

OC1 Have you ever had thoughts, images, or impulses that bothered you a lot and kept coming back? Ideas that are senseless -- like thinking your hands are dirty no matter how often you wash them or thinking of hurting someone you love when you're not even mad at them. Other examples are the repeated urge to curse in church or feeling sure many times that you have run over someone with your car.

OC1
NO..... (SKIP TO OC9)..... 1
YES 5

A. **CODE SILENTLY:** ARE EXAMPLES JUST GIVEN ONLY ABOUT OWN EMOTIONAL PROBLEMS, ALC/ DRUG PROBLEMS, HEALTH/ APPEARANCE, OR REALISTIC FINANCIAL/FAMILY PROBLEMS?

OC1a
NO..... (SKIP TO OCp1)..... 1
YES 5

B. Were the kinds of thoughts, images, or impulses that bothered you only about (your emotional problems / problems you had with alcohol or drugs / other problems you had with your health or appearance / realistic money or family problems) ?

OC1b
NO 1
YES (SKIP TO OC9)..... 5

C. What other kinds of thoughts or ideas bothered you?
CODE SILENTLY: ARE THESE EXAMPLES ONLY ABOUT OWN EMOTIONAL PROBLEMS, ALC/ DRUG PROBLEMS, HEALTH/ APPEARANCE, OR REALISTIC FINANCIAL/FAMILY PROBLEMS?

OC1c
NO 1
YES (SKIP TO OC9)..... 5

OCp1. Did you tell a doctor about these feelings?

OCp1
NO 1
YES (SKIP TO D)..... 5

A1. Did you tell any other health professional about these feelings?

OCp1a1
NO 1
YES (SKIP TO D)..... 5

B. Were these feelings ever the result of physical illness or injury?

OCp1b
NO 1
YES (SKIP TO H)..... 5

C. Were these feelings ever the result of medication, drugs, or alcohol?

OCp1c
NO (SKIP TO A3)..... 1
YES (SKIP TO J)..... 5

D. When you told the (doctor/health professional), what was the diagnosis? (What did the doctor/health professional say was causing these feelings?)

OCp1d
STRESS/PSYCH (SKIP TO OC2)..... 1
MEDS, A/D..... (SKIP TO J)..... 2
ILLNESS/INJ..... (SKIP TO H)..... 3
NO DX, DK..... (SKIP TO G)..... 4

G. Did the (doctor/health professional) find anything abnormal by an exam, test, or x-ray?

OCp1g
NO (SKIP TO OC2)..... 1
YES 5

H. Were these feelings always the result of physical illness or injury?

OCp1h
NO (SKIP TO I) 1
YES 5

**BOX OCp1H IF (D=3 OR 4) AND (H=5), SKIP TO OC9.
OTHERS SKIP TO A3.**

- I. When these feelings or behaviors were not due to physical illness or injury, were they always the result of medication, drugs, or alcohol?

OCp1i

NO1
YES5

**BOX OCp1I IF (D=3 OR 4) AND (I=1), SKIP TO OC2.
IF (D=3 OR 4) AND (I=5), SKIP TO OC9.
OTHERS SKIP TO A3.**

- J. Were these feelings always the result of medication, drugs, or alcohol?

OCp1j

NO1
YES5

**BOX OCp1J IF D=2 AND J=1, GO TO F.
IF D=2 AND J=5, SKIP TO OC9.
OTHERS SKIP TO A3.**

- F. When these feelings were not due to medication, drugs, or alcohol, were they always the result of physical illness or injury?

OCp1f

NO(SKIP TO OC2).....1
YES(SKIP TO OC9).....5

- A3. Did these feelings interfere with your life or activities a lot?

OCp1a3

NO(SKIP TO OC9).....1
YES5

**BOX OCp1A3 IF (H=5) OR (I=5) OR (J=5), SKIP TO OC9.
OTHERS CONTINUE**

**BOX OC1 PROBE—FOR ANALYSTS ONLY
VALUES ASSIGNED BY BLAISE:**

OC1PROBE=2

IF A3=1

OC1PROBE=3

IF F=5

OR [(A3=5) AND (J=5 OR I=5)]

OR [(OCp1=5 OR A1=5) AND (J=5 OR I=5)]

OC1PROBE=4

IF (H=5) AND [(A3=5) OR (OCp1=5 OR A1=5)]

OC1PROBE=5

IF D=1

OR F=1

OR G=1

OR [(OCp1=5 OR A1=5) AND (I=1)]

OR [(A3=5) AND (C=1 OR J=1 OR I=1)]

OCD3RA2
OCD4A3

- OC2 Did you try to block these thoughts by doing something or thinking about something else?

OC2

NO.....(SKIP TO OC9).....1
YES5

OCD3RA3 OCD4A4	OC3 Were these your own thoughts or were they put in your head by someone else?	OC3 SOMEONE ELSE....(SKIP TO OC9)...1 OWN THOUGHTS.....5
OCD4B	OC4 Did you think that these (thoughts/images/impulses) were unreasonable or excessive?	OC4 NO (SKIP TO OC9)..... 1 YES..... 5
<div style="border: 1px solid black; padding: 5px; text-align: center;"> BOX OC5 IF DP16A=5 OR DP27C=5, CONTINUE. OTHERS SKIP TO OC6. </div>		
OCD3RA4 OCD4D	OC5 Did these thoughts occur <u>only</u> when you were feeling sad, blue, or depressed, like the times we talked about earlier?	OC5 NO 1 YES..... 5
OCD3RA4 OCD4E	OC6 Did these thoughts occur <u>only</u> when you were using alcohol or drugs or had recently cut down?	OC6 NO 1 YES..... 5
(4) OCD3RB OCD4C	OC7 Did these thoughts really upset you or interfere with your normal routine?	OC7 NO 1 YES..... 5
(5) OCD3RB OCD4C	A. Did you find yourself having these thoughts or impulses for at least an hour a day?	OC7A NO 1 YES..... 5
<div style="border: 1px solid black; padding: 5px; text-align: center;"> BOX OC7 IF OC7 AND OC7A ARE BOTH CODED 1, SKIP TO OC9. </div>		
OC8 When was the (first/last) time you experienced these thoughts to the point that they interfered with your normal routine or caused you to feel really upset?		AGE ONS: ____/____ t OC_AO8 ONS: 1 5 OC_O8 AGE REC: ____/____ t OC_AR8 REC: 1 5 OC_R8
(3) OCD3RA1 OCD4A1	OC9 Have you ever found that you <u>had</u> to do or think certain things over and over? For example, washing your hands so often your skin became sore or checking things like doors many times because you thought you hadn't locked them? What about performing behaviors in a set pattern? For example, putting on your clothes in a certain order, counting repeatedly, saying words to yourself over and over, or other rituals like that?	OC9 NO...(SKIP TO BOX OC16).1 YES(SPECIFY)..... 5
SPECIFY: What was it that you had to do or think over and over? _____ OC9Specify		
OCD3RA2 OCD4A2	A. Did you do those things to keep something bad from happening?	OC9A NO1 YES..... 5

OCp9. Did you tell a doctor about these feelings?	OCp9 NO1 YES(SKIP TO D).....5
A1. Did you tell any other health professional about these feelings?	OCp9a1 NO1 YES(SKIP TO D).....5
B. Were these feelings ever the result of physical illness or injury?	OCp9b NO1 YES(SKIP TO H).....5
C. Were these feelings ever the result of medication, drugs, or alcohol?	OCp9c NO(SKIP TO A3).....1 YES(SKIP TO J).....5

D. When you told the (doctor/health professional), what was the diagnosis? (What did the doctor/health professional say was causing these feelings?)	OCp9d STRESS/PSYCH.....(SKIP TO OC10)....1 MEDS, A/D.....(SKIP TO J).....2 ILLNESS/INJ.....(SKIP TO H).....3 NO DX, DK.....(SKIP TO G).....4
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G. Did the (doctor/health professional) find anything abnormal by an exam, test, or x-ray?	OCp9g NO(SKIP TO OC10).....1 YES5
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H. Were these feelings always the result of physical illness or injury?	OCp9h NO(SKIP TO I)1 YES5
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BOX OCp9H IF (D=3 OR 4) AND (H=5), SKIP TO BOX OC16. OTHERS SKIP TO A3.

I. When these feelings were not due to physical illness or injury, were they always the result of medication, drugs, or alcohol?	OCp9i NO1 YES5
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BOX OCp9I IF (D=3 OR 4) AND (I=1), SKIP TO OC10. IF (D=3 OR 4) AND (I=5), SKIP TO BOX OC16. OTHERS SKIP TO A3.

J. Were these feelings always the result of medication, drugs, or alcohol?	OCp9j NO1 YES5
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BOX OCp9J IF D=2 AND J=1, GO TO F. IF D=2 AND J=5, SKIP TO BOX OC16. OTHERS SKIP TO A3.

F. When these feelings were not due to medication, drugs, or alcohol, were they always the result of physical illness or injury?	OCp9f NO(SKIP TO OC10).....1 YES ...(SKIP TO BOX OC16)..5
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A3. Did these feelings interfere with your life or activities a lot?	OCp9a3 NO(SKIP TO BOX OC16)..1 YES5
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BOX OCp9A3 IF (H=5) OR (I=5) OR (J=5), SKIP TO BOX OC16. OTHERS CONTINUE.

BOX OC9 PROBE—FOR ANALYSTS ONLY
VALUES ASSIGNED BY BLAISE:

OC9PROBE=2

IF A3=1

OC9PROBE=3

IF F=5

OR [(A3=5) AND (J=5 OR I=5)]

OR [(OCp9=5 OR A1=5) AND (J=5 OR I=5)]

OC9PROBE=4

IF [(H=5) AND (A3=5) OR (OCp9=5 OR A1=5)]

OC9PROBE=5

IF D=1

OR F=1

OR G=1

OR [(OCp9=5 OR A1=5) AND (I=1)]

OR [(A3=5) AND (C=1 OR J=1 OR I=1)]

OCD3RA2
OCD4A2

OC10 If you tried to stop doing (BEHAVIOR), did you become
anxious or very nervous?

OC10

NO..... 1
YES..... 5

(Q3C)
OCD3RA3
OCD4B

OC11 Did you think that these activities were unreasonable or
excessive?

OC11

NO..... 1
YES..... 5

BOX OC12 IF BOX ED5 = 5 OR ED11 = 5, CONTINUE.
OTHERS SKIP TO BOX OC13.

OCD4D

OC12 Were these activities always related to feelings about your body
size or weight?

OC12

NO..... 1
YES..... 5

BOX OC13 IF DP16A = 5, OR DP27C=5, CONTINUE.
OTHERS SKIP TO OC14.

OCD4D

OC13 Did you perform these behaviors only when you were feeling
sad, blue, or depressed, like the times we talked about earlier?

OC13

NO..... 1
YES..... 5

OCD4E

OC14 Did these behaviors only occur when you were using alcohol or
drugs or had recently cut down?

OC14

NO..... 1
YES..... 5

(Q4)
OCD3RB
OCD4C

OC15 Did those activities really upset you or interfere with your normal routine?

OC15

NO 1
YES 5

(Q5)
OCD3RB
OCD4C

A. Did you find yourself performing these behaviors at least an hour at a time each day?

OC15A

NO 1
YES 5

**BOX OC15 IF OC15 AND OC15A ARE BOTH CODED 1,
SKIP TO BOX OC16.
OTHERS CONTINUE.**

OC16 When was the (first/last) time you performed these activities to the point that they caused you to feel really upset, interfered with your normal routine, or took up a lot of your time?

AGE ONS: ___/___ t OC_ao16
ONS: 1 5 OC_o16

AGE REC: ___/___ t OC_ar16
REC: 1 5 OC_r16

SKIP TO BOX OC17.

**BOX OC16 IF OC7=5 OR OC7A=5, CONTINUE.
OTHERS SKIP TO SP1.**

**BOX OC17 IF AL1a=1 AND MJ1=1 AND ALL DR1=1, SKIP TO SP1.
OTHERS CONTINUE.**

OC17 Did these (thoughts/behaviors) ever begin after (drinking heavily/ using marijuana more than usual/using drugs more than usual)?

OC17

NO.....1
YES.....5

OC17a

A. Did these (thoughts/behaviors) ever begin soon after you stopped (drinking/using marijuana/using drugs)?

NO.....1
YES.....5