

**The Development and Validation of a Measure of a “Tender Conscience” and Its  
Relation to Obsessive-Compulsive Symptoms**

by

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### **Author's Declaration**

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

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## Abstract

Cognitive behavioural models of obsessive-compulsive disorder (OCD) suggest that catastrophic misinterpretations of intrusive thoughts are at the heart of this disorder's onset and maintenance (Salkovskis, 1985; Rachman, 1997, 1998). Indeed, empirical work has demonstrated that individuals with OCD are prone to a variety of cognitive biases (e.g., selective attention, thought-action fusion, and an inflated sense of responsibility). Although research has established the existence of cognitive biases, it is not yet known why individuals develop these maladaptive thinking patterns. Nonetheless a number of theorists have suggested that an underlying personality style, namely a "tender conscience," might serve as vulnerability factor to OCD (Rachman & Hodgson, 1980; Rachman, 1998).

Relatively little work has addressed the relationship between personality and OC symptoms; consequently, two studies were designed to further elucidate the nature of this relationship. In the first study, the construct of a "tender conscience" was operationalized and a self-report questionnaire was developed. The questionnaire was then administered to a group of undergraduate students (N = 407). Data analyses indicated that the psychometric properties of the scale were satisfactory, with an internal consistency estimate of .86 and test-retest reliability of .77. Additionally, an exploratory factor analysis was conducted, and a four-factor solution was retained that explained 33.6% of the variance. The second study sought to determine the construct validity of the newly developed measure and its relationship to obsessive-compulsive symptoms in an undergraduate sample (N = 155). As expected, a "tender conscience" was negatively correlated with the Self-Report Psychopathy Scale-III (Williams, Nathanson & Paulhus, 2003). Furthermore, a "tender conscience" was positively

correlated with the traits of Agreeableness and Conscientiousness, and negatively correlated with Emotional Stability - as assessed with the International Personality Item Pool (Goldberg, 1999). However, the relationship between a “tender conscience” and OC symptoms was less clear. Nonetheless, the data provide some preliminary evidence to suggest that a “tender conscience” may serve as a vulnerability factor to obsessional problems.

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## **The Development and Validation of Measure of “Tender Conscience” and Its Relation to Obsessive-Compulsive Symptoms**

Obsessive Compulsive Disorder (OCD) is a chronic and debilitating condition that is characterized by the presence of recurrent and intrusive thoughts, images, impulses or ideas. These intrusions are experienced as nonsensical and give rise to anxiety (American Psychiatric Association, 2000). OCD is associated with impairments in a number of life areas (Moritz, Rufer, Fricke, Karow, Morfeld, Jelinek & Jacobsen, 2005). For instance, individuals with OCD are less likely to get married (Steketee, 1997) and experience significant difficulties in social and occupational domains (e.g., Bobes, González, Bascarán, Arango, Sáizl & Bousoño, 2001; Koran, Thienemann & Davenport, 1996). Furthermore, approximately 10% of patients have attempted suicide (Chen & Dilsaver, 1995); indeed, major depressive disorder is a common co-morbid diagnosis (Moritz, Meier, Hand, Schick & Jahn, 2004). Research indicates that cognitive behavioural therapy (CBT) is effective in the treatment of OCD (for review see Abramowitz, 1998). However, following CBT many individuals remain symptomatic and others are unable to tolerate the treatment itself. Clearly, there is still progress to be made in the development of effective interventions for this potentially incapacitating condition.

Interestingly, intrusive thoughts that are much like obsessions are a relatively common experience. In a seminal study, Rachman and de Silva (1978) found that the vast majority of individuals experience thoughts that are similar in content and form to the intrusions that characterize OCD (see also Purdon & Clark, 1993; Rachman & Hodgson, 1980). However, even though intrusive thoughts are a relatively common occurrence, only a subset of individuals will go on to develop this disorder. Current prevalence estimates suggest that approximately 2.5% of the population will develop OCD at some point in their lives (Karno,

Golding, Sorenson & Burnam, 1988). Determining what differentiates clinical from non-clinical obsessions is therefore imperative to our understanding of the disorder and the continued advancement of the field.

