Screening for Obsessive-Compulsive Disorder (OCD)

If you suspect that you might suffer from obsessive-compulsive disorder, also known as OCD, answer the questions below, print out the results and share them with your health care professional.

Are you troubled by the following?

- 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
- 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 ever experience “jelly” legs? Yes  No
- Trouble falling or staying asleep, or restless and unsatisfying sleep 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? Yes  No

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.

- Have you experienced changes in sleeping or eating habits? Yes  No
  More days than not, do you feel...
  - sad or depressed Yes  No
  - disinterested in life Yes  No
  - worthless or guilty Yes  No

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?

References:

Taken from: Anxiety and Depression Association of America