

## Family Member's Report of Accommodating Behaviors

INSTRUCTIONS FOR THE FAMILY MEMBER: “You have told me that (*name of patient*) has the following symptoms (*review patient symptom list*). I am now going to ask you about ways in which you may have responded to (*name of patient*) and his/her symptoms during the past week.” (*Formulate examples of accommodation for each question using the specific symptoms on the Patient Symptom List.*)

### 1. Providing Reassurance

“During the past week, when (*name of patient*) has expressed worries, fears, or doubts related to obsessions or compulsions, have you reassured him/her that s/he doesn't have to worry, that there are no grounds for his/her concerns, or that the rituals s/he already performed have taken care of his/her concerns? Examples might include telling your relative that s/he is not contaminated, or that s/he has done enough cleaning or checking.”

“During the past week, on how many occasions did you provide reassurance to (*name of patient*) that was directly related to an obsession or compulsion? [Do not include instances in which you provided more general reassurance that s/he will overcome symptoms or feel better soon, or reassurance about matters unrelated to OCD.]”

N/A = Not applicable. Patient did not experience OCD symptoms this week.

- 0 = None
- 1 = 1/week
- 2 = 2-3/week
- 3 = 4-6/week
- 4 = Everyday

### 2. Watching the Patient Complete Rituals

“During the past week, did you deliberately watch (*name of patient*) complete rituals at his/her request or because you thought s/he would want you to do so?”

“During the past week, how many times did you watch (*name of patient*) complete rituals? [Do not include those instances in which you just happened to see him/her performing rituals.]”

N/A = Not applicable. Patient did not experience OCD symptoms this week.

- 0 = None
- 1 = 1/week
- 2 = 2-3/week
- 3 = 4-6/week
- 4 = Everyday

### 3. Waiting for the Patient

“During the past week, did you wait for (*name of patient*) to complete compulsive behaviors, resulting in interference with plans you had made?”

“During the past week, how many times did you wait for (*name of patient*) because of his/her OCD?”

N/A = Not applicable. Patient did not experience OCD symptoms this week.

- 0 = None
- 1 = 1/week
- 2 = 2-3/week
- 3 = 4-6/week
- 4 = Everyday

### 4. Refraining from Saying/Doing Things

“During the past week, were there things that you did not do or say because of (*name of patient*)’s OCD? For example, family members may stop themselves from entering some areas of the house, refrain from physical contact with the relative with OCD, or avoid conversation topics related to the relative’s obsessions.”

“During the past week, how often did you stop yourself from saying or doing things because of (*name of patient*)’s OCD?”

N/A = Not applicable. Patient did not experience OCD symptoms this week.

- 0 = None
- 1 = 1/week
- 2 = 2-3/week
- 3 = 4-6/week
- 4 = Everyday

### 5. Participating in Compulsions

“During the past week, did you engage in (*name of patient*)’s compulsions or in behaviors which you consider odd or senseless at his/her request, or because you thought (*name of patient*) would want you to do these things? For example, family members might wash their hands more times than they feel is necessary (or in a ritualized way) or they may check the burners on the stove repeatedly even though they believe the burners are not lit.”

“During the past week, how many times did you directly participate in (*name of patient*)’s rituals or in behaviors that you consider odd or senseless?”

N/A = Not applicable. Patient did not experience OCD symptoms this week.

- 0 = None
- 1 = 1/week
- 2 = 2-3/week
- 3 = 4-6/week
- 4 = Everyday

## 6. Facilitating Compulsions

“Were there times in this past week in which your actions made it possible for (*name of patient*) to complete his/her rituals (without you being directly involved in performing the rituals)? For example, a family member may provide a relative with OCD with things s/he needs to perform rituals or compulsions, such as buying excessive quantities of soap or cleaning products. Other examples include driving the car back to the house so the relative can check that doors are locked, or creating extra space in the house for the relative’s saved items.”

“During the past week, how many times did you do something that helped (*name of patient*) complete rituals? [Do not include those instances in which you directly participated in rituals as noted in the last question (item 5).]”

N/A = Not applicable. Patient did not experience OCD symptoms this week.

- 0 = None
- 1 = 1/week
- 2 = 2-3/week
- 3 = 4-6/week
- 4 = Everyday

## 7. Facilitating Avoidance

“In the past week, did you get involved in (*name of patient*)’s efforts to avoid people, places, or things? Or did you do anything that allowed him/her avoid? For example, family members may make excuses for a relative who says s/he cannot attend a social function because of OCD-related concerns, take a roundabout driving route because the relative wants to avoid a ‘contaminated’ area, or open a door so the relative does not have to touch a “contaminated” door handle.”