Cognitive theories have been developed to explain the etiology and persistence of obsessional complaints. These theories suggest that the interpretation of intrusive thoughts is paramount to symptom exacerbation and maintenance (Rachman, 1997, 1998; Salkovskis, 1985; Salkovskis, Richards & Forrester, 1995). More specifically, thoughts that are appraised as being significant or meaningful in some way are thought to lie at the heart of the symptom cycle. For instance, if an individual believes that they should be able to control their thoughts (e.g., “I must not have thoughts like this!”) or thinks the thoughts are indicative of an underlying personality flaw (e.g., “I’m an immoral person for thinking such and awful thing”), it is much more likely that they will experience distress. This distress in turn elicits thought control efforts or other behavioural strategies (e.g., compulsions, avoidance) that ultimately contribute to the pathogenesis of the disorder.

Cognitive theories suggest that individuals with OCD are prone to several types of maladaptive appraisals. For instance, Rachman (1997, 1998) has argued that obsessions precipitate anxiety because the individual fears that the thought is a warning sign of impending threat, or believes that the thought itself is morally wrong (i.e., having the thought is morally equivalent to performing the action). Salkovskis (1985, 1989, 1999) has noted that intrusive thoughts typically contain themes of possible harm or danger, and he argues that individuals with OCD believe that they are somehow responsible for the potential catastrophe *and* the prevention of it. Purdon and Clark (1993, 1999) further suggest that individuals who are vulnerable to OCD perceive their intrusive thoughts to be direct challenges to valued

aspects of the self. That is, the thoughts are in opposition to qualities that the individual perceives themselves to hold (e.g., being a caring, compassionate person); therefore, the occurrence of the intrusion causes the individual to doubt his or her “true identity” (e.g., “Maybe I am really a horrible and violent person!”).

To provide support for cognitive models of OCD, a substantial amount of research has focused on the appraisal of intrusive thoughts in obsessional patients and non-clinical populations. The results from these investigations have generally provided evidence in support of cognitive models. For instance, Rowa, Purdon, Summerfeldt and Antony (2005) found that upsetting obsessions were interpreted as being more significant than their less upsetting counterparts (i.e., OCD patients reported that the upsetting thoughts were more meaningful, and reported a greater need to have control over thought recurrences). OC symptoms have also been positively correlated with the belief that having a nasty thought is equivalent to the actual action (“Moral” thought action fusion). Similarly, individuals with OCD are more likely to believe that having an intrusive thought makes a negative event more likely to occur (“Likelihood” thought action fusion; for reviews see Shafran & Rachman, 2004; Berle & Starcevic, 2005). Individuals with OCD have also been found to report a heightened sense of responsibility for possible harm (Salkovskis, Wroe, Gledhill, Morrison, Forrester, Richards, Reynolds, & Thorpe, 2000). Furthermore, obsessional patients experience more distress over thought recurrences when they are concerned that their intrusive thoughts are revealing of undesirable personality traits (Purdon, Rowa, Summerfeldt & Antony, 2005). The research outlined above is certainly not an exhaustive account of the field, but highlights the types of appraisals and interpretations that are characteristic of OCD.

The Obsessive Compulsive Cognitions Working Group (1997) has provided a more thorough overview of the cognitive features of OCD (e.g., appraisals, beliefs etc.).

An issue that is not yet clear is why some individuals are prone to the misinterpretations described above, whereas others are not. A better understanding of factors underlying these thought patterns would likely aid in the development of more effective treatment interventions. One possible factor of interest concerns the pre-morbid personality style of individuals who later go on to develop OCD.

Theorists have long alluded to the idea that obsessional patients are characterized by a distinct personality style. For instance, Janet (1903) suggested that an abnormal personality predates the onset of the disorder. Janet referred to this as “*Psychasthenia*,” which was described as entailing feelings of uncertainty and incompleteness, as well as an inner sense of imperfection (Rector, Hood, Richter, & Bagby, 2002). Indeed, a number of clinical researchers have commented on the personality features of obsessional patients. Rachman and Hodgson (1980) described patients with OCD as being “...upright moral citizens who aspire to the highest standards of personal conduct.” More recently, Rachman (1997) has suggested that elevated moral standards predispose individuals to develop OCD. Similarly, Salkovskis (1985) has argued that OC patients display heightened levels of responsibility. Furthermore, Rosen and Tallis (1995) have stated that the trait of over-conscientiousness can *directly* lead to OC behaviours. Rachman and Hodgson (1980) have collectively referred to this constellation of personality traits as a “tender conscience.”

In addition to these clinical observations and theoretical suggestions, a number of studies have investigated the relationship between obsessional symptoms and various personality traits. There are several existing models of personality that have been applied to

OC problems, including the Five Factor Model of Personality (Costa & McCrae, 1992), Cloninger's Tridimensional Personality Theory (Cloninger, 1987), and Eysenck's personality model (for an overview see Pervin, Cervone & John, 2004).

The Five Factor Model (FFM) of personality is one of the most well-known personality theories. According to the FFM there are five broad personality dimensions, namely: Neuroticism, Extraversion, Openness to Experience, Agreeableness, and Conscientiousness. These personality traits are thought to fall on a continuum, with more extreme scores being suggestive of possible personality pathology. Each of the broad traits is composed of six lower facets, which allow for a more fine-grained analysis of the personality structure of persons or groups (Costa & McCrae, 1992). It is only within the past decade that researchers have begun to investigate the connection between the FFM and OC symptoms.

Samuels and colleagues (2002) conducted one of the first studies examining the relationship between the Big Five and OCD. These researchers found that individuals with a lifetime history of OCD were more Neurotic and less Extraverted when compared to a community control group. Interestingly, contrary to the study's predictions, scores on Conscientiousness were not significantly different between the groups; in fact, patients with OCD scored *below average* on the facets of "self-discipline" and "competence." This finding was surprising, as obsessional patients have long been described as very conscientious. The authors offered an explanation for the data, suggesting that patients may not feel confident in their abilities or may not believe that they are meeting their own high standards; this, in turn, would be reflected by low scores. Rector and colleagues (2002) found similar results with another group of OCD patients (i.e., high scores on Neuroticism, very low scores on Extraversion, and low scores on Conscientiousness); however, several of the facets scores

were also remarkable. Specifically, patients scored in the high range on the “tender mindedness” facet of Agreeableness - elevations in this area are characterized by attitudes of sympathy and concern for others. Furthermore, patients scored low on the “actions” facet of Openness to Experience, which is indicative of low impulsivity and sensation-seeking behaviour. These results suggest that in addition to the high scores on neuroticism and low scores on extraversion, obsessional patients are sympathetic, compassionate and cautious. Rector et al.’s findings have been replicated in a more recent study (see Rees, Anderson & Egan, 2005).

Rector, Richter and Bagby (2005) extended the work described above to examine the impact of personality variables on the severity of obsessive-compulsive symptoms. Their data was obtained from a sample of individuals diagnosed with OCD and indicated that there was a unique relationships between the “ideas” facet of Openness and the severity of obsessions, as well as the “actions” facet of Openness and the severity of compulsions. More specifically, lower scores on “ideas” were associated with more severe obsessions. Individuals who are low on “ideas” tend to display more conventional thinking patterns. The authors suggested that such individuals may be vulnerable to obsessional problems because they are more likely to judge their intrusive thoughts as being abhorrent and unacceptable. Similarly, low scores on the “actions” facet of Openness were correlated with greater severity of compulsive behaviours. Low “actions” scores are thought to reflect more difficulty coping with change, and a preference for the tried and true (Costa & McCrae, 1992). Rector and colleagues hypothesized that such a predisposition may make one vulnerable to OCD because it is difficult to disengage from ritualistic and repetitive tasks.

Research on the relationship between the FFM and OC symptoms suggests that OCD is characterized by elevations on Neuroticism and low levels of Extraversion. With respect to Conscientiousness, the findings have not been as straightforward. Finally, consistent with theoretical perspectives, several of the facet scores (i.e., “tender mindedness” and “actions”) are also elevated in OCD patients. The facet scores provide more detailed information about the personality style of obsessional patients, and suggest that this population tends to be compassionate and cautious by nature.

Hans Eysenck’s conceptualization of personality has also been applied to OC complaints. In brief, Eysenck identified three personality traits: Extraversion, Neuroticism, and Psychoticism. Extraverted people are highly sociable, and enjoy excitement and spontaneity. Neurotic individuals are prone to negative affective states such as anxiety, depression, and guilt, as well as low self-esteem. Individuals who score highly on indices of Psychoticism tend to be impulsive, insensitive, uncaring, solitary, and go against social norms (for review see Pervin, Cervone & John, 2005). In a sample of non-clinical participants, Scarrabelotti, Duck and Dickerson (1995) found that increases in Neuroticism were associated with greater OC symptoms. Furthermore, individuals who scored high on Neuroticism, as well as a measure of responsibility, appeared to have particular difficulties with obsessions and compulsions. No relationship was found between OC symptoms and Psychoticism or Extraversion. Fullana and colleagues (2004) employed a sample of individuals diagnosed with OCD and also found elevations on Neuroticism. Interestingly, unlike the findings from the previous study by Scarrabelotti and colleagues, OCD patients were found to score highly on Psychoticism. This was somewhat surprising considering that high scores on this dimension are indicative of low levels of responsibility – a trait that is thought to contribute to

OC symptoms. This particular finding is also counter to those of Scarrabelotti and colleagues, who found that heightened levels of responsibility were positively associated with OC symptomatology. To date, there has not been a lot of research on the relationship between Psychoticism and OC symptoms; however, Psychoticism is a multi-faceted construct and its contribution to OCD is likely complex (Scarrabelotti, Duck, & Dickerson, 1995). Indeed, more research needs to be done before conclusions can be drawn.

