

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

Name: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Total Score: \_\_\_\_\_

Date: \_\_\_\_\_

	N/A	None	Mild	Moderate	Severe	Extreme
1: Providing Reassurance						
2: Watching the Patient Complete Rituals						
3: Waiting for the Patient						
4: Refraining From Saying/ Doing Things						
5: Participating in Compulsions						
6: Facilitating Compulsions						
7: Facilitating Avoidance						
8: Tolerating Odd Behavior/ Household Disruption						
9: Helping with Simple Tasks						
10: Taking on Patient's Responsibilities						
11: Modifying Personal Routine						
12: Modifying Family Routine						

*(Sum item scores to obtain total score.)*

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