“During the past week, on how many occasions did you do something that helped (*name of patient*) avoid people, places, or things? [Do not include instances in which you participated in compulsions or did something that helped your relative to complete compulsions, as noted in the last two questions (items 5 and 6).]”

N/A = Not applicable. Patient did not experience OCD symptoms this week.

- 0 = None
- 1 = 1/week
- 2 = 2-3/week
- 3 = 4-6/week
- 4 = Everyday

## 8. Tolerating Odd Behaviors/Household Disruption

“During the past week, did you put up with odd behaviors on (*name of patient*)’s part (e.g., repetitive actions such as going in and out of a doorway), or did you put up with unusual conditions in your home because of (*name of patient*)’s OCD; for example

leaving the home cluttered with old newspapers or ignoring repeated closing and opening of doors?”

“During the past week, to what extent did you tolerate odd behaviors or unusual conditions in your home because of (*name of patient*)’s OCD? [This question is specific to behaviors or conditions that you allow to occur. Do not include instances in which you took action to participate in or facilitate compulsions or avoidance noted under the last three questions (items 5-7).]” (RATER SCORED)

N/A = Not applicable. Patient did not experience OCD symptoms this week.

0 = Not at all.

1 = Mild; tolerated slightly unusual behavior/conditions.

2 = Moderate; tolerated behavior/conditions that are somewhat unusual.

3 = Severe; tolerated very unusual behavior/conditions.

4 = Extreme; tolerated extremely aberrant behavior/conditions.

## 9. Helping the Patient with Tasks of Daily Living or Simple Decisions

“During the past week, did you help (*name of patient*) complete simple tasks of daily living or make simple decisions when his/her ability to function was impaired by OCD; for example, helping him/her to get dressed, to bathe, or to decide what to eat?”

“During the past week, on how many occasions did you help (*name of patient*) with simple tasks or decisions because s/he was impaired by OCD? [Do not include instances or in which doing a task for your relative included doing something that helped him/her avoid an OCD-related fear (item 7) or in which making a decision for your relative consisted of providing reassurance about an OCD-related concern (item 1).]”

N/A = Not applicable. Patient did not experience OCD symptoms this week.

0 = None

1 = 1/week

2 = 2-3/week

3 = 4-6/week

4 = Everyday

## 10. Taking on Patient’s Responsibilities

“Do you take on tasks that are (*name of patient*)’s responsibility but which he/she cannot adequately perform because of his/her OCD? Examples include paying his/her bills, or taking care of his/her children.”

“During the past week, to what extent did you take on (*name of patient*)’s responsibilities due to OCD? [Do not include doing simple tasks of daily living for your relative, as noted under the last question (item 9).]” (RATER SCORED)

N/A = Not applicable. Patient did not experience OCD symptoms this week.

0 = Not at all.

1 = Mild; occasionally handles one of patient's responsibilities, but there has been no substantial change in his/her role.

2 = Moderate; has assumed patient's responsibilities in one area.

3 = Severe; has assumed patient's responsibilities in more than one area.

4 = Extreme; has assumed most or all of patient's responsibilities.

## 11. Modifying Your Personal Routine

"Are you currently modifying your leisure time activities, or your work or family responsibilities, because of (*name of patient*)'s OCD? Examples of modifying one's personal routine might include spending less time socializing or exercising, or changing one's work schedule to spend more time attending to the person with OCD."

"During the past week, to what extent did you modify your personal routine because of (*name of patient*)'s OCD?" (RATER SCORED)

N/A = Not applicable. Patient did not experience OCD symptoms this week.

0 = Not at all.

1 = Mild; slightly modified routine, but was able to fulfill family and/or work responsibilities and to engage in leisure time activities.

2 = Moderate; definitely modified routine in one area (family, work, or leisure time).

3 = Severe; definitely modified routine in more than one area.

4 = Extreme; unable to attend to work or family responsibilities or to have any leisure time because of relative's OCD.

## 12. Modifying the Family Routine

"Are you currently modifying what you consider an ordinary family routine because of (*name of patient*)'s OCD? Examples might include modifying the family's cooking or cleaning practices."

"During the past week, to what extent did you modify the family routine because of (*name of patient*)'s OCD? To what degree has your relative's OCD necessitated changes in family activities or practices?" (RATER SCORED)

N/A = Not applicable. Patient did not experience OCD symptoms this week.

0 = Not at all.

1 = Mild. The family routine was slightly modified, but remained substantially unchanged.

2 = Moderate. The family routine was definitely modified in one area.

3 = Severe. The family routine was definitely modified in more than one area.

4 = Extreme. The family routine was disrupted in most or all areas.