

Directions: This packet contains several questionnaires that will help with my assessment of your symptoms. Please complete each page in the order they appear (even if they don't seem to relate to you) and bring them to your appointment. Thank you!

BACKGROUND INFORMATION

Your name: _____

Today's date: _____

Directions: Please enter the correct number in each space.

_____ **1. Age**

_____ **2. Gender**

1-Male 2-Female

_____ **3. Race**

1-Black (African Amer.) 4-Native American
2-Caucasian 5-Asian American
3-Hispanic 6-Other

_____ **4. Relationship/Marital Status**

1-Single 4-Divorced or separated
2-Married 5-Widowed
3-Co-habiting 6-Other (specify) _____

_____ **5. Current employment status**

0-Unemployed/not working
1-Working part-time
2-Working full-time (more than 30 hrs. per week)
3-On disability
4-Full-time student
5-Retired

(Continued)

_____ 6. **What is your job? (If unemployed, what was your last job?)**

Specify: _____

1-Professional (examples: physician, lawyer, social worker, accountant, architect, teacher, engineer, executive)

2-White collar (clerk, secretary, salesperson, bookkeeper, middle manager)

3-Blue collar (technician, laborer, mechanic, food service worker, childcare worker)

4-Student

5-Stay-at-home parent (full-time child caretaker)

6-Unemployed without previous occupation

_____ 7. **How many years of formal education have you had (including high school, undergraduate, and graduate work)?**

_____ 8. **What is your highest educational degree? (What was the last grade you completed in school?)**

1-Ph.D., M.D. (doctoral)

5-Associates Degree

2-M.A./M.S. or equivalent

6-Some college

3-Some graduate school

7-High school grad.

4-B.A./B.S. or equivalent

8-Some high school

_____ 9. **What is your current religious identification?**

1-Catholic

2-Protestant (Christian) specify: _____

3-Jewish

4-Islam

5-Other (specify: _____)

6-None

_____ 10. **Current household income**

1-\$50,000 or higher

5-\$15,001 - 20,000

2-\$40,001 - 50,000

6-\$10,001 - 15,000

3-\$30,001 - 40,000

7-\$5,001 - 10,000

4-\$20,001 - 30,000

8-\$5,000 or less

_____ 11. **How many persons are dependent on this income (indicate number)**

Sheehan Scale (SDS)

Please circle the number that corresponds to how much your symptoms are currently interfering with various areas of life:

The symptoms have disrupted your **work**:

0	1	2	3	4	5	6	7	8	9	10
not at all	<div></div>			<div></div>			<div></div>			extremely
	Mildly			Moderately			Markedly			

The symptoms have disrupted your **social life**:

0	1	2	3	4	5	6	7	8	9	10
not at all	<div></div>			<div></div>			<div></div>			extremely
	Mildly			Moderately			Markedly			

The symptoms have disrupted your **family life/home responsibilities**:

0	1	2	3	4	5	6	7	8	9	10
not at all	<div></div>			<div></div>			<div></div>			extremely
	Mildly			Moderately			Markedly			

STAI-T

Directions: A number of statements which people used to describe themselves are given below. Read each statement and then check the box below the statement that indicates how you generally feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

	Not at all	Somewhat so	Moderately	Very Much so
1. I feel pleasant.	1	2	3	4
2. I feel nervous and restless.	1	2	3	4
3. I feel satisfied with my life.	1	2	3	4
4. I wish I could be as happy as others seem to be.	1	2	3	4
5. I feel like a failure.	1	2	3	4
6. I feel rested.	1	2	3	4
7. I am calm, cool, and collected.	1	2	3	4
8. I feel that difficulties are piling up so that I cannot overcome them.	1	2	3	4
9. I worry too much over something that doesn't really matter.	1	2	3	4
10. I am happy.	1	2	3	4
11. I have disturbing thoughts.	1	2	3	4
12. I lack self-confidence.	1	2	3	4
13. I feel secure.	1	2	3	4
14. I make decisions easily.	1	2	3	4
15. I feel inadequate.	1	2	3	4
16. I am content.	1	2	3	4
17. Some unimportant thought runs through my mind and bothers me.	1	2	3	4
18. I take disappointments so keenly that I can't put them out of my mind.	1	2	3	4
19. I am a steady person.	1	2	3	4
20. I get in a state of tension or turmoil as I think over my recent concerns and interests.	1	2	3	4

