



RenewedFreedomCenter

- Pre-treatment
- Follow-Up
- Discharge

FAMILY ACCOMMODATION SCALE FOR OCD Self-Rated Version (FAS-SR)

Today's Date: ___/___/___

Your Gender: (*circle one*)

1=male 2=female

I am the patient's _____. [What is your relation to the patient?] (*circle one*)

1 = parent 2 = spouse 3 = partner 4 = adult child 5 = sibling 6 = other

INTRODUCTION FOR THE FAMILY MEMBER

You have been asked to complete this questionnaire because you have a relative or significant other who has been diagnosed with obsessive-compulsive disorder (OCD) and who has identified you as the family member who is most involved with him/her and the OCD. Throughout this questionnaire, your relative/significant other with OCD is referred to as "your relative" and you are referred to as the "family member."

Part I of this questionnaire describes obsessions and compulsions and asks you to identify your relative's current OCD symptoms to the best of your knowledge. Part II of this questionnaire asks you to identify possible ways in which you may be modifying your behavior or routines in response to your relative's OCD.

PART I: REPORT OF RELATIVE'S OCD SYMPTOMS

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.

Below is a list of different types of obsessions common in OCD. Please place a check mark by each type of obsession that your relative experienced (to the best of your knowledge) **during the past week.**

_____ **HARMING OBSESSIONS**

Examples: fears of harming oneself or others, stealing things, blurting out obscenities or insults, acting on unwanted or embarrassing impulses; being responsible for something terrible happening (e.g., a fire or burglary); experiencing violent or horrific images.

Copyright © 2012 by Anthony Pinto, Ph.D., Barbara Van Noppen, Ph.D., & Lisa Calvocoressi, Ph.D.

_____ CONTAMINATION OBSESSIONS

Examples: excessive concerns about or disgust with bodily waste, secretions, blood, germs; excessive concerns about being contaminated by environmental toxins (e.g., asbestos, radiation, or toxic waste), household cleansers/solvents, or animals (e.g., insects); discomfort with sticky substances or residues; fears of contaminating others.

_____ SEXUAL OBSESSIONS

Examples: unwanted, repeated thoughts with forbidden or perverse sexual themes (e.g., sexual involvement with children)

_____ HOARDING/SAVING OBSESSIONS

Examples: worries about throwing out seemingly unimportant things, resulting in accumulation of possessions that fill up or clutter active living areas or the workplace.

_____ RELIGIOUS OBSESSIONS

Examples: intrusive blasphemous thoughts; excessive concerns about right and wrong/morality.

_____ OBSESSION WITH NEED FOR SYMMETRY OR EXACTNESS

Examples: worries about whether items have been moved; worries that possessions are not properly aligned; worries about calculations or handwriting being perfect.

_____ SOMATIC OBSESSIONS

Examples: excessive concerns about having an illness like AIDS or cancer, despite reassurance to the contrary; excessive concerns about a part of the body or aspect of appearance.

_____ MISCELLANEOUS OBSESSIONS

Examples: an excessive need to know or remember unimportant details; a fear of losing things; a fear of saying certain words; a fear of not saying just the right thing; a discomfort with certain sounds or noises; or repeated thoughts of lucky or unlucky numbers.

COMPULSIONS

Compulsions (also called rituals) are defined as behaviors or mental 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.

Below is a list of different types of compulsions common in OCD. Please place a check mark by each type of compulsion that your relative experienced (to the best of your knowledge) **during the past week.**

_____ CLEANING/WASHING COMPULSIONS

Examples: excessive or ritualized handwashing, showering, bathing, toothbrushing, grooming, or toilet routine; excessive cleaning of household items; efforts to prevent contact with contaminants.

_____ CHECKING COMPULSIONS

Examples: excessively checking locks, stove, appliances; checking to ensure that nothing terrible did or will happen, or that s/he did not make a mistake; checking tied to fears of illness.

_____ REPEATING RITUALS

Examples: rereading and/or rewriting things; repeating routine activities (e.g., going in/out of door, getting up/down from chair).

_____ COUNTING COMPULSIONS

Examples: counting floor tiles, books on a shelf, or words in a sentence.

_____ ORDERING/ARRANGING COMPULSIONS

Examples: excessive straightening of papers on a desk, adjusting furniture or picture frames.