Cloninger's biosocial theory of personality suggests that there are three independent and heritable personality dimensions, namely: novelty-seeking, harm avoidance, and reward dependence. These dimensions are thought to be related to specific neurotransmitters systems, and can be measured through use of the Tridimensional Personality Questionnaire (Cloninger, 1987a). High scores on the harm avoidance dimensions are associated with a tendency to worry, be apprehensive, as well as shyness and a fear of uncertainty. Individuals who score highly on reward dependence are sentimental, persistent and form attachments to others easily. Finally, high scores on novelty seeking are reflective of individuals who are impulsive, excitable and disorderly. A number of research groups have demonstrated that OCD is associated with elevations on harm avoidance (e.g., Kusunoki et al., 2000; Lyoo, Lee, Kim, Kong, & Kwon, 2001; Lyoo, Yoon, Kang, & Kwon, 2003; Pfohl, Black, Noyes, Kelley & Blum, 1990; Richter, Summerfeldt, Joffe, & Swinson, 1996). The vast majority of these studies have also documented low scores on novelty seeking. Interestingly, Richter and colleagues (1996) found that individuals with OCD scored particularly high on the harm avoidance subscale "fear of uncertainty," indicating that this domain may be particularly relevant to the disorder. Taken together, the results from these studies suggest that obsessive-



compulsive patients display heightened levels of worry and apprehension, low levels of impulsivity, and pronounced difficulties tolerating uncertainty.

The pattern of comorbidity with Axis II disorders provides further support for the notion of a specific personality profile that is unique to obsessional patients. For instance, the hallmark features of Antisocial Personality Disorder include a pervasive pattern of disregard for, and violation of, the rights of others (APA, 2000). This presentation is in stark contrast to that of patient's with OCD, who appear to be acutely aware of the negative consequences of events and the potential impact these can have on other people. Indeed, research indicates that OCD rarely co-occurs with Cluster B personality disorders, especially Antisocial Personality Disorder (e.g., Black & Noyes, 1997; Denys, Tenney, van Megen, de Geus, & Westenberg, 2004; Okasha, Omar, Lotaief, Ghanem, El Dawla & Okasha, 1996; Skodol, Oldham, Hyler, Stein, Holander, Gallaher, & Lopez, 1995).

The research outlined above suggests that OCD patients are more neurotic (i.e., prone to negative emotions) and less extraverted than community controls. Although there is some evidence to indicate that OC patients may be *less* conscientious than controls, the results have been disputed. More specifically, individuals with OCD may receive lower scores because they are not confident in their abilities (indeed, self-doubt is a characteristic feature of the disorder) and/or they are not meeting their own high standards. Examination of lower order personality traits has provided more detailed information on the general disposition and personality character of obsessional patients. These findings have demonstrated that individuals with OCD score highly on indices of care and concern for others. Additionally, the disorder is associated with increased harm avoidance (e.g., apprehension and fear of uncertainty). There is also some data to suggest that OCD is negatively correlated with

impulsivity. Finally, this patient group is unlikely to present with antisocial behaviour problems.

In summary, it appears that theoretical suggestions regarding the personality style of obsessional patients may be correct. The following series of studies were designed to further evaluate this possibility. In particular, we were interested in the concept of a “tender conscience” suggested by Rachman. Previous research has investigated the relationship between existing personality models and obsessional symptoms; however, the current project was designed to evaluate the unique contribution of a specific constellation of personality traits that are hypothesized to be encompassed by the term “tender conscience.” The concept of a “tender conscience” appears to be particularly relevant to certain subtypes of obsessional problems; specifically, those involving fear of harm or other terrible happenings (e.g., aggressive obsessions, sexual obsessions, doubting thoughts).

### **STUDY I: THE DEVELOPMENT OF A MEASURE OF TENDER CONSCIENCE**

To date, the construct of “tender conscience” has not been formally operationalized and its contribution to the etiology of obsessive-compulsive symptoms has yet to be determined. Thus, the present study had two main goals. The first was to operationalize the construct of a “tender conscience.” The second was to devise a measure of “tender conscience” so it could be the focus of empirical work.

