

Family Accommodation Scale for Obsessive-Compulsive Disorder Interviewer-Rated (FAS-IR)

Relative of Client: _____

Date: _____

Interviewer: _____

Introduction and General Instructions for the Family Member

“The purpose of this interview is to learn about the ways in which you may be modifying your behavior or routines to accommodate (*name of patient*)’s symptoms. During this interview, I will first ask you about the obsessive-compulsive symptoms that (*name of patient*) has been experiencing, and then I will ask you about the ways in which you have responded to these symptoms. This interview will last about 30 minutes. If, at any time, you are uncertain about what I am asking, please let me know and I will try to clarify the question for you.”

Family Member’s Report of Patient’s Symptoms

INSTRUCTIONS FOR THE FAMILY MEMBER: “I will define obsessions, compulsions, and other symptoms related to OCD and ask you if (*name of patient*) has experienced any of these symptoms during the past week.”

*(Read the description of each symptom, check all that apply, and then ask the family member to describe the patient’s specific symptoms. Record specific symptoms on the sheet entitled **Patient Symptom List**.)*

Obsessions

“Obsessions are distressing ideas, thoughts, images or impulses that repeatedly enter a person’s mind and may seem to occur against his or her will. The thoughts may be repugnant or frightening, or may seem senseless to the person who is experiencing them.”

“I will now review a list of different types of obsessions common in OCD. Please tell me if (*name of patient*) has experienced any of these obsessions during the past week.”

_____ HARMING OBSESSIONS

“During the past week, has (*name of patient*) experienced obsessions involving fears of harming self or others, stealing things, blurting out obscenities or insults, acting on unwanted impulses, or doing something else embarrassing? Has (*name*

of patient) had fears associated with being responsible for something terrible happening, such as a fire or burglary, or has s/he complained of experiencing violent or horrific images?”

_____ CONTAMINATION OBSESSIONS

“During the past week, has (*name of patient*) experienced excessive concerns about or disgust with bodily waste or secretions, dirt, or germs? Has s/he had excessive concerns about contamination due to environmental toxins, for example, asbestos, radiation, or toxic waste? Has (*name of patient*) feared contamination due to household cleansers or solvents, or to animals, such as insects? Has s/he experienced discomfort with sticky substances or residues, feared illness because of a contaminant, or been concerned about contaminating others?”

_____ SEXUAL OBSESSIONS

“During the past week, has (*name of patient*) experienced obsessions concerning forbidden or improper sexual thoughts, images, or impulses, or has s/he had repeated thoughts of incest, sexual involvement with children, or aggressive sexual behavior toward others?”

_____ SAVING/LOSING OBSESSIONS

“During the past week, has (*name of patient*) experienced obsessions related to saving things or an unfounded fear of losing something valuable?”

_____ RELIGIOUS OBSESSIONS

“During the past week, has (*name of patient*) experienced obsessions involving irreverent, sacrilegious, or blasphemous thoughts? Has s/he had excessive concerns about right and wrong?”

_____ OBSESSION WITH NEED FOR SYMMETRY OR EXACTNESS

“During the past week, has (*name of patient*) experienced obsessions related to a need for things to be symmetrical or in exactly the right place? Does s/he insist that certain items not be moved or touched (e.g., must have canned goods lined up or clothes organized alphabetically)?”

_____ SOMATIC OBSESSIONS

“During the past week, has (*name of patient*) experienced excessive concerns about illness or disease (such as AIDS or cancer)?”

_____ MISCELLANEOUS OBSESSIONS

“During the past week, has (*name of patient*) evidenced an excessive need to know or remember, a fear of losing things, obsessions regarding saying certain things or not saying just the right thing, a discomfort with certain sounds or noises, or has s/he had repeated thoughts of lucky or unlucky numbers?”

Compulsions

“Compulsions are defined as behaviors or acts that a person feels driven to perform, although s/he may recognize them as senseless or excessive. It may be difficult or anxiety provoking for a person to resist performing these behaviors.”

“I will now review a list of different types of compulsions common in OCD. Please tell me if (*name of patient*) has experienced any of these compulsions during the past week.”

_____ CLEANING/WASHING COMPULSIONS

“During the past week, has (*name of patient*) engaged in excessive or ritualized hand washing, showering, bathing, tooth brushing, grooming, or toilet routine? Has s/he engaged in excessive cleaning of household items or other inanimate objects, or pursued other measures to remove or prevent contact with contaminants?”

_____ CHECKING COMPULSIONS

“During the past week, has (*name of patient*) excessively checked locks, stove, appliances or other items? Has s/he engaged in checking to ensure that s/he did not or will not harm self or others, that nothing terrible did or will happen, or that s/he did not make a mistake? Has (*name of patient*) engaged in checking tied to fears of illness or contamination?”

_____ REPEATING RITUALS

“During the past week, has (*name of patient*) had to re-read or re-write things, or has s/he repeated routine activities, for example, getting up and down from a chair?”

_____ COUNTING COMPULSIONS

“During the past week, has (*name of patient*) engaged in compulsions involving counting things (e.g., counting floor tiles, books on a shelf, or words in a sentence)?”

_____ ORDERING/ARRANGING COMPULSIONS

“During the past week, has (*name of patient*) engaged in compulsions involving ordering or arranging things? This includes excessive straightening of papers on a desk, adjusting furniture or picture frames.”

_____ SAVING/COLLECTING COMPULSIONS

“During the past week, has (*name of patient*) engaged in compulsions involving saving (such as old newspapers or junk mail) or collecting things?”

_____ MISCELLANEOUS COMPULSIONS

“During the past week, has (*name of patient*) engaged in mental rituals, excessive list making, measures to prevent harm to self or others, or to prevent terrible consequences, or has s/he evidenced a need to tell, ask, or confess?”

Other OCD-Related Problems

____ AVOIDANCE

“During the past week, has (*name of patient*) avoided doing things, going places or being with people because of obsessional thoughts or out of concern that s/he might perform compulsions?”

____ INDECISIVENESS

“During the past week, has (*name of patient*) had difficulty making decisions about things that other people might not think twice about; for example, which clothes to put on in the morning or which brand of cereal to buy?”

____ OVERVALUED SENSE OF RESPONSIBILITY

“A person with OCD may feel very responsible for the consequences of his/her actions and assume blame for the outcome of events not completely in his/her control. Has (*name of patient*) exhibited such an overly strong sense of responsibility during the past week?”

____ PERVASIVE SLOWNESS/ DISTURBANCE OF INERTIA

“Some patients with OCD have difficulty starting or finishing tasks. Many routine activities take longer than they should. Has (*name of patient*) had such difficulties with any routine tasks during the past week?”

____ PATHOLOGICAL DOUBTING

“Some patients with OCD doubt whether they have performed an activity correctly, or whether they did it at all. When carrying out routine activities they may find that they don’t trust their senses; that is, what they see, hear, or touch. Has (*name of patient*) exhibited such doubting during the past week?”