Dimensional Obsessive-Compulsive Scale

This questionnaire asks you about 4 different types of concerns that you might or might not experience. For each type there is a description of the kinds of thoughts (sometimes called *obsessions*) and behaviors (sometimes called *rituals* or *compulsions*) that are typical of that particular concern, followed by 5 questions about your experiences with these thoughts and behaviors. Please read each description carefully and answer the questions for each category based on your experiences in the last month.

Category 1: Concerns about Germs and Contamination

Examples...

- Thoughts or feelings that you are contaminated because you came into contact with (or were nearby) a certain object or person.
- The feeling of being contaminated because you were in a certain place (such as a bathroom).
- Thoughts about germs, sickness, or the possibility of spreading contamination.
- Washing your hands, using hand sanitizer gels, showering, changing your clothes, or cleaning objects because of concerns about contamination.
- Following a certain routine (e.g., in the bathroom, getting dressed) because of contamination
- Avoiding certain people, objects, or places because of contamination.

The next questions ask about your experiences with thoughts and behaviors related to contamination over the last month. Keep in mind that your experiences might be different than the examples listed above. Please circle the number next to your answer:

1. About how much time have you spent each day thinking about contamination and engaging in washing or cleaning behaviors because of contamination?
 - 0 None at all
 - 1 Less than 1 hour each day
 - 2 Between 1 and 3 hours each day
 - 3 Between 3 and 8 hours each day
 - 4 8 hours or more each day
2. To what extent have you avoided situations in order to prevent concerns with contamination or having to spend time washing, cleaning, or showering?
 - 0 None at all
 - 1 A little avoidance
 - 2 A moderate amount of avoidance
 - 3 A great deal of avoidance
 - 4 Extreme avoidance of nearly all things
3. If you had thoughts about contamination but could not wash, clean, or shower (or otherwise remove the contamination), how distressed or anxious did you become?
 - 0 Not at all distressed/anxious
 - 1 Mildly distressed/anxious
 - 2 Moderately distressed/anxious
 - 3 Severely distressed/anxious
 - 4 Extremely distressed/anxious
4. To what extent has your daily routine (work, school, self-care, social life) been disrupted by contamination concerns and excessive washing, showering, cleaning, or avoidance behaviors?
 - 0 No disruption at all.
 - 1 A little disruption, but I mostly function well.
 - 2 Many things are disrupted, but I can still manage.
 - 3 My life is disrupted in many ways and I have trouble managing.
 - 4 My life is completely disrupted and I cannot function at all.
5. How difficult is it for you to disregard thoughts about contamination and refrain from behaviors such as washing, showering, cleaning, and other decontamination routines when you try to do so?
 - 0 Not at all difficult
 - 1 A little difficult
 - 2 Moderately difficult
 - 3 Very difficult
 - 4 Extremely difficult

continued →

Category 2: Concerns about being Responsible for Harm, Injury, or Bad Luck
Examples...

- A doubt that you might have made a mistake that could cause something awful or harmful to happen.
- The thought that a terrible accident, disaster, injury, or other bad luck might have occurred and you weren't careful enough to prevent it.
- The thought that you could prevent harm or bad luck by doing things in a certain way, counting to certain numbers, or by avoiding certain "bad" numbers or words.
- Thought of losing something important that you are unlikely to lose (e.g., wallet, identify theft, papers).
- Checking things such as locks, switches, your wallet, etc. more often than is necessary.
- Repeatedly asking or checking for reassurance that something bad did not (or will not) happen.
- Mentally reviewing past events to make sure you didn't do anything wrong.
- The need to follow a special routine because it will prevent harm or disasters from occurring.
- The need to count to certain numbers, or avoid certain bad numbers, due to the fear of harm.

The next questions ask about your experiences with thoughts and behaviors related to harm and disasters over the last month. Keep in mind that your experiences might be slightly different than the examples listed above. Please circle the number next to your answer:

1. About how much time have you spent each day thinking about the possibility of harm or disasters and engaging in checking or efforts to get reassurance that such things do not (or did not) occur?
 - 0 None at all
 - 1 Less than 1 hour each day
 - 2 Between 1 and 3 hours each day
 - 3 Between 3 and 8 hours each day
 - 4 8 hours or more each day
2. To what extent have you avoided situations so that you did not have to check for danger or worry about possible harm or disasters?
 - 0 None at all
 - 1 A little avoidance
 - 2 A moderate amount of avoidance
 - 3 A great deal of avoidance
 - 4 Extreme avoidance of nearly all things
3. When you think about the possibility of harm or disasters, or if you cannot check or get reassurance about these things, how distressed or anxious did you become?
 - 0 Not at all distressed/anxious
 - 1 Mildly distressed/anxious
 - 2 Moderately distressed/anxious
 - 3 Severely distressed/anxious
 - 4 Extremely distressed/anxious
4. To what extent has your daily routine (work, school, self-care, social life) been disrupted by thoughts about harm or disasters and excessive checking or asking for reassurance?
 - 0 No disruption at all.
 - 1 A little disruption, but I mostly function well.
 - 2 Many things are disrupted, but I can still manage.
 - 3 My life is disrupted in many ways and I have trouble managing.
 - 4 My life is completely disrupted and I cannot function at all.
5. How difficult is it for you to disregard thoughts about possible harm or disasters and refrain from checking or reassurance-seeking behaviors when you try to do so?
 - 0 Not at all difficult
 - 1 A little difficult
 - 2 Moderately difficult
 - 3 Very difficult
 - 4 Extremely difficult

Continued →

Category 3: Unacceptable Thoughts

Examples...

- Unpleasant thoughts about sex, immorality, or violence that come to mind against your will.
- Thoughts about doing awful, improper, or embarrassing things that you don't really want to do.
- Repeating an action or following a special routine because of a bad thought.
- Mentally performing an action or saying prayers to get rid of an unwanted or unpleasant thought.
- Avoidance of certain people, places, situations or other triggers of unwanted or unpleasant thoughts

The next questions ask about your experiences with unwanted thoughts that come to mind against your will and behaviors designed to deal with these kinds of thoughts over the last month. Keep in mind that your experiences might be slightly different than the examples listed above. Please circle the number next to your answer:

1. About how much time have you spent each day with unwanted unpleasant thoughts and with behavioral or mental actions to deal with them?
 - 0 None at all
 - 1 Less than 1 hour each day
 - 2 Between 1 and 3 hours each day
 - 3 Between 3 and 8 hours each day
 - 4 8 hours or more each day
2. To what extent have you been avoiding situations, places, objects and other reminders (e.g., numbers, people) that trigger unwanted or unpleasant thoughts?
 - 0 None at all
 - 1 A little avoidance
 - 2 A moderate amount of avoidance
 - 3 A great deal of avoidance
 - 4 Extreme avoidance of nearly all things
3. When unwanted or unpleasant thoughts come to mind against your will how distressed or anxious did you become?
 - 0 Not at all distressed/anxious
 - 1 Mildly distressed/anxious
 - 2 Moderately distressed/anxious
 - 3 Severely distressed/anxious
 - 4 Extremely distressed/anxious
4. To what extent has your daily routine (work, school, self-care, social life) been disrupted by unwanted and unpleasant thoughts and efforts to avoid or deal with such thoughts?
 - 0 No disruption at all.
 - 1 A little disruption, but I mostly function well.
 - 2 Many things are disrupted, but I can still manage.
 - 3 My life is disrupted in many ways and I have trouble managing.
 - 4 My life is completely disrupted and I cannot function at all.
5. How difficult is it for you to disregard unwanted or unpleasant thoughts and refrain from using behavioral or mental acts to deal with them when you try to do so?
 - 0 Not at all difficult
 - 1 A little difficult
 - 2 Moderately difficult
 - 3 Very difficult
 - 4 Extremely difficult

Continued →

Category 4: Concerns about Symmetry, Completeness, and the Need for Things to be “Just Right”

Examples...

- The need for symmetry, evenness, balance, or exactness.
- Feelings that something isn't “just right.”
- Repeating a routine action until it feels “just right” or “balanced.”
- Counting senseless things (e.g., ceiling tiles, words in a sentence).
- Unnecessarily arranging things in “order.”
- Having to say something over and over in the same way until it feels “just right.”

The next questions ask about your experiences with feelings that something is not “just right” and behaviors designed to achieve order, symmetry, or balance over the last month. Keep in mind that your experiences might be slightly different than the examples listed above. Please circle the number next to your answer:

1. About how much time have you spent each day with unwanted thoughts about symmetry, order, or balance and with behaviors intended to achieve symmetry, order or balance?
 - 0 None at all
 - 1 Less than 1 hour each day
 - 2 Between 1 and 3 hours each day
 - 3 Between 3 and 8 hours each day
 - 4 8 hours or more each day
2. To what extent have you been avoiding situations, places or objects associated with feelings that something is not symmetrical or “just right?”
 - 0 None at all
 - 1 A little avoidance
 - 2 A moderate amount of avoidance
 - 3 A great deal of avoidance
 - 4 Extreme avoidance of nearly all things
3. When you have the feeling of something being “not just right,” how distressed or anxious did you become?
 - 0 Not at all distressed/anxious
 - 1 Mildly distressed/anxious
 - 2 Moderately distressed/anxious
 - 3 Severely distressed/anxious
 - 4 Extremely distressed/anxious
4. To what extent has your daily routine (work, school, self-care, social life) been disrupted by the feeling of things being “not just right,” and efforts to put things in order or make them feel right?
 - 0 No disruption at all.
 - 1 A little disruption, but I mostly function well.
 - 2 Many things are disrupted, but I can still manage.
 - 3 My life is disrupted in many ways and I have trouble managing.
 - 4 My life is completely disrupted and I cannot function at all.
5. How difficult is it for you to disregard thoughts about the lack of symmetry and order, and refrain from urges to arrange things in order or repeat certain behaviors when you try to do so?
 - 0 Not at all difficult
 - 1 A little difficult
 - 2 Moderately difficult
 - 3 Very difficult
 - 4 Extremely difficult

BDI-II

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked.

1. Sadness

- 0 I do not feel sad.
- 1 I feel sad much of the time.
- 2 I am sad all the time.
- 3 I am so sad or unhappy that I can't stand it.

2. Pessimism

- 0 I am not discouraged about my future.
- 1 I feel more discouraged about my future than I used to be.
- 2 I do not expect things to work out for me.
- 3 I feel my future is hopeless and will only get worse.

3. Past Failure

- 0 I do not feel like a failure.
- 1 I have failed more than I should have.
- 2 As I look back, I see a lot of failures.
- 3 I feel I am a total failure as a person.

4. Loss of Pleasure

- 0 I get as much pleasure as I ever did from the things I enjoy.
- 1 I don't enjoy things as much as I used to.
- 2 I get very little pleasure from the things I used to enjoy.
- 3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

- 0 I don't feel particularly guilty.
- 1 I feel guilty over many things I have done or should have done.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.

6. Punishment Feelings

- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.

