Please complete this form and show it to your doctor or other healthcare professional.

Do you have Obsessive-Compulsive Disorder?

1. Do you experience recurrent and persistent thoughts, impulses, or images?  
   YES  NO

2. Do the thoughts, impulses, or images seem intrusive and inappropriate?  
   YES  NO

3. Do the thoughts, impulses, or images cause you to feel very anxious or distressed?  
   YES  NO

4. Do you try to ignore or suppress the thoughts, impulses, or images, or to neutralize them with some other thought or action?  
   YES  NO

5. Do the thoughts, impulses, or images come from your own mind?  
   YES  NO

6. Are the thoughts, impulses, or images excessive or unreasonable?  
   YES  NO

7. Are the thoughts, impulses, or images excessive worries about real-life problems?  
   YES  NO

8. Do you engage in repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently)?  
   YES  NO

9. Do you feel driven to perform the repetitive behaviors or mental acts in response to an obsession or according to rules that must be applied rigidly?  
   YES  NO

10. Are the behaviors or mental acts aimed at preventing or reducing distress or preventing some dreaded event or situation?  
    YES  NO

11. Are the behaviors or mental acts excessive or unreasonable?  
    YES  NO

12. Do your intrusive thoughts or repetitive behaviors cause you to feel very distressed or anxious?  
    YES  NO

13. Do your intrusive thoughts or repetitive behaviors take more than one hour a day?  
    YES  NO

14. Do your intrusive thoughts or repetitive behaviors significantly interfere with your normal routine, occupational (or academic) functioning, or usual social activities or relationships?  
    YES  NO
You might have Obsessive-Compulsive Disorder if all of the following are true:

One or both of the following are true:

- You answered YES to items 1, 2, 3, 4, 5, and 6, AND you answered NO to item 7
- You answered YES to items 8, 9, 10, and 11

AND

- You answered YES to any of items 12, 13, and 14

Note: This questionnaire is for informational purposes only and is not intended to function as a psychological or psychiatric assessment. Diagnosis of psychiatric disorders requires a careful evaluation by a trained professional.

To get help for this condition or to receive a comprehensive assessment, please call The Institute of Living's Anxiety Disorders Center at (860) 545-7685.