will not happen**
- 1 = **Mostly certain** that the feared consequence **will not happen**
- 2 = **Unsure** whether or not the feared consequence **will or won't happen**
- 3 = **Mostly certain** that that the feared consequence **will happen**
- 4 = **Certain** that the feared consequence **will happen**

E. Hoarding and Collecting Obsessions and Compulsions

Now please look to see if you checked off items #55-#61 on the symptom list. Did any occur during the past week? If so, please complete this section. If not, please go the next section on somatic obsessions and compulsions (p. 19).

Did you check off any of them for the past week? YES NO (circle one)

If you circled "no," please go to the next section on somatic obsessions and compulsions (p. 19)

Now try to think *just* about these Hoarding and Collecting Obsessions and Compulsions as you complete

this next section. Check ✓ one choice for each question. Rate severity during the past week only.

1. **How severe have these obsessions and compulsions been over the past week? Rate the symptoms from 1 to 10 with "10" being the worst they have ever been and "1" being the best (least severe) they have ever been since you first started having these symptoms.** _____ Rating (1-10)

2. **Do you find that you avoid certain situations, places, people, animals, or things because of these hoarding and collecting obsessions and compulsions?**

If yes, please list those things you actively avoid because of just these obsessions and compulsions

3. **How often do you deliberately avoid things because of these thoughts and compulsions?**

0 = **Never**, No deliberate avoidance

1 = **Rarely** - I rarely avoid things

2 = **Occasionally** - I avoid some things some of the time. At times avoiding things is a problem in my life

3 = **Frequently** - I avoid some things most of the time. It is a definite problem for me much of the time.

4 = **Extreme, very extensive avoidance** - I am always avoiding something. Avoidance is very serious problem. My life is completely constrained by what I need to avoid.

4. **What is the worst thing that you worry will happen if you did not compulsively hoard things?**

Please describe:

5. **How certain are you that this feared consequence is reasonable and will actually occur?**

0 = **Certain** that the feared consequence **will not happen**

1 = **Mostly certain** that the feared consequence **will not happen**

2 = **Unsure** whether or not the feared consequence **will or won't happen**

3 = **Mostly certain that that the feared consequence will happen**

4 = **Certain** that the feared consequence **will happen**

F. Somatic Obsessions and Compulsions

Next look to see if you checked off items #62-#65 on the symptom list. Did any occur during the past week? If so, please complete this section. If not, please go the next section on miscellaneous obsessions and compulsions (p. 20).

Did you check off any of them for the past week? YES NO (circle one)

If you circled "no," please go to the next section on miscellaneous obsessions and compulsions (p. 20)

Now try to think *just* about these somatic obsessions and compulsions as you complete this next section. Check one choice for each question. Rate severity during the past week only.

1. How severe have these obsessions and compulsions been over the past week? Rate the symptoms from 1 to 10 with "10" being the worst they have ever been and "1" being the best (least severe) they have ever been since you first started having these symptoms. _____ Rating (1-10)

2. Do you find that you avoid certain situations, places, people, animals, or things because of these somatic obsessions and compulsions?

If yes, please list those things you actively avoid because of just these obsessions and compulsions

3. How often do you deliberately avoid things because of these thoughts and compulsions?

0 = **Never**, No deliberate avoidance

1 = **Rarely** - I rarely avoid things

2 = **Occasionally** - I avoid some things some of the time. At times avoiding things is a problem in my life

3 = **Frequently** - I avoid some things most of the time. It is a definite problem for me much of the time.

4 = **Extreme, very extensive avoidance** - I am always avoiding something. Avoidance is very serious problem. My life is completely constrained by what I need to avoid.

4. What is the worst thing that you worry will happen if you did not compulsively check to make sure you are free from illness? Please describe:

5. How certain are you that this feared consequence is reasonable and will actually occur?

0 = **Certain** that the feared consequence **will not happen**

1 = **Mostly certain** that the feared consequence **will not happen**

2 = **Unsure** whether or not the feared consequence will or won't happen

3 = **Mostly certain that that the feared consequence will happen**

4 = **Certain** that the feared consequence **will happen**

G. Miscellaneous Collecting Obsessions and Compulsions

Next look to see if you checked off items #66-#75 on the symptom list. Did any occur during the past week? If so, please complete this section.

Did you check off any of them for the past week? YES NO (circle one)

Now try to think *just* about these miscellaneous obsessions and compulsions as you complete this next section. Check one choice for each question. Rate severity during the past week only.

1. **How severe have these obsessions and compulsions been over the past week? Rate the symptoms from 1 to 10 with "10" being the worst they have ever been and "1" being the best (least severe) they have ever been since you first started having these symptoms.** _____ Rating (1-10)

2. **Do you find that you avoid certain situations, places, people, animals, or things because of these hoarding and collecting obsessions and compulsions?**

If yes, please list those things you actively avoid because of just these obsessions and compulsions

3. **How often do you deliberately avoid things because of these thoughts and compulsions?**

0 = **Never**, No deliberate avoidance

1 = **Rarely** - I rarely avoid things

2 = **Occasionally** - I avoid some things some of the time. At times avoiding things is a problem in my life

3 = **Frequently** - I avoid some things most of the time. It is a definite problem for me much of the time.

4 = **Extreme, very extensive avoidance** - I am always avoiding something. Avoidance is very serious problem. My life is completely constrained by what I need to avoid.

4. **What is the worst thing that you worry will happen if you did not compulsively respond to these "miscellaneous" obsessions?** Please describe:

5. **How certain are you that this feared consequence is reasonable and will actually occur?**

0 = **Certain** that the feared consequence **will not happen**

1 = **Mostly certain** that the feared consequence **will not happen**

2 = **Unsure** whether or not the feared consequence **will or won't happen**

3 = **Mostly certain that that the feared consequence will happen**

4 = **Certain** that the feared consequence **will happen**

Thank you for taking the time to complete this part of the questionnaire. Roughly speaking how long did it take? _____ minutes.