

**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.**

|  |  |
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| **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](mailto: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.