

Obsessive Compulsive Disorder Self-Test

Is it possible that I have symptoms of Obsessive Compulsive Disorder?

<u>Question</u>	<u>Yes</u>	<u>No</u>
1. Do you have upsetting or distressing thoughts, impulses, or images that happen in your mind over and over again?	_____	_____
2. Do these upsetting thoughts cause significant anxiety or distress?	_____	_____
3. Are these thoughts more than simple worries about real-life problems?	_____	_____
4. Do you feel like you can't stop or ignore these thoughts or images even when you try?	_____	_____
5. Do you believe these obsessional thoughts, impulses, or images are a product of your own mind?	_____	_____
6. Do you have a hard time stopping yourself from doing certain things repeatedly, such as: counting, checking on things, washing your hands, re-arranging objects, repeating things until it feels "right," collecting useless objects, and/or repeating words silently?	_____	_____
7. Do you feel like something terrible might happen if you don't repeat these behaviors or mental acts or otherwise be careful?	_____	_____
8. Do your repetitive thoughts and/or behaviors take up more than one hour a day of your time?	_____	_____
9. Do your repetitive thoughts and/or behaviors interfere with your normal routine?	_____	_____
10. Do your repetitive thoughts and/or behaviors interfere with your functioning at work or school?	_____	_____
11. Do your repetitive thoughts and/or behaviors interfere with your social life?	_____	_____
12. Do you engage in specific behaviors or mental acts in order to prevent or reduce distress or prevent some dreaded event or situation?	_____	_____