

Supplemental Materials

**Psychometric Properties of the Family Accommodation Scale for Obsessive-Compulsive Disorder - Patient
Version**

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**FAMILY ACCOMMODATION SCALE FOR
OBSESSIVE-COMPULSIVE DISORDER
Patient Version (FAS-PV)**

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The Family Accommodation Scale for Obsessive Compulsive Disorder - Patient Version (FAS-PV)
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**FAMILY ACCOMMODATION SCALE FOR OCD
Patient Version (FAS-PV)**

Today's Date: ____/____/____

Your Gender: (*circle one*)

1 = female 2 = male

Identify the relative who is most involved with you and your obsessive-compulsive symptoms. (*circle one*)

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

OVERVIEW

You have been asked to complete this questionnaire because you have been identified as having significant obsessive-compulsive symptoms and have identified a family member who is most involved with you and these symptoms. Throughout this questionnaire, your relative/significant other is referred to as "your relative."

Part I of this questionnaire describes obsessions and compulsions and asks you to identify your current obsessive-compulsive symptoms. Part II of this questionnaire asks you to identify possible ways in which your relative may be modifying his/her behavior or routines in response to your obsessive-compulsive symptoms.

PART I: REPORT OF YOUR OBSESSIVE-COMPULSIVE 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 people who have obsessive-compulsive disorder (OCD). Please place a check mark by each type of obsession that you experienced **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.

_____ **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 people who have OCD. Please place a check mark by each type of compulsion that you experienced **during the past week**.

_____ CLEANING/WASHING COMPULSIONS

Examples: excessive or ritualized hand washing, 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: re-reading and/or re-writing 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 list making; 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 OBSESSIVE-COMPULSIVE SYMPTOMS

INSTRUCTIONS: Keeping in mind your current obsessive-compulsive symptoms (identified in Part I), the next set of items describe possible ways that **your relative** may have responded to those symptoms during the past week. For each item, please indicate the **number of days during the past week** that your relative responded to you in the way specified. For each item, fill in a circle in the NUMBER OF DAYS column. If an item refers to something your relative 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. My relative reassured me that there were no grounds for my OCD-related worries. <i>Examples: reassuring me that I am not contaminated or that I am not terminally ill.</i>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My relative reassured me that the rituals I already performed took care of the OCD-related concern. <i>Examples: reassuring me that I did enough ritualized cleaning or checking.</i>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My relative waited for me while I completed compulsive behaviors.	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My relative directly participated in my compulsions. <i>Examples: doing repeated washing or checking at my request.</i>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My relative did things that made it possible for me to complete compulsions. <i>Examples: driving back home so I can check if the doors are locked; creating extra space in the house for my saved items.</i>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My relative provided me with items I need to perform rituals or compulsions. <i>Examples: shopping for excessive quantities of soap or cleaning products for me.</i>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My relative did things that allowed me to avoid situations that might trigger obsessions or compulsions. <i>Examples: touching public door knobs for me so I wouldn't have to.</i>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	NUMBER OF DAYS THIS PAST WEEK				
	None/ Never	1 day	2-3 Days	4-6 Days	Every day
8. My relative helped me make simple decisions when I couldn't do so because of my obsessive-compulsive symptoms. <i>Examples: deciding which clothes I should put on in the morning or what brand of cereal I should buy.</i>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My relative helped me with personal tasks, such as washing, grooming, toileting, or dressing, when my ability to function was impaired by my obsessive-compulsive symptoms.	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My relative helped me prepare food when I couldn't do so because of my obsessive-compulsive symptoms.	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My relative took on family or household responsibilities that I couldn't adequately perform due to my obsessive-compulsive symptoms. <i>Examples: doing bills, shopping, and/or taking care of children for me (when, except for my obsessive-compulsive symptoms, my relative wouldn't have done so).</i>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My relative avoided talking about things that might trigger my obsessions or compulsions.	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My relative stopped himself/herself from doing things that could have led me to have obsessions or compulsions. <i>Examples: not moving items that I have carefully lined up.</i>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My relative made excuses or lied for me when I missed work or a social activity because of my obsessive-compulsive symptoms.	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. My relative didn't do anything to stop my unusual obsessive-compulsive behaviors. <i>Examples: tolerating my repetitive actions such as going in and out of a doorway or touching/tapping objects a certain number of times.</i>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. My relative put up with unusual conditions in his/her home because of my obsessive-compulsive symptoms. <i>Examples: leaving the home cluttered with papers that I won't throw away.</i>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. My relative cut back on leisure activities because of my obsessive-compulsive symptoms. <i>Examples: spending less time socializing, doing hobbies, exercising.</i>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. My relative changed his/her work or school schedule because of my obsessive-compulsive symptoms.	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. My relative put off some of his/her family responsibilities because of my obsessive-compulsive symptoms. <i>Examples: My relative spent less time than he/she would have liked with other family members; my relative neglected his/her household chores.</i>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL SCORE (sum of responses to items 1-19)					