7. Self Dislike

- 0 I feel the same about myself as ever.
- 1 I have lost confidence in myself.
- 2 I am disappointed in myself.
- 3 I dislike myself.

8. Self Criticalness

- 0 I don't criticize or blame myself any more than usual.
- 1 I am more critical of myself than I used to be.
- 2 I criticize myself for all my faults.
- 3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

10. Crying

- 0 I don't cry any more than I used to.
- 1 I cry more than I used to.
- 2 I cry over every little thing.
- 3 I feel like crying, but can't.

Continued on next page

11. Agitation

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated I have to keep moving or doing something.

12. Loss of Interest

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

13. Indecisiveness

- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

14. Worthlessness

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

15. Loss of energy

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

16. Change in Sleeping Pattern

- 0 I have not experienced any change in my sleeping pattern.
- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.
- 2a I sleep a lot more than usual.
- 2b I sleep a lot less than usual.
- 3a I sleep most of the day.
- 3b I wake up 1-2 hours early and can't get back to sleep.

17. Irritability

- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

18. Changes in Appetite

- 0 I have not experienced any changes in my appetite.
- 1a My appetite is somewhat less than usual.
- 1b My appetite is somewhat greater than usual.
- 2a My appetite is much less than before.
- 2b My appetite is much greater than usual.
- 3a I have no appetite at all.
- 3b I crave food all the time.

19. Concentration Difficulty.

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

20. Tiredness or Fatigue

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of interest in Sex

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

Brief FNE

Directions: Please indicate how characteristic these statements are of you DURING THE PAST WEEK.

- 1 = Not at all characteristic of me
- 2 = Slightly characteristic of me
- 3 = Moderately characteristic of me
- 4 = Very characteristic of me
- 5 = Extremely characteristic of me

- ___ 1. I worry about what people will think of me even when it doesn't make any difference.
- ___ 2. I am unconcerned even if I know people are forming an unfavorable impression of me.
- ___ 3. I am frequently afraid of other people noticing my shortcomings.
- ___ 4. I rarely worry about what kind of impression I am making on someone.
- ___ 5. I am afraid that people will not approve of me.
- ___ 6. I am afraid that people will find fault with me.
- ___ 7. Other people's opinions of me do not bother me.
- ___ 8. When I am talking to someone, I worry about what they may be thinking about me.
- ___ 9. I am usually worried about what kind of impression I make.
- ___ 10. If I know someone is judging me, it has little effect on me.
- ___ 11. Sometimes I think I am too concerned with what other people think of me.
- ___ 12. I often worry that I will say or do the wrong things.

AAQ-OCD

We are interested in your experiences with unwanted intrusive thoughts, ideas, impulses, doubts, images, and feelings that something is “not just right”. These experiences may be bizarre, senseless, and unpleasant; they may seem inconsistent with who you are (your personality) and how you see yourself. These experiences may also seem to occur against your will; you may try hard to ignore them, but they keep coming back. Sometimes people feel the need to do something (a behavior or mental action) to try to control or remove these types of unwanted thoughts, images, or doubts in order to feel more comfortable.

The following are some examples of unwanted intrusive thoughts:

- The thought that you might have become contaminated after touching something.
- Doubts about whether or not you locked the door or turned off an appliance when you left home.
- Thoughts or urges to engage in behaviors (related to sex, immorality, or violence) that are against your morals or religious beliefs (e.g., pushing a stranger in front of oncoming traffic; a blasphemous thought).
- Thoughts or feelings that something isn’t “just right” (e.g., need for symmetry).

Please note we are NOT referring to daydreams or pleasant fantasies. We are also NOT asking about depressive thoughts (e.g., “I’m worthless”) or general worries about everyday matters such as money, school/work, or family issues.

Below you will find a list of statements asking about your experiences with unwanted intrusive thoughts. Please rate how true each statement is for you by selecting a number using the scale below.