_____ HOARDING/SAVING/COLLECTING COMPULSIONS

Examples: saving old newspapers, junk mail, wrappers, broken tools since they may be needed one day; picking up useless objects from the street or garbage cans.

_____ MISCELLANEOUS COMPULSIONS

Examples: seeking reassurance (e.g., by repeatedly asking the same question); excessive listmaking; taking measures to prevent harm to self or others, or to prevent terrible consequences; mental rituals other than checking or counting (e.g., reviewing, ritualized praying); need to touch or tap things; ritualized eating behaviors.

PART II: REPORT OF FAMILY MEMBER'S RESPONSES TO OCD

INSTRUCTIONS: Keeping in mind your relative's OCD symptoms that you identified in Part I, the next set of items describe possible ways that you may have responded to those symptoms during the past week. For each item, please indicate the **number of days during the past week** that you responded to your relative in the way specified. For each item, fill in a circle in the NUMBER OF DAYS column. If an item refers to something you did not do at all in the last week, fill in the circle for "none/never happened."

	NUMBER OF DAYS THIS PAST WEEK				
	None/ Never	1 day	2-3 days	4-6 days	Every day
1. I reassured my relative that there were no grounds for his/her OCD-related worries. <i>Examples: reassuring my relative that s/he is not contaminated or that s/he is not terminally ill.</i>	0	1	2	3	4
2. I reassured my relative that the rituals he/she already performed took care of the OCD-related concern. <i>Examples: reassuring my relative that s/he did enough ritualized cleaning or checking.</i>	0	1	2	3	4
3. I waited for my relative while s/he completed compulsive behaviors.	0	1	2	3	4
4. I directly participated in my relative's compulsions. <i>Examples: doing repeated washing or checking at my relative's request.</i>	0	1	2	3	4
5. I did things that made it possible for my relative to complete compulsions. <i>Examples: driving back home so my relative can check if the doors are locked; creating extra space in the house for my relative's saved items.</i>	0	1	2	3	4
6. I provided my relative with OCD with items s/he needs to perform rituals or compulsions. <i>Examples: shopping for excessive quantities of soap or cleaning products for my relative.</i>	0	1	2	3	4
7. I did things that allowed my relative to avoid situations that might trigger obsessions or compulsions. <i>Examples: touching public door knobs for my relative so s/he wouldn't have to.</i>	0	1	2	3	4
8. I helped my relative make simple decisions when s/he couldn't do so because of OCD. <i>Examples: deciding which clothes my relative should put on in the morning or what brand of cereal s/he should buy.</i>	0	1	2	3	4
9. I helped my relative with personal tasks, such as washing, grooming, toileting, or dressing, when his/her ability to function was impaired by OCD.	0	1	2	3	4
10. I helped my relative prepare food when s/he couldn't do so because of OCD.	0	1	2	3	4
11. I took on family or household responsibilities that my relative couldn't adequately perform due to OCD. <i>Examples: doing bills, shopping, and/or taking care of children for my relative (when, except for OCD, I wouldn't have done so.)</i>	0	1	2	3	4

	NUMBER OF DAYS THIS PAST WEEK				
	None/ Never	1 day	2-3 days	4-6 days	Every day
12. I avoided talking about things that might trigger my relative's obsessions or compulsions.	0	1	2	3	4
13. I stopped myself from doing things that could have led my relative to have obsessions or compulsions. <i>Examples: not moving items that my relative has carefully lined up.</i>	0	1	2	3	4
14. I made excuses or lied for my relative when s/he missed work or a social activity because of his/her OCD.	0	1	2	3	4
15. I didn't do anything to stop unusual OCD-related behaviors by my relative. <i>Examples: tolerating my relative's repetitive actions such as going in and out of a doorway or touching/tapping objects a certain number of times.</i>	0	1	2	3	4
16. I put up with unusual conditions in my home because of my relative's OCD. <i>Examples: leaving the home cluttered with papers that my relative won't throw away.</i>	0	1	2	3	4
17. I cut back on leisure activities because of my relative's OCD. <i>Examples: spending less time socializing, doing hobbies, exercising.</i>	0	1	2	3	4
18. I changed my work or school schedule because of my relative's OCD.	0	1	2	3	4
19. I put off some of my family responsibilities because of my relative's OCD. <i>Examples: I spent less time than I would have liked with other relatives; I neglected my household chores.</i>	0	1	2	3	4