



## Self- Look at OCD

For each item, indicate the extent to which it is true, by circling the appropriate word.

### Have you been bothered by unpleasant thoughts or images that repeatedly enter your mind, such as...

1. concerns with contamination (dirt, germs, chemicals, radiation) or acquiring a serious illness such as AIDS?

No                  Yes

2. over concern with keeping objects (clothing, groceries, and tools) in perfect order or arranged exactly?

No                  Yes

3. images of death or other horrible events?

No                  Yes

4. personally unacceptable religious or sexual thoughts?

No                  Yes

### Have you worried a lot about terrible things happening, such as...

5. fire, burglary, or flooding the house?

No                  Yes

6. accidentally hitting a pedestrian with your car or letting it roll down the hill?

No                  Yes

7. spreading an illness (giving someone AIDS)?

No                  Yes

8. losing something valuable?

No                  Yes

9. harm coming to a loved one because you weren't careful enough?

No                  Yes

10. Have you worried about acting on an unwanted and senseless urge or impulse, such as physically harming a loved one, pushing a stranger in front of a bus, steering your car into oncoming traffic; inappropriate sexual contact; or poisoning dinner guests?

No                  Yes

**Have you felt driven to perform certain acts over and over again, such as...**

**11.** excessive or ritualized washing, cleaning, or grooming?

No            Yes

**12.** checking light switches, water faucets, the stove, door locks, or emergency brake?

No            Yes

**13.** counting; arranging; evening-up behaviors (making sure socks are at same height)?

No            Yes

**14.** collecting useless objects or inspecting the garbage before it is thrown out?

No            Yes

**15.** repeating routine actions (in/out of chair, going through doorway, re-lighting cigarette) a certain number of times or until it feels just right?

No            Yes

**16.** need to touch objects or people?

No            Yes

**17.** unnecessary re-reading or re-writing; re-opening envelopes before they are mailed?

No            Yes

**18.** examining your body for signs of illness?

No            Yes

**19.** avoiding colors ("red" means blood), numbers ("13" is unlucky), or names (those that start with "D" signify death) that are associated with dreaded events or unpleasant thoughts?

No            Yes

**20.** needing to "confess" or repeatedly asking for reassurance that you said or did something correctly?

No            Yes

**Call Phoenix Associates, Inc. at 260.424.0411 to discuss your results.**