DSM-5 Criteria for OCD

Client Name:			
A	ge:	Gender:	
D	Date of Session:		
	A. Presence o	f obsessions, compulsions, or both:	
Ob	sessions are de	efined by (1) and (2):	
	Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, are intrusive and unwanted, and that in most individuals cause marked anxiety or distress.		
		attempts to ignore or suppress such thoughts, urges, or images, or to m with some other thought or action (i.e., by performing a compulsion).	
Notes:			
Co	mpulsions are d	lefined by (1) and (2):	
	praying, count	aviors (e.g., hand washing, ordering, checking) or mental acts (e.g., ing, repeating words silently) that the individual feels driven to perform in obsession or according to rules that must be applied rigidly.	
	some dreaded	or mental acts aim to prevent or reduce anxiety or distress, or prevent event or situation; however, these behaviors or mental acts are not realistic way with what they are designed to neutralize or prevent, or are ive.	
	Note: Young children may not be able to articulate the aims of these behaviors or mental acts.		

Notes:

B. The obsessions or compulsions are time-consuming (e.g., take more than 1 hour per day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.		
Notes:		
 □ C. The obsessive-compulsive symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition. Notes: 		
□ D. The disturbance is not better explained by the symptoms of another mental disorder. Notes:		
Specify if:		
■ With good or fair insight: The individual recognizes that obsessive-compulsive disorder beliefs are definitely or probably not true or that they may or may not be true.		
■ With poor insight: The individual thinks obsessive-compulsive disorder beliefs are probably true.		
☐ With absent insight/delusional beliefs: The individual is completely convinced that obsessive-compulsive disorder beliefs are true.		
Specify if:		
☐ Tic-related: The individual has a current or past history of a tic disorder.		
Notes:		

Reference:

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC.