

Level 2—Repetitive Thoughts and Behaviors—Adult

In “Instructions” on the patient sheet that follows, you will find a reference to the Level 1 Cross-Cutting Questionnaire, which can be downloaded directly from [http://www.psychiatry.org/psychiatrists/practice/dsm/dsm-5/online-assessment-measures: Level 1 Cross-Cutting Symptom Measures–Adult](http://www.psychiatry.org/psychiatrists/practice/dsm/dsm-5/online-assessment-measures:Level1Cross-CuttingSymptomMeasures-Adult). **If your patient has not completed the Level 1 Cross-Cutting Questionnaire**, ask your patient the following:

During the past 2 weeks, have you been bothered by “unwanted repeated thoughts, images, or urges” and/or “being driven to perform certain behaviors or mental acts over and over” at a mild or greater level of severity?

Scoring and Interpretation

To use when a diagnosis of obsessive-compulsive behaviour is made for an individual aged 18 and older. The total score can range from 0–20, with higher scores indicating higher severity.

The clinician reviews the score of each item and indicates the raw score for each item in the “Clinician Use” section, and summed up to obtain a total raw score. If the individual has a raw score of 8 or higher, you may want to consider a more detailed assessment for an obsessive compulsive disorder.

Calculate the Average Total Score, reducing the overall score to a 5-point scale, which allows the clinician to think of the severity of the individual’s repetitive thoughts and behavior in terms of none (0), mild (1), moderate (2), severe (3), or extreme (4).

The Average Total Score is calculated by dividing the Total Raw Score by the number of items in the measure (i.e., 5).

Note: If 2 or more items are left unanswered, the total score on the measure should not be calculated. If 1 item is left unanswered, you are asked to calculate and use a Prorated Total Raw Score as the Total Raw Score.

The prorated score is calculated by summing the scores of the items that were answered to get a partial raw score. The formula to prorate the partial raw score to the Total Raw Score is:

$$\frac{(\text{Partial raw score} \times 5)}{\text{Number of items that were actually answered (4)}}$$

If the result is a fraction, round to the nearest whole number. Use this prorated score to calculate the average:

$$\frac{(\text{Prorated total raw score})}{\text{Number of items in the measure (i.e., 5)}}$$

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Patient Name: _____ Date: _____

If the measure is being completed by an informant, what is your relationship with the individual receiving care? _____

In a typical week, approximately how much time do you spend with the individual receiving care?
 _____ (hours/week)

Instructions: When you spoke with your doctor, or on the DSM-5 Level 1 cross-cutting questionnaire (or other) that you just completed, you indicated that **during the past 2 weeks** you have been bothered by “unwanted repeated thoughts, images, or urges” and/or “being driven to perform certain behaviors or mental acts over and over” at a mild or greater level of severity. The questions that follow ask about these feelings in more detail and especially how often you have been bothered by a list of symptoms **during the past 7 days**. Please respond to each item by marking (✓ / x) in one box per row.

	CLINICIAN USE				
DURING THE PAST SEVEN (7) DAYS . . .	ITEM SCORE				
1. On average, how much time is occupied by these thoughts or behaviors each day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0—None	1—Mild (Less than 1 hour a day)	2—Moderate (1–3 hours a day)	3—Severe (3–8 hours a day)	4—Extreme (more than 8 hours a day)	
2. How much distress do these thoughts or behaviors cause you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0—None	1—Mild (slightly disturbing)	2—Moderate (disturbing but still manageable)	3—Severe (very disturbing)	4—Extreme (overwhelming distress)	
3. How hard is it for you to control these thoughts or behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0—Complete control	1—Much control (usually able to control thoughts or behaviors)	2—Moderate control (sometimes able to control thoughts or behaviors)	3—Little control (infrequently able to control thoughts or behaviors)	4—No control (unable to control thoughts or behaviors)	

*Adapted from the Florida Obsessive-Compulsive Inventory (FOCI) Severity Scale (Part B) 1994. Wayne K. Goodman, MD, and Eric Storch, PhD. This material can be reproduced without permission by clinicians for use with their own patients. Any other use, including electronic use, requires written permission from Dr. Goodman (wkgood@gmail.com).

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	CLINICIAN USE				
DURING THE PAST SEVEN (7) DAYS . . .	ITEM SCORE				
4. How much do these thoughts or behaviors cause you to avoid doing anything, going anyplace, or being with anyone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0—No avoidance	1—Mild (occasional avoidance)	2—Moderate (regularly avoid doing these things)	3—Severe (frequent and extensive avoidance)	4—Extreme (nearly complete avoidance; house-bound)
5. How much do these thoughts or behaviors interfere with school, work, or your social or family life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0—None	1—Mild (slight interference)	2—Moderate (definite interference with functioning, but still manageable)	3—Severe (substantial interference)	4—Extreme (near-total interference; incapacitated)
Total/Partial Raw Score:					
Prorated Total Raw Score (if 1–2 items left unanswered):					
Average Total Score:					