

Obsessive Compulsive Disorder Screening Test

Clinical Symptoms	Yes	No
Have you (or your child) experienced recurrent and persistent intrusive thoughts or images (e.g., death, disasters, sickness) resulting in marked anxiety or distress?		
Have you (or your child) spent a great deal of energy trying to ignore or suppress these thoughts?		
Do you (or does your child) recognize that these negative thoughts irrational and a product of your own mind?		
Do you (or your child) engage in repetitive behaviors or mental acts (e.g., counting, washing, order) that appear to be driven and in response to an obsession or according to rules that must be applied rigidly?		
Do these repetitive behaviors or mental act reduce distress or prevent some dreaded event or situation?		
<p>If you answered “yes” to all the questions above, you may be suffering from Obsessive-Compulsive Disorder. Further assessment is indicated by a mental health professional.</p> <p><i>Therapy Center, LLC, 7808 E. Funston St., Wichita, KS 67207 (316) 636-1188</i> www.therapycenterwichita.com</p>		