#### **Initial Development of the Tender Conscience Questionnaire**

Operationalization of a “tender conscience” was guided by the above-described theoretical suggestions and research findings, as well as our own clinical experience. When defining a “tender conscience” we also felt that it was necessary to specify what the construct was *not*. The personality trait of psychopathy appears to be the antithesis of a

“tender conscience.” Indeed, psychopathy has been referred to as a socially aversive personality (Lee & Ashton, 2005). Robert Hare has been particularly influential in the field of psychopathy, and has identified twenty personality traits that are thought to be central to this construct (e.g., impulsivity, irresponsibility, callousness, glibness, shallow affect, manipulative, and criminal versatility; for review see Hare, Hart, & Harpur, 1991). Clearly these personality characteristics are in stark contrast to those which have been associated with OC patients.

Following consideration of this information, we identified a number of core features thought to be reflective of a “tender conscience,” these include: (1) heightened levels of empathy, (2) increased feelings of responsibility, (3) a predisposition to experience guilt, (4) a sense of moral obligation, (5) sentimentality (i.e., feeling particularly attached to belongings/inanimate objects), and (6) being overly cautious. Questions to tap into each of the respective areas were devised by the author and a clinical psychologist with extensive experience and expertise in the area of OCD. These items were then submitted to faculty and graduate students for review prior to data collection.

## **METHOD**

### *Participants*

Participants were 407 undergraduate students enrolled in an introductory to psychology course at the University of Waterloo. All participants completed the questionnaire as part of mass testing, and received partial course credits for their time and effort. The participants ranged in age from 16.9 to 35.9 years, with a mean age of 19.3 years ( $SD = 1.97$ ). The sample was predominantly female (i.e., 65% female; 35% male). A subset

of the initial sample completed the “Tender Conscience” questionnaire again at a later date (n = 35).

## Measures

### *Tender Conscience Questionnaire*

The preliminary version of the scale contained a total of 62 items. Participants were asked to indicate if each statement was accurate for them. Replies were made on a 7-point Likert scale ranging from 1 (not at all true for me) to 7 (very true for me). The scale contained both positively and negatively keyed items to prevent acquiescence.

### *Statistical Analyses*

The data from the initial version of the questionnaire were analyzed to determine the scales psychometric properties and factor structure. A modified version of the scale is available in Appendix A.

## **RESULTS**

### Data Screening

The data were screened for univariate and multivariate outliers. Univariate outliers were identified by z-scores that were greater than 3 or less than a -3, and occurred on items that were characterized by discontinuous distributions. Following identification, univariate outliers were adjusted by changing the magnitude of the extreme score to the next closest value. Multivariate outliers were defined as cases in which leverage values exceeded .4. Two multivariate outliers were identified and were removed from all further analyses.

### Item analysis

Item total correlations and reliability analyses were conducted to verify the homogeneity of the scale. The overall reliability of the scale prior to factor analysis was .89.

The alpha value did not change significantly if any of the questions were deleted from the scale.

### Factor Analysis

The 62 items from the Tender Conscience Questionnaire were subjected to a factor analysis using principal components extraction. As the factors were expected to correlate, an oblimin rotation was utilized. Examination of the scree plot (Figure 1) suggested that a four or five factor solution may be appropriate. The four-factor solution seemed to be more parsimonious and interpretable; therefore, it was retained. The four factors explained 33.6% of the total variance of the scale. Although a “tender conscience” has thus far been treated as a unitary construct, it was felt that this personality style was comprised of several unique and separable features. Thus, items with significant loadings on more than one factor were deleted from the scale. Inspection of the factor loadings revealed that 13 items loaded on multiple factors, and were therefore deleted. The modified version of the scale contained a total of 49 items (see Appendix A).

The content of the first factor appeared to include items that are related to empathy (e.g., “I would not be able to continue with my day as normal if I heard about something unfortunate that had happened to a pet or animal,” “It really bothers me to hear about awful things happening to people or animals”). The second factor contained items that tapped into an individual’s desire to be selfless or charitable; that is, high scores on this domain would be suggestive of individuals who are benevolent (e.g., “Each person is valuable and special in their own way; no one is ‘better’ than anyone else,” “Everyone deserves a second chance”). Items on the third factor were generally reflective of a tendency to be inhibited (e.g., “I live for thrills” – *reverse coded*, “I am bored by the routine and predictable” – *reverse coded*).

The fourth and final factor primarily contained items related to caution and deliberation before proceeding with actions (e.g., “I am careful when I undertake activities that could potentially be dangerous,” “I don’t think one can be too cautious”). Factor loadings for the scale items are reported in Table 1.

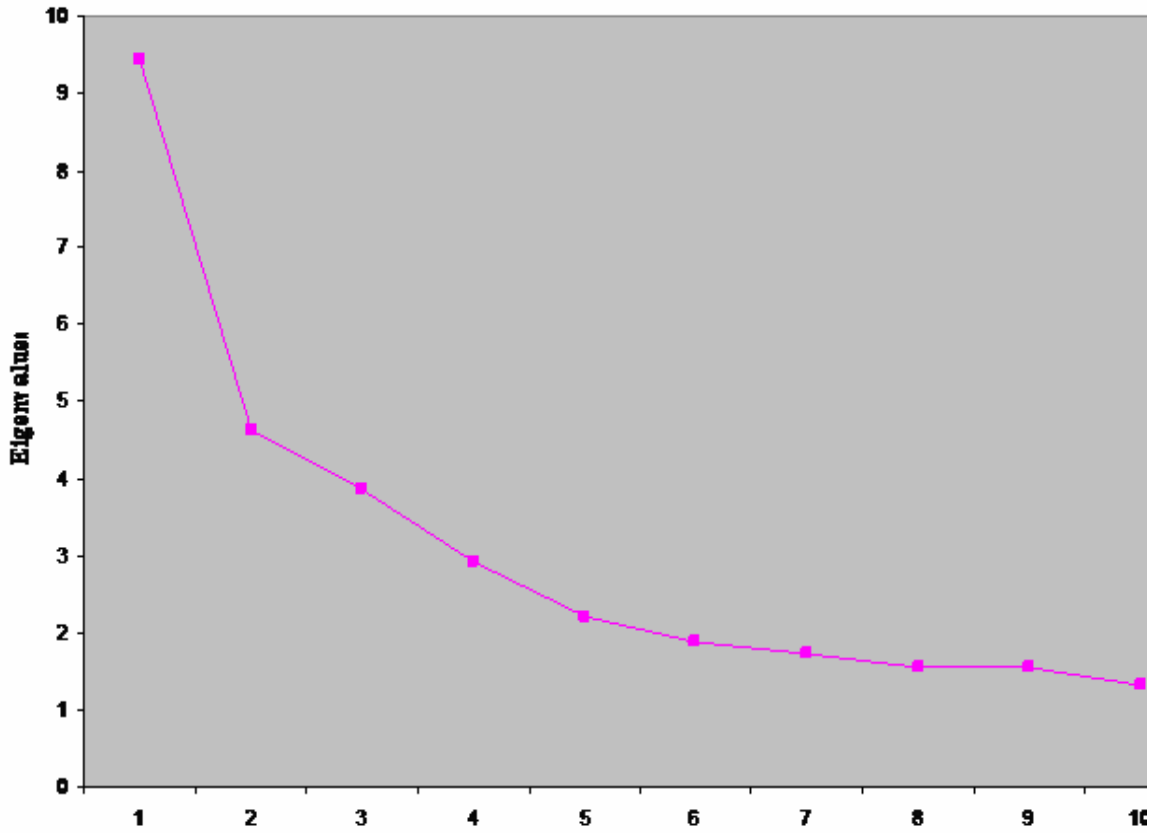


Figure 1. Scree plot of eigenvalues from factor analysis of the Tender Conscience Questionnaire.

Table 1. Factor loadings for Tender Conscience Questionnaire items.

Item	Factor 1	Factor 2	Factor 3	Factor 4
tc25	.68	-.11	.04	.01
tc48	.64	-.29	.14	-.33
tc59	.64	-.12	-.04	.07
tc58	.62	-.17	.04	-.29
tc22	.59	-.05	.04	-.17
tc10	.58	-.06	-.02	-.32
tc2	.56	-.21	.04	-.29
tc54	.55	-.06	-.03	.02
tc5*	.51	-.49	-.01	-.32
tc34	.51	.38	.11	-.11
tc39*	.49	.04	.16	-.46
tc60	.48	-.24	-.01	-.20
tc40*	.47	.47	.07	-.28
tc55	.47	-.35	-.24	-.15
tc11	.46	-.06	.03	-.39
tc46	.43	.03	.18	-.28
tc61	.43	.28	.22	-.13
tc16	.39	.04	-.05	-.28
tc29	.10	-.61	-.10	-.24

Item	Factor 1	Factor 2	Factor 3	Factor 4
tc38	.12	-.32	-.10	-.19
tc23	-.07	.02	.71	-.01
tc41	-.16	-.02	.66	-.19
tc19	.25	-.16	.54	-.08
tc3	-.05	-.04	.47	-.19
tc14	-.08	-.02	.47	-.02
tc28	.041	.07	.47	.08
tc30	.16	-.03	.46	-.13
tc26*	.01	-.02	.45	-.44
tc57	-.00	-.03	.37	.18
tc8	.19	.22	.36	-.23
tc15	.18	-.05	.34	-.08
tc20*	.24	-.19	.25	-.18
tc52	.29	-.24	-.16	-.64
tc62	.02	-.02	.26	-.63
tc36	.13	-.25	.00	-.54
tc43*	.47	-.18	-.12	-.53
tc53	.25	-.25	.14	-.51
tc37	.47	-.26	-.24	-.51

Table 1 continued. Factor loadings for Tender Conscience Questionnaire items.

tc50	.15	-.60	.11	-.26	tc44	-.01	-.39	-.12	-.51
tc13	.14	-.57	.05	-.16	tc24*	.10	-.41	-.17	-.51
tc32	.29	-.57	.20	-.16	tc7	.36	-.25	.18	-.49
tc45	.29	-.55	.15	-.20	tc42	.31	.12	.24	-.49
tc18	.18	-.54	-.04	-.05	tc9	.27	-.24	-.09	-.46
tc35	.14	-.50	.31	-.05	tc31	.21	-.01	-.17	-.46
tc17	.02	-.49	.07	-.14	tc51*	.43	.12	.19	-.43
tc56	.23	-.49	-.03	-.29	tc33	.24	-.15	-.28	-.42
tc6	.02	-.45	.10	-.08	tc1	.20	.19	.22	-.41
tc12*	.21	-.40	-.35	-.24	tc4	.00	-.03	.26	-.41
tc21*	.35	.39	.16	-.26	tc49	.15	-.06	.22	-.40
tc47*	.23	.32	.12	-.30	tc27*	.22	-.20	-.06	-.29

\* Indicates items with significant loadings on more than one factor, and were therefore deleted from the final version of the scale

#### Analysis of the 49-item Tender Conscience Questionnaire

The overall reliability of the revised 49-item scale was .86. The alpha reliabilities for each of the factors were as follows: .84 (Factor 1 - Empathy), .79 (Factor 2 - Selflessness), .69 (Factor 3 – Sensation Seeking), and .77 (Factor 4 - Caution). Note that factor scores were computed by creating a sum from all of the items that loaded on that respective scale.

The majority of correlation coefficients between the four factors from the questionnaire were significant, supporting the use of the oblimin rotation. Correlations between each of the respective factors and the total score were also significant ( $p < .01$ ).

Correlation coefficients for the factors are presented in Table 2.



Table 2. Correlation coefficients for the Tender Conscience Questionnaire factors.

	<b>Factor 1 – Empathy</b>	<b>Factor 2 – Selflessness</b>	<b>Factor 3 – Sensation Seeking</b>	<b>Factor 4 – Caution</b>	<b>Total Score</b>
<b>Factor 1 – Empathy</b>		<b>.27**</b>	.08	<b>.40**</b>	<b>.75**</b>
<b>Factor 2 – Selflessness</b>			<b>.12*</b>	<b>.35**</b>	<b>.64**</b>
<b>Factor 3 – Sensation Seeking</b>				<b>.20**</b>	<b>.47**</b>
<b>Factor 4 – Caution</b>					<b>.73**</b>

\*  $p < .05$ ; \*\*  $p < .01$

### Test-Retest Reliability

As noted above, a subset of the original sample ( $n = 35$ ) completed the Tender Conscience questionnaire at a later date. The time between test administrations ranged from 35 to 63 days, with a mean length of 50 days. Both factor and total scores on the questionnaire demonstrated good stability across time (see Table 3).

Table 3. Test-retest reliability estimates for factor and total scores on the Tender Conscience Questionnaire.

<b>Factor 1 – Empathy</b>	<b>Factor 2 – Selflessness</b>	<b>Factor 3 – Sensation Seeking</b>	<b>Factor 4 – Caution</b>	<b>Total Score</b>
<b>.62**</b>	<b>.82**</b>	<b>.64**</b>	<b>.67**</b>	<b>.77**</b>

\*\* p < .01

## DISCUSSION

The purpose of the current study was to develop a psychometrically sound measure of a “tender conscience” - a constellation of personality traits thought to serve as a vulnerability factor to the development of OCD. A self-report questionnaire was developed, which was based on theoretical suggestions and empirical work that has focused on the personality style of obsessional patients. The questionnaire was administered to a large group of undergraduate students, so its psychometric properties and factor structure could be determined.

