OBSESSIVE-COMPULSIVE DISORDER

IF "NO" CIRCLED, SKIP TO ***COMPULSIONS*,** F.13

IF "YES" CIRCLED: You said that you have thoughts over and over that didn't make any sense and kept coming back to you even when you tried not to have them…

OTHERWISE, ASK: Now I would like to ask you if you have ever been bothered by thoughts, ideas, or images that didn't make any sense and kept coming back to you over and over, even when you tried not to have them? (What were they?)

IF SUBJECT IS NOT SURE WHAT IS MEANT: What about awful thoughts, like worrying about bad things happening? What about thoughts of actually hurting someone even though you didn't want to? What about worrying about bad germs or dirt, or getting dirty?

Are you worried all the time that something bad will happen because you forgot something important, like locking the door or turning off the stove? Do you worry over and over that you will lose something important?

IF UNCLEAR: Were these worries about real life problems?

When you had these bad thoughts, did you try really hard to get them out of your head? (What did you try to do?)

IF UNCLEAR: Where did you think these thoughts were coming from?

OBSESSIVE COMPULSIVE DISORDER CRITERIA

OBSESSIONS PRESENT? (from overview)

YES NO

A. Either obsessions or compulsions:

Obsessions as defined by (1), (2), (3), and (4):

1) recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate, and cause marked anxiety or distress

2) the thoughts, impulses, or images are not simply excessive worries about real-life problems

3) the child attempts to ignore or suppress such thoughts or to neutralize them with some other thought or action

4) the child recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without as in thought insertion).

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OBSESSIONS

NO OBSESSIONS
CONTINUE NEXT PAGE

DESCRIBE CONTENTS OF OBSESSIONS:

Continue next page

COMPULSIONS PRESENT? (from overview

YES NO

COMPULSIONS

IF "NO" CIRCLED, SKIP TO ***CHECK FOR OBSESSIONS/ COMPULSIONS,** F.14

IF "YES" CIRCLED: You said that there were things you had to do over and over again and couldn't stop doing (like washing your hands again or checking something again and again to make sure you did it right)…

OTHERWISE, ASK: Was there ever anything that you had to do over and over again and couldn't help doing, like washing your hands again and again, or checking your homework (or something like checking the locks or the stove) over and over to make sure you'd done it right? (What did you have to do?)

Did you have to put things in a certain order? or count a certain way? or repeat a word silently over and over? Do you have to keep useless things and can't throw them away?

IF UNCLEAR: Why did you have to [COMPULSIVE ACT]? What were you afraid would happen if you didn't do it?

IF UNCLEAR: How many times did you have to _____? How much time did you spend each day _____?

Compulsions as defined by (1) and (2):

(1) repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the child feels driven to perform in response to an obsession, or according to rules that must be applied rigidly

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(2) the behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or are clearly excessive

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GO TO ***CHECK FOR OBSESSIONS/COMPULSIONS*,** F.14 (NEXT PAGE)

COMPULSIONS

DESCRIBE CONTENTS OF COMPULSIONS:

Continue next page

CHECK FOR OBSESSIONS/ COMPULSIONS

IF: NEITHER OBSESSIONS NOR COMPULSIONS,
CHECK HERE _____ AND GO TO ***POSTTRAUMATIC STRESS DISORDER***, F 16.

IF: EITHER OBSESSIONS OR COMPULSIONS OR BOTH, CONTINUE BELOW.

Do you think that you (think about [OBSESSIVE THOUGHTS]/ do [COMPULSIVE ACTS]) more than you should (or that make sense)?

IF NO: How about when you first started doing (OBSESSION OR COMPULSION)?

B. At some point during the course of the disorder, the person has recognized that the obsessions or compulsions are excessive or unreasonable. **Note: this does not apply to children.**

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CONTINUE

What effect did this (OBSESSION OR COMPULSION) have on your life? (Did (OBSESSION OR COMPULSION) bother you a lot?)

(How much time do you spend (OBSESSION OR COMPULSION)?)

(Did anyone in your family, or your friends have to go out of their way because or your (OBSESSION OR COMPULSION)?)

C. The obsessions or compulsions cause marked distress, are time-consuming (take more than an hour a day), or significantly interfere with the person's normal routing, occupational functioning, or usual social activities or relationships.

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GO TO ***PTSD,*** F. 16

IF NOT ALREADY CLEAR: RETURN TO THIS ITEM AFTER COMPLETING INTERVIEW

D. If another Axis I disorder is present, the content of the obsessions or compulsions is not restricted to it (e.g., preoccupation with food in the presence of an Eating Disorder; hair pulling in the presence of Trichotillomania; concern with appearance in the presence of Body Dysmorphic Disorder; preoccupation with drugs in the presence of a Substance Use Disorder; preoccupation with having a serious illness in Hypochondriasis; or guilty ruminations in the presence of Major Depressive Disorder).

?	1	2	3

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GO TO ***PTSD,*** F. 16

Just before you began having (OBSESSIONS OR COMPULSIONS) were you taking any drugs or medicines?

Just before the (OBSESSIONS OR COMPULSIONS) started, were you sick (physically ill?) (What did the doctor say?)

IF A GENERAL MEDICAL CONDITION OR SUBSTANCE MAY BE ETIOLOGICALLY ASSOCIATED WITH OBSESSION OR COMPULSIONS, GO TO ***GMC/ SUBSTANCE*** ON PAGE F. 34 AND RETURN HERE IF DETERMINATION IS MADE THAT OBSESSIONS OR COMPULSIONS ARE PRIMARY.

E. Not due to the direct effects of a substance (e.g., drugs of abuse, medication) or a general medical condition.

Etiological substances include intoxication with central nervous system stimulants (e.g., cocaine, amphetamines)

Etiological general medical conditions include certain CNS neoplasms.

NOTE: CODE "3" IF SUBSTANCE USE OR GENERAL MEDICAL CONDITION WAS NOT ETIOLOGICAL.

? 1 2 3

DUE TO SUBSTANCE OR GMC → GO TO ***PTSD*** F. 16

PRIMARY ANXIETY DISORDER → CONTINUE

OBSESSIVE COMPULSIVE DISORDER CRITERIA A, C, D, & E ARE CODED "3"

? 1 2 3

GO TO ***PTSD,*** F. 16

OBSESSIVE-COMPULSIVE DISORDER

Check _____ if **With Poor Insight:** if, for most of the time during the current episode, the person does not recognize that the obsessions and compulsions are excessive or unreasonable.

CHRONOLOGY

IF UNCLEAR: During the past month, did the (OBSESSIONS OR COMPULSIONS) happen a lot, or bother you a lot? (get in the way?)

Has met criteria for Obsessive-Compulsive Disorder during past month

	?	1	2	3
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GO TO ***PTSD,*** F. 16

When was the last time (ANY OBSESSIONS OR COMPULSIONS) bother you?

Number of months prior to interview when last had symptoms of Obsessive-Compulsive Disorder

_____

GO TO ***PTSD,*** F. 16

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true