1	2	3	4	5	6	7
never true	very seldom true	seldom true	sometimes true	frequently true	almost always true	always true

1. My intrusive thoughts determine the actions that I take.	1	2	3	4	5	6	7
2. I try hard to avoid having intrusive thoughts.	1	2	3	4	5	6	7
3. Intrusive thoughts get in the way of my success.	1	2	3	4	5	6	7
4. It seems like other people are handling their unwanted intrusive thoughts better than I am.	1	2	3	4	5	6	7
5. I need to control my intrusive thoughts in order to handle my life well.	1	2	3	4	5	6	7
6. I stop taking care of my responsibilities when I have intrusive thoughts.	1	2	3	4	5	6	7
7. If an unpleasant intrusive thought comes into my head, I try to get rid of it.	1	2	3	4	5	6	7
8. Intrusive thoughts cause problems in my life.	1	2	3	4	5	6	7
9. I’m afraid of my intrusive thoughts.	1	2	3	4	5	6	7
10. My intrusive thoughts prevent me from leading a fulfilling life.	1	2	3	4	5	6	7
11. I can’t stand having intrusive thoughts.	1	2	3	4	5	6	7
12. I worry about not being able to control my intrusive thoughts.	1	2	3	4	5	6	7
13. I try hard to control the physical reactions that I experience in my body when I am having intrusive thoughts (e.g., heart racing, sweating).	1	2	3	4	5	6	7

ASI-3

Please circle the number that best corresponds to how much you agree with each item. If any items concern something that you have never experienced (e.g., fainting in public) answer on the basis of how you think you might feel *if you had* such an experience. Otherwise, answer all items on the basis of your own experience. Be careful to circle only one number for each item and please answer all items.

	Very Little	A little	Some	Much	Very much
1. It is important for me not to appear nervous.	0	1	2	3	4
2. When I cannot keep my mind on a task, I worry that I might be going crazy.	0	1	2	3	4
3. It scares me when my heart beats rapidly.	0	1	2	3	4
4. When my stomach is upset, I worry that I might be seriously ill.	0	1	2	3	4
5. It scares me when I am unable to keep my mind on a task.	0	1	2	3	4
6. When I tremble in the presence of others, I fear what people might think of me.	0	1	2	3	4
7. When my chest feels tight, I get scared that I won't be able to breathe properly.	0	1	2	3	4
8. When I feel pain in my chest, I worry that I am going to have a heart attack.	0	1	2	3	4
9. I worry that other people will notice my anxiety.	0	1	2	3	4
10. When I feel "spacey" or spaced out I worry that I may be mentally ill.	0	1	2	3	4
11. It scares me when I blush in front of people.	0	1	2	3	4
12. When I notice my heart skipping a beat, I worry that there is something seriously wrong with me.	0	1	2	3.	4
13. When I begin to sweat in a social situation, I fear people will think negatively of me.	0	1	2	3	4
14. When my thoughts seem to speed up, I worry that I might be going crazy.	0	1	2	3	4
15. When my throat feels tight, I worry that I could choke to death.	0	1	2	3	4
16. When I have trouble thinking clearly, I worry that there is something wrong with me.	0	1	2	3	4
17. I think it would be horrible for me to faint in public.	0	1	2	3	4
18. When my mind goes blank, I worry there is something terribly wrong with me.	0	1	2	3	4

AAQ-II

Below you will find a list of statements. Please rate how true each statement is for you by circling a number next to it. Use the scale below to make your choice.

1	2	3	4	5	6	7
never true	very seldom true	seldom true	sometimes true	frequently true	almost always true	always true

1. My painful experiences and memories make it difficult for me to live a life that I would value.	1	2	3	4	5	6	7
2. I'm afraid of my feelings.	1	2	3	4	5	6	7
3. I worry about not being able to control my worries and feelings.	1	2	3	4	5	6	7
4. My painful memories prevent me from having a fulfilling life.	1	2	3	4	5	6	7
5. Emotions cause problems in my life.	1	2	3	4	5	6	7
6. It seems like most people are handling their lives better than I am.	1	2	3	4	5	6	7
7. Worries get in the way of my success.	1	2	3	4	5	6	7

OBQ

- This inventory lists different attitudes or beliefs that people sometimes hold. Read each statement carefully and decide how much you agree or disagree with it.
- For each of the statements, choose the number matching the answer that *best describes how you think*. Because people are different, there are no right or wrong answers.
- To decide whether a given statement is typical of your way of looking at things, simply keep in mind what you are like *most of the time*.
- Use the following scale:

1	2	3	4	5	6	7
disagree very much	disagree moderately	disagree a little	neither agree nor disagree	agree a little	agree moderately	agree very much

In making your ratings, try to avoid using the middle point of the scale (4), but rather indicate whether you usually disagree or agree with the statements about your own beliefs and attitudes.

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| 1. I often think things around me are unsafe. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. If I'm not absolutely sure of something, I'm bound to make a mistake | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Things should be perfect according to my own standards. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. In order to be a worthwhile person, I must be perfect at everything I do. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. When I see any opportunity to do so, I must act to prevent bad things from happening. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. Even if harm is very unlikely, I should try to prevent it at any cost. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. For me, having bad urges is as bad as actually carrying them out. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. If I don't act when I foresee danger, then I am to blame for any consequences. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. If I can't do something perfectly, I shouldn't do it at all. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. I must work to my full potential at all times. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. It is essential for me to consider all possible outcomes of a situation. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. Even minor mistakes mean a job is not complete. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1	2	3	4	5	6	7
disagree very much	disagree moderately	disagree a little	neither agree nor disagree	agree a little	agree moderately	agree very much

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|---|---|---|---|---|---|---|---|
| 13. If I have aggressive thoughts or impulses about my loved ones, this means I may secretly want to hurt them. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14. I must be certain of my decisions. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 15. In all kinds of daily situations, failing to prevent harm is just as bad as deliberately causing harm. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. Avoiding serious problems (for example, illness or accidents) requires constant effort on my part. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17. For me, not preventing harm is as bad as causing harm. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. I should be upset if I make a mistake. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. I should make sure others are protected from any negative consequences of my decisions or actions | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. For me, things are not right if they are not perfect. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 21. Having nasty thoughts means I am a terrible person. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 22. If I do not take extra precautions, I am more likely than others to have or cause a serious disaster. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 23. In order to feel safe, I have to be as prepared as possible for anything that could go wrong. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 24. I should not have bizarre or disgusting thoughts. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 25. For me, making a mistake is as bad as failing completely. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 26. It is essential for everything to be clear cut, even in minor matters. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 27. Having a blasphemous thought is as sinful as committing a sacrilegious act. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 28. I should be able to rid my mind of unwanted thoughts. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 29. I am more likely than other people to accidentally cause harm to myself or to others. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
disagree very much	disagree moderately	disagree a little	neither agree nor disagree	agree a little	agree moderately	agree very much

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|---|---|---|---|---|---|---|---|
| 30. Having bad thoughts means I am weird or abnormal. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 31. I must be the best at things that are important to me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 32. Having an unwanted sexual thought or image means I really want to do it. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 33. If my actions could have even a small effect on a potential misfortune, I am responsible for the outcome. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 34. Even when I am careful, I often think that bad things will happen. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 35. Having intrusive thoughts means I'm out of control. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 36. Harmful events will happen unless I am very careful. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 37. I must keep working at something until it's done exactly right. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 38. Having violent thoughts means I will lose control and become violent. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 39. To me, failing to prevent a disaster is as bad as causing it. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 40. If I don't do a job perfectly, people won't respect me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 41. Even ordinary experiences in my life are full of risk. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 42. Having a bad thought is morally no different than doing a bad deed. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 43. No matter what I do, it won't be good enough. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 44. If I don't control my thoughts, I'll be punished. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |