

OBSESSIVE-COMPULSIVE DISORDER SECTION

*O1. Some people have repeated unpleasant thoughts or impulses that they can't get out of their heads that make these people feel compelled to behave in repetitive ways. For example, some people have the idea that their hands are dirty no matter how much they wash them. This often leads these people to wash their hands again and again many times a day. (READ SLOWLY.) Did you ever have a period in your life lasting two weeks or longer when <u>most days</u> you experienced any of the following unpleasant thoughts, images, or impulses, or repeated behaviors that you felt compelled to do:		YES (1)	NO (5)	DK (8)	RF (9)
*O1a.	A recurrent concern about dirt, germs, contamination, or feeling compelled to repeatedly wash, clean, or decontaminate things? (Did you ever have any of these experiences?) (KEY PHRASE: concerns about germs or contamination)	1	5	8	9
*O1b.	A recurrent impulse either to check things like locks or stoves, or to go back over things in your mind to make sure that a mistake was not made? (KEY PHRASE: impulses to check things)	1	5	8	9
*O1c.	A recurrent impulse either to line things up, to order or arrange things, to touch things, to count things, or to do things in an exactly defined order? (KEY PHRASE: impulses to order things)	1	5	8	9
*O1d.	A compulsion to save things or being unable to throw things away that you no longer need? (KEY PHRASE: impulses to save things)	1	5	8	9
*O1e.	Recurrent sexual or religious thoughts, images, or impulses that you found unpleasant, intrusive, and disturbing? (KEY PHRASE: unpleasant thoughts about sexual or religious things)	1	5	8	9
*O1f.	Recurrent unpleasant thoughts about right and wrong, or a compulsion to pray over and over to ask forgiveness? (KEY PHRASE: unpleasant thoughts about morality or sin)	1	5	8	9
*O1g.	Impulses to do terrible things to people or recurrent concerns that you might do something terrible? (KEY PHRASE: concerns that you might do something terrible)	1	5	8	9
*O1h.	A recurrent concern that you or someone close to you had a terrible illness that hadn't yet caused any symptoms? (KEY PHRASE: concerns about terrible illness)	1	5	8	9
*O1i.	Any other recurrent and bothersome thoughts, images, impulses, or compulsions to do certain things over and over that are excessive or unrealistic? (KEY PHRASE: (and other) recurrent thoughts or compulsions to do things over and over)	1	5	8	9

*O2. INTERVIEWER CHECKPOINT: (SEE *O1a - *O1i)

ZERO 'YES' RESPONSES IN *O1a-i.....1 **GO TO *O71**

ONE OR TWO 'YES' RESPONSES.....2

THREE OR MORE 'YES' RESPONSES.....3 **GO TO *O5**

*O3. You mentioned (KEY PHRASES OF ALL 'YES' RESPONES IN *O1 SERIES). Think of the time in your life when these experiences were most frequent. On the days you had them, about how many minutes or hours each day did you spend either with these unpleasant thoughts, images, or impulses on your mind, or carrying out repeated behaviors or repeated mental acts that you felt compelled to do?

PROBE FINAL DK: Was it at least 60 minutes a day?

_____ NUMBER

CIRCLE UNIT OF TIME: MINUTES...1 HOURS...2

DON'T KNOW98

REFUSED99

*O4. INTERVIEWER CHECKPOINT: (SEE *O3)

LESS THAN 60 MINUTES1 GO TO *O71

ALL OTHERS.....2 GO TO *O7

*O5. You mentioned a number of the experiences I just listed. Think of the time in your life when these experiences were most frequent. On the days you had them, about how many minutes or hours each day did you spend either with these unpleasant thoughts, images, or impulses on your mind, or carrying out repeated behaviors or repeated mental acts that you felt compelled to do?

PROBE FINAL DK: Was it at least 60 minutes a day?

_____ NUMBER

CIRCLE UNIT OF TIME: MINUTES...1 HOURS...2

DON'T KNOW98

REFUSED99

*O6. INTERVIEWER CHECKPOINT: (SEE *O5)

LESS THAN 60 MINUTES1 GO TO *O71

ALL OTHERS.....2

*O7. How much of that (TIME FROM *O3 OR *O5) did you usually spend with unpleasant thoughts, images, or impulses on your mind – all, most, some, a little, or none of that time?

ALL.....1

MOST2

SOME3

A LITTLE4

NONE5

DON'T KNOW8

REFUSED9

*O8. And how much of that (TIME FROM *O3 OR *O5) did you usually spend carrying out repetitive behaviors or mental acts – all, most, some, a little, or none of that time?

- ALL.....1
- MOST2
- SOME3
- A LITTLE4
- NONE5
- DON'T KNOW8
- REFUSED9

*O9. INTERVIEWER CHECKPOINT: (SEE *O7)

- *O7 EQUALS 1-4.....1
- ALL OTHERS.....2 **GO TO *O21**

*O10. The next few questions are about the thoughts, images, and impulses. How often did you ever consider these things to be excessive or unreasonable – all the time, most of the time, sometimes, rarely, or never?

- ALL.....1 **GO TO *O11**
- MOST2 **GO TO *O11**
- SOME3 **GO TO *O11**
- RARELY4 **GO TO *O11**
- NEVER.....5
- DON'T KNOW8
- REFUSED9

*O10a. Did you ever pay more attention to these thoughts, images, or impulses than they deserved?

- YES.....1
- NO.....5 **GO TO *O15**
- DON'T KNOW8 **GO TO *O15**
- REFUSED9 **GO TO *O15**

*O11. Did these thoughts, images, or impulses ever make you very upset or anxious?

- YES.....1
- NO5
- DON'T KNOW8
- REFUSED9

*O12. How much did these thoughts, images, or impulses ever interfere with either your work, your social life, or your personal relationships -- not at all, a little, some, a lot, or extremely?

- NOT AT ALL.....1 **GO TO *O13**
 - A LITTLE.....2
 - SOME3
 - A LOT.....4
 - EXTREMELY.....5
 - DON'T KNOW8
 - REFUSED9
-

*O13. Some people try to get unpleasant things like this out of their mind by ignoring them, by thinking of other things, by staying busy, or by acting on the impulses. How often did you do things like this in an effort to get the thoughts, images, or impulses out of your mind – often, sometimes, rarely, or never?

- OFTEN1
 - SOMETIMES.....2
 - RARELY3
 - NEVER.....4 **GO TO *O15**
 - DON'T KNOW8 **GO TO *O15**
 - REFUSED9 **GO TO *O15**
-

*O14. Were the thoughts, images, or impulses ever so strong that you could not get them out of your mind no matter how hard you tried?

- YES.....1 **GO TO *O16**
 - NO.....5
 - DON'T KNOW8
 - REFUSED9
-

*O15. INTERVIEWER CHECKPOINT: (SEE *O8)

- *O8 EQUALS 1-4.....1 **GO TO *O22**
- ALL OTHERS.....2 **GO TO *O71**

***O16.** Did you have two weeks or longer in the past 12 months when you had these thoughts, images, or impulses most days?

YES.....1
NO.....5 **GO TO *O16c**
DON'T KNOW8 **GO TO *O16c**
REFUSED9 **GO TO *O16c**

*O16a. How recently – in the past month, two to six months ago, or more than six months ago?

PAST MONTH 1
2-6 MONTHS AGO.....2
MORE THAN 6 MONTHS AGO3
DON'T KNOW8
REFUSED 9

*O16b. About how many weeks altogether in the past 12 months did you have these experiences most days?

_____ WEEKS **GO TO *O17**

DON'T KNOW998 **GO TO *O17**
REFUSED999 **GO TO *O17**

*O16c. How old were you the last time you had a period lasting two weeks or longer when you had these experiences most days?

_____ YEARS OLD **GO TO *O21**

DON'T KNOW998 **GO TO *O21**
REFUSED999 **GO TO *O21**

***O17.** In the past 12 months, on average about how many minutes or hours each day were you occupied by these thoughts, images, or impulses on the days you had them?

PROBE FINAL DK: Was it at least 60 minutes a day?

_____ NUMBER

CIRCLE UNIT OF TIME: MINUTES....1 HOURS....2

DON'T KNOW98
REFUSED99

***O18.** Again, in the past 12 months, how much did these thoughts, images, or impulses upset you or make you anxious -- not at all, a little, some, a lot, or extremely?

NOT AT ALL1
A LITTLE.....2
SOME3
A LOT.....4
EXTREMELY.....5
DON'T KNOW8
REFUSED9

*O19. During the past 12 months, how much of an effort did you make to resist these thoughts, images, or impulses -
- none, a little, some, a lot, or an extreme effort?

- NONE1 **GO TO *O21**
 - A LITTLE.....2
 - SOME3
 - A LOT.....4
 - EXTREME5
 - DON'T KNOW8
 - REFUSED9
-

*O20. And when you tried to resist them, how much control did you have over these thoughts, images, or impulses -
- none, a little, some, a lot, or total control?

- NONE1
 - A LITTLE.....2
 - SOME3
 - A LOT.....4
 - TOTAL5
 - DON'T KNOW8
 - REFUSED9
-

*O21. INTERVIEWER CHECKPOINT: (SEE *O8)

- *O8 EQUALS 1-4.....1
 - ALL OTHERS.....2 **GO TO *O34**
-

*O22. The next few questions are about the repeated behaviors or repeated mental acts that you felt compelled to do.
Did you ever consider these behaviors excessive or unreasonable?

- YES.....1 **GO TO *O23**
- NO.....5
- DON'T KNOW8
- REFUSED9

*O22a. Did you ever think these behaviors were useless or unnecessary, or that you overdid them?

- YES.....1
 - NO.....5 **GO TO *O27**
 - DON'T KNOW8 **GO TO *O27**
 - REFUSED9 **GO TO *O27**
-

*O23. Did you ever feel that something bad might happen if you did not carry out these behaviors?

- YES.....1
- NO5 **GO TO *O27**
- DON'T KNOW8 **GO TO *O27**
- REFUSED9 **GO TO *O27**

*O24. How much did doing these things over and over ever interfere with either your work, your social life, or your personal relationships -- not at all, a little, some, a lot, or extremely?

- NOT AT ALL.....1 **GO TO *O25**
- A LITTLE.....2
- SOME.....3
- A LOT.....4
- EXTREMELY.....5
- DON'T KNOW.....8
- REFUSED.....9

*O24a. How often were you unable to carry out your daily activities because of these behaviors -- often, sometimes, rarely, or never?

- OFTEN.....1
- SOMETIMES.....2
- RARELY.....3
- NEVER.....4
- DON'T KNOW.....8
- REFUSED.....9

*O25. Did you ever try to resist doing these things over and over?

- YES.....1
- NO.....5 **GO TO *O27**
- DON'T KNOW.....8 **GO TO *O27**
- REFUSED.....9 **GO TO *O27**

*O25a. Were the impulses or urges to carry out these behaviors ever so strong that you could not resist them no matter how hard you tried?

- YES.....1
- NO.....5 **GO TO *O27**
- DON'T KNOW.....8 **GO TO *O27**
- REFUSED.....9 **GO TO *O27**

*O26. Did you ever get very upset when you were prevented from carrying out these behaviors?

- YES.....1
- NO.....5
- DON'T KNOW.....8
- REFUSED.....9

GO TO *O28

*O27. INTERVIEWER CHECKPOINT: (SEE *O14)

- *O14 EQUALS 'YES'.....1 **GO TO *O34**
- ALL OTHERS.....2 **GO TO *O71**

***O28.** Did you have two weeks or longer in the past 12 months when you carried out these repeated behaviors or mental acts most days?

YES.....1
NO.....5 **GO TO *O28c**
DON'T KNOW8 **GO TO *O28c**
REFUSED9 **GO TO *O28c**

*O28a. How recently – in the past month, two to six months ago, or more than six months ago?

PAST MONTH 1
2-6 MONTHS AGO..... 2
MORE THAN 6 MONTHS AGO 3
DON'T KNOW 8
REFUSED 9

*O28b. About how many weeks in the past 12 months did you carry out these repeated behaviors or mental acts?

_____ WEEKS **GO TO *O29**
DON'T KNOW998 **GO TO *O29**
REFUSED999 **GO TO *O29**

***O28c.** How old were you the last time you had a period lasting two weeks or longer when you carried out these repeated behaviors or mental acts most days?

_____ YEARS OLD **GO TO *O33**
DON'T KNOW998 **GO TO *O33**
REFUSED999 **GO TO *O33**

***O29.** In the past 12 months, on average, about how many minutes or hours each day did you spend carrying out these behaviors or mental acts during the days you did them?

_____ NUMBER
CIRCLE UNIT OF TIME: MINUTES.....1 HOURS.... 2
DON'T KNOW98
REFUSED99

***O30.** Again, in the past 12 months, how much did these behaviors or mental acts upset you or make you anxious -- not at all, a little, some, a lot, or extremely?

NOT AT ALL1
A LITTLE.....2
SOME3
A LOT.....4
EXTREMELY.....5 **GO TO *O31**
DON'T KNOW8
REFUSED9

*O30a. In the past 12 months, how upset did you get when something prevented you from performing these behaviors or mental acts when you felt compelled to do so – not at all, a little, some, a lot, or extremely?

- NOT AT ALL1
- A LITTLE.....2
- SOME3
- A LOT.....4
- EXTREMELY.....5
- DON'T KNOW8
- REFUSED9

*O31. During the past 12 months, how much of an effort did you make to resist doing these things -- none, a little, some, a lot, or an extreme effort?

- NONE1 **GO TO *O33**
- A LITTLE.....2
- SOME3
- A LOT.....4
- EXTREME5
- DON'T KNOW8
- REFUSED9

*O32. And when you tried to resist them, how much control did you have over doing them -- none, a little, some, a lot, or total control?

- NONE1
- A LITTLE.....2
- SOME3
- A LOT.....4
- TOTAL5
- DON'T KNOW8
- REFUSED9

*O33. INTERVIEWER CHECKPOINT: (SEE *O14)

- *O14 EQUALS 'YES'.....1 **GO TO *O35**
- ALL OTHERS.....2 **GO TO *O36**

*O34. INTERVIEWER INSTRUCTION: USE THE PHRASE "THOUGHTS, IMAGES OR IMPULSES" FOR THE REMAINDER OF THE SECTION. DO NOT REFER TO BEHAVIORS.

GO TO *O37a

*O35. INTERVIEWER INSTRUCTION: USE THE PHRASE "THOUGHTS, IMAGES, IMPULSES OR BEHAVIORS" FOR THE REMAINDER OF THE SECTION.

GO TO *O37a

*O36. INTERVIEWER INSTRUCTION: USE THE PHRASE "BEHAVIORS" FOR THE REMAINDER OF THE SECTION. DO NOT REFER TO THOUGHTS, IMAGES, OR IMPULSES.

*O37a. Experiences of this sort sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think your (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors) ever occurred as a result of such physical causes?

- YES1
- NO.....5 **GO TO *O45**
- DON'T KNOW8 **GO TO *O45**
- REFUSED9 **GO TO *O45**

*O37b. Do you think they were always the result of physical causes?

- YES.....1
- NO.....5 **GO TO *O45**
- DON'T KNOW8 **GO TO *O45**
- REFUSED9 **GO TO *O45**

*O37c. What were these physical causes?

CHECK ALL MENTIONS

PHYSICAL ILLNESS/INJURY

- EXHAUSTION1
- MENSTRUAL CYCLE2
- PREGNANCY/POSTPARTUM3
- HEART DISEASE4
- THYROID DISEASE5
- CANCER.....6
- OVERWEIGHT7
- INFECTION.....8
- OTHER PHYSICAL ILLNESS OR INJURY (SPECIFY)9

MEDICATION/DRUGS/ALCOHOL

- MEDICATION (SPECIFY BELOW).....10
- DRUGS (SPECIFY BELOW).....11
- ALCOHOL.....12

OTHER

- NO DEFINITIVE DIAGNOSIS.....81
- OTHER (SPECIFY BELOW)82
- DON'T KNOW98
- REFUSED99

SPECIFY

***O45.** Think of the very first time in your life you had a period lasting two weeks or longer when most days you experienced (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors you felt compelled to do/ repeated behaviors you felt compelled to do). Can you remember your exact age?

YES.....1
NO.....5 **GO TO *O45b**
DON'T KNOW8 **GO TO *O45b**
REFUSED9 **GO TO *O45b**

*O45a. (IF NEC: How old were you?)

_____ YEARS OLD **GO TO *O46**

DON'T KNOW998 **GO TO *O46**
REFUSED999 **GO TO *O46**

***O45b.** About how old were you (the first time you had a period of this sort)?

IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER,"
PROBE: Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

_____ YEARS OLD

BEFORE STARTED SCHOOL 4
BEFORE TEENAGER 12
WHOLE LIFE OR DON'T KNOW..... 998
REFUSED..... 999

***O46.** How many different years in your life did you have a period lasting two weeks or longer when you had these experiences most days?

_____ YEARS

DON'T KNOW998
REFUSED999

***O47.** What is the longest continuous number of weeks, (or) months, (or years) in a row when you had these experiences most days?

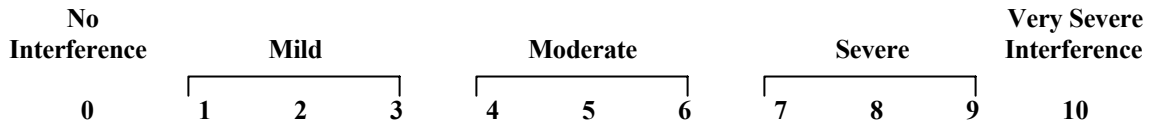
_____ NUMBER

CIRCLE UNIT OF TIME: WEEKS.....1 MONTHS....2 YEARS.... 3

DON'T KNOW998
REFUSED999

***O48.** INTERVIEWER CHECKPOINT: (SEE ***O16, *O28**)

***O16 OR *O28** EQUAL 'YES' 1
ALL OTHERS..... 2 **GO TO *O52**



*O49. (RB, PG 64) Think about the month or longer in the past 12 when your (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors) were most severe. Using a 0 to 10 scale on page 64 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors) interfered with each of the following activities during that time?

(IF NEC: How much did these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors) interfere with (ACTIVITY) during that time?)

(IF NEC: You can use any number between 0 and 10 to answer.)

NUMBER (0-10)

*O49a. Your home management, like cleaning, shopping, and taking care of the (house/ apartment)? _____

DOES NOT APPLY 97
DON'T KNOW..... 98
REFUSED..... 99

*O49b. Your ability to work? _____

DOES NOT APPLY 97
DON'T KNOW..... 98
REFUSED..... 99

*O49c. Your ability to form and maintain close relationships with other people? _____

DOES NOT APPLY 97
DON'T KNOW..... 98
REFUSED..... 99

*O49d. Your social life? _____

DOES NOT APPLY 97
DON'T KNOW..... 98
REFUSED..... 99

*O50. INTERVIEWER CHECKPOINT: (SEE *O49a - *O49d)

ALL FOUR RESPONSES TO *O49a - *O49d SERIES EQUAL '0' OR '97' 1 **GO TO *O52**
ALL OTHERS..... 2

*O51. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors)?

(IF NEC: You can use any number between 0 and 365 to answer.)

_____ NUMBER OF DAYS

DON'T KNOW 998

REFUSED 999

*O52. INTERVIEWER CHECKPOINT: (SEE RESPONDENT'S ID NUMBER)

R'S ID NUMBER ENDS IN ~~XX-YY~~ (31-50) ** 1 (0%) ** **GO TO *O67** (16c)
ALL OTHERS..... 2 (100%) **

*O53. INTERVIEWER CHECKPOINT: (SEE *O37)

“YES” RESPONSE IN *O37a..... 1 **GO TO *O53a**
ALL OTHERS..... 2 **GO TO *O53a**

*O53a. Did you ever in your life talk to a medical doctor or other professional about these (unpleasant thoughts, images or impulses/unpleasant thoughts, images, impulses or repeated behaviors/repeated behaviors)? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals).

YES..... 1
NO..... 5 **GO TO *O71**
DON'T KNOW 8 **GO TO *O71**
REFUSED 9 **GO TO *O71**

*O54. How old were you the first time (you talked to a medical doctor or other professional about these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors))?

_____ YEARS OLD

DON'T KNOW 998

REFUSED 999

***O67.** Did you ever get treatment for these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors) that you considered helpful or effective?

YES 1
NO 5 **GO TO *O67c**
DON'T KNOW 8 **GO TO *O67c**
REFUSED 9 **GO TO *O67c**

***O67a.** How old were you the first time (you got helpful treatment for these [unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors])?

_____ YEARS OLD

DON'T KNOW998
REFUSED999

***O67b.** How many professionals did you ever talk to about these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors), up to and including the first time you got helpful treatment?

_____ NUMBER OF PROFESSIONALS **GO TO *O69**

DON'T KNOW98 **GO TO *O69**
REFUSED99 **GO TO *O69**

***O67c.** How many professionals did you ever talk to about these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors)?

_____ NUMBER OF PROFESSIONALS

DON'T KNOW98
REFUSED99

***O69.** Did you receive professional treatment for these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors) at any time in the past 12 months?

YES.....1
NO.....5
DON'T KNOW8
REFUSED9

***O70.** Were you ever hospitalized overnight for these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors)?

YES.....1
NO.....5 **GO TO *O71**
DON'T KNOW8 **GO TO *O71**
REFUSED9 **GO TO *O71**

***O70a.** How old were you the first time (you were hospitalized overnight because of these [unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors])?

_____ YEARS OLD

DON'T KNOW998
REFUSED999

*O70b. How many separate times were you ever hospitalized for these (unpleasant thoughts, images or impulses/ unpleasant thoughts, images, impulses or repeated behaviors/ repeated behaviors)?

_____ NUMBER OF TIMES

DON'T KNOW.....998

REFUSED.....999

*O71. INTERVIEWER CHECKPOINT: (SEE **RESPONDENT'S ID NUMBER**)

RANDOM 30% OF RESPONDENTS..... 1 **GO TO *PS1, PAGE X**

ALL OTHERS..... 2

*O72. INTERVIEWER CHECKPOINT: (SEE **RESPONDENT'S ID NUMBER**)

RANDOM 50% OF RESPONDENTS..... 1 **GO TO *GM1, PAGE X**

ALL OTHERS..... 2

*O73. INTERVIEWER CHECKPOINT: (SEE **RESPONDENT'S ID NUMBER**)

RANDOM 33% OF RESPONDENTS..... 1 **GO TO *WU1, PAGE X**

ALL OTHERS..... 2 **GO TO *EM1, PAGE X**

END OF SECTION