



LEVEL 2—Repetitive Thoughts and Behaviors—Adult*

* Adapted from the Florida Obsessive-Compulsive Inventory (FOCI) Severity Scale (Part B)

Patient Name _____ DOB _____ Female _____ Other _____
 Provider Name _____ Date _____ Male _____

If the measure is being completed by an informant, what is your relationship with the individual receiving care? _____

In a typical week, approximately how much time do you spend with the individual receiving care? _____ hours/week

Instructions: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* you have been bothered by “unwanted repeated thoughts, images, or urges” and/or “being driven to perform certain behaviors or mental acts over and over” at a mild or greater level of severity. The questions below ask about these feelings in more detail and especially how often you have been bothered by a list of symptoms **during the past 7 days**. Please respond to each item by marking (✓ or x) one box per row.

						Clinician Use
During the past SEVEN (7) DAYS....						Item Score
1. On average, how much time is occupied by these thoughts or behaviors each day?	0—None	1—Mild (Less than an hour a day)	2—Moderate (1 to 3 hours a day)	3—Severe (3 to 8 hours a day)	4—Extreme (more than 8 hours a day)	
2. How much distress do these thoughts or behaviors cause you?	0—None	1—Mild (slightly disturbing)	2—Moderate (disturbing but still manageable)	3—Severe (very disturbing)	4—Extreme (overwhelming distress)	
3. How hard is it for you to control these thoughts or behaviors?	0—Complete control	1—Much control (usually able to control thoughts or behaviors)	2—Moderate control (sometimes able to control thoughts or behaviors)	3—Little control (infrequently able to control thoughts or behaviors)	4—No control (unable to control thoughts or behaviors)	
4. How much do these thoughts or behaviors cause you to avoid doing anything, going anyplace, or being with anyone?	0—No avoidance	1—Mild (occasional avoidance)	2—Moderate (regularly avoid doing these things)	3—Severe (frequent and extensive avoidance)	4 - Extreme (nearly complete avoidance; house-bound)	
5. How much do these thoughts or behaviors interfere with school, work, or your social or family life?	0—None	1—Mild (slight interference)	2— Moderate; (definite interference with functioning, but still manageable)	3—Severe (substantial interference)	4—Extreme (near-total interference; incapacitated)	
Total/Partial Raw Score:						
Prorated Total Raw Score (if 1 item is left unanswered):						
Average Total Score:						



Instructions to Clinicians

The DSM-5 Level 2—Repetitive Thoughts and Behavior—Adult measure is an adapted version of the 5-item Florida Obsessive-Compulsive Inventory (FOCI) Severity Scale (Part B) that is used to assess the domain of repetitive thoughts and behaviors in individuals age 18 and older. The measure is completed by an individual prior to a visit with the clinician. If the individual receiving care is of impaired capacity and unable to complete the form (e.g., an individual with dementia), a knowledgeable informant may complete the measure. Each item asks the individual (or informant) to rate the severity of the individual’s repetitive thoughts and behaviors **during the past 7 days.**

Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (i.e., 0 to 4) with the response categories having different anchors depending on the item. The total score for the measure can range of score from 0 to 20, with higher scores indicating greater severity of repetitive thoughts and behaviors. The clinician is asked to review the score of each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for “Clinician Use.” The raw scores on the 5 items should be summed to obtain a total raw score. If the individual has a score of 8 or higher, you may want to consider a more detailed assessment for an obsessive compulsive disorder. In addition, the clinician is asked to calculate and use the **average total score.** The **average total score** reduces the overall score to a 5-point scale, which allows the clinician to think of the individual’s repetitive thoughts and behavior in terms of none (0), mild (1), moderate (2), severe (3), or extreme (4). The use of the average total score was found to be reliable, easy to use, and clinically useful to the clinicians in the DSM-5 Field Trials. The **average total score** is calculated by dividing the raw total score by number of items in the measure (i.e., 5).

Note: If 2 or more items are left unanswered on the measure (i.e., more than 25% of the total items are missing), the total scores should not be calculated. Therefore, the individual (or informant) should be encouraged to complete all of the items on the measure. If only 4 of the 5 items on the measure are answered, you are asked to prorate the raw score by first summing the scores of items that were answered to get a **partial raw score.** Next, multiply the partial raw score by the total number of items on the measure (i.e., 5). Finally, divide the value by the number of items that were actually answered (i.e., 4) to obtain the prorated total raw score.

$$\text{Prorated Score} = \frac{(\text{Partial Raw Score} \times \text{number of items on the measure})}{\text{Number of items that were actually answered}}$$

If the result is a fraction, round to the nearest whole number.

Frequency of Use

To track change in the severity of the individual’s repetitive thoughts and behavior over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual’s symptoms and treatment status. For individuals of impaired capacity, it is preferred that completion of the measure at follow-up appointments is by the same knowledgeable informant. Consistently high scores on the measure may indicate significant and problematic areas for the individual that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.

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MIRACLE Counseling

NOTES:

The APA is offering a number of “emerging measures” for further research and clinical evaluation. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress. They should be used in research and evaluation as potentially useful tools to enhance clinical decision-making and not as the sole basis for making a clinical diagnosis. Instructions, scoring information, and interpretation guidelines are provided; further background information can be found in DSM-5. The APA requests that clinicians and researchers provide further data on the instruments’ usefulness in characterizing patient status and improving patient care at <http://www.dsm5.org/Pages/Feedback-Form.aspx>.

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