## **Impulse Control Disorder Test**

This test is designed to help identify potential symptoms of Impulse Control Disorders (ICDs). Answer each question based on your recent experiences, thoughts, and behaviors. Please note that this test is not a diagnostic tool. Only a qualified healthcare professional can diagnose ICDs.

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For each statement,	lease indicate how often you have experienced these symptoms in
the past six months.	Jse the following scale:

- 0 = Never
- 1 = Rarely
- 2 = Sometimes
- 3 = Often
- 4 = Very Often

## **Patient Information**

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

Statements	0	1	2	3	4
I act on impulses without thinking about the consequences.					
2. I have difficulty resisting the urge to buy things I don't need.					
3. I experience sudden outbursts of anger or aggression.					
4. I engage in risky behaviors more than others do.					
5. I have trouble waiting for my turn in situations where waiting is required.					
6. I often interrupt others or intrude on their activities.					
7. I feel a strong urge to use substances or engage in gambling, even though I know it's harmful.					
8. I have engaged in physical fights or assaults.					
I struggle to control my sexual thoughts and behaviors.					
10. I have set fires or wanted to set fires without a legitimate reason.					

Date: \_\_\_\_

11. I have stolen items without needing them for personal use or monetary value.					
12. I often act on a whim without planning ahead.					
13. I feel a rush or a sense of relief when acting on certain impulses.					
14. My impulsive behaviors have caused problems in my relationships or work.					
15. I find it difficult to control urges or cravings that are harmful to me or others.					
Total score:					
Scoring					
• 0-15: Your responses suggest a low likelihood of an Im	oulse C	ontrol [	Disorde	r.	
<ul> <li>16-30: Your responses indicate some symptoms of Imprequire further assessment.</li> </ul>	ulse Co	ntrol D	isorder	that m	ay
<ul> <li>31-45: Your responses suggest a moderate level of Imp Professional consultation is recommended.</li> </ul>	oulse Co	ontrol D	isorde	sympt	toms.
<ul> <li>46-60: Your responses indicate a high likelihood of an I strongly recommended that you seek a professional even</li> </ul>	•		l Disor	der. It is	S
Next Steps					
Based on your score, if you have concerns about impulse on mental health professional for a comprehensive assessment					sult a
Signature of Professional:			_		

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