A factor analysis resulted in elimination of 13-items with significant loadings on more than one factor. The modified version of the scale consisted of 49 items, and a four-factor solution was adopted. The content of the items on the factors was quite consistent; indeed, internal consistency estimates were adequate. Items on the first factor (*Empathy*) reflected the general tendency to sympathize and feel for others. The second factor (*Selflessness*) contained items related to altruism and humanity. Factor three was entitled *Sensation Seeking*, as many of the items appeared to assess a predisposition to be somewhat inhibited and socially anxious. Items from the fourth factor (*Caution*) primarily evaluated a tendency to be wary and proceed with caution. The major content areas tapped by the factors

correspond well with the underlying traits that were thought to be encompassed by a “tender conscience.” Furthermore, the scale demonstrated good stability across time, with test-retest reliability estimates for the factors ranging from .62 (Factor 1 – Empathy) to .82 (Factor 2 – selflessness).

In sum, the findings from this study indicate that the “Tender Conscience” questionnaire is a psychometrically sound instrument. Nonetheless, there remain several questions that need to be addressed. First of all, the convergent validity of the scale has yet to be determined. Furthermore, it is not known how a “tender conscience” relates to obsessive-compulsive symptoms. Consequently, a second study was designed to address these concerns.

## **STUDY II: CONSTRUCT VALIDITY OF THE TENDER CONSCIENCE QUESTIONNAIRE AND ITS RELATIONSHIP TO OC SYMPTOMS**

As noted above, the main goals of the current study entailed: (1) validation of the “tender conscience” questionnaire, and (2) determining the relationship between this personality style and OC symptoms.

The convergent validity of the scale was evaluated by examining its correlations with existing personality measures. Specifically, the International Personality Item Pool was used as an index of the Big Five personality traits. It was expected that high scores on the TC questionnaire would display positive correlations with the traits of Neuroticism, Agreeableness, and Conscientiousness. Additionally, as reviewed in study 1, the personality features that are thought to underlie a “tender conscience” are in stark contrast to the traits associated with psychopathy. Therefore, it was expected that there would be an inverse relationship between scores from the TC questionnaire and those from the Self-Report

Psychopathy Scale-III. A “tender conscience” was also expected to be positively associated with OC symptoms; to evaluate this hypothesis, several measures of OC symptomatology were administered, including the Obsessive Compulsive Inventory, Padua Inventory – Washington State University Revised, Interpretation of Intrusions Inventory and the Situational Response Inventory.

## **METHOD**

### *Participants*

A total of 155 individuals participated in the study. All participants were enrolled in introductory psychology at the University of Waterloo, and received partial course credits in exchange for their time and effort. The mean age of the sample was 19 years (ranging from 17 to 25 years). Approximately 68% of participants were female.

### *Procedure*

Prior to the study several questionnaires of interest were administered to a large sample of undergraduate students as part of mass testing procedures. These measures included the Tender Conscience Questionnaire, Self-Report Psychopathy Scale-III and Obsessive Compulsive Inventory (described below). No inclusion or exclusion criteria were used to select participants. Potential subjects were contacted by e-mail and asked if they would be willing to participate in a study investigating the impact of personality on situational appraisal. Interested individuals were given a web address and access code to complete the study via the internet. Before the study began, participants gave their informed consent. Following assent, a series of questionnaires were administered (see below). Upon completion of the study participants were provided with written feedback.

### Data Analyses

Correlation coefficients were computed between the various measures that were relevant to the study's hypotheses. Additionally, a series of regression analyses were conducted to determine if a "tender conscience" was a significant predictor of OC symptoms above and beyond the variance that was explained by existing personality measures and current mood state.

### **Measures**

#### Tender Conscience Questionnaire

This measure has been described in detail as part of study 1 (see above).

#### Self-Report Psychopathy Scale III (SRP-III)

The SRP-III contains 64 items, which comprise a total of 4 subscales: Erratic Lifestyle (e.g., "I enjoy doing wild things"), Callous Affect (e.g., "Most people are wimps"), Interpersonal Manipulation (e.g., "I think I could beat a lie detector"), and Antisocial Behaviour (e.g., "During my teenage years I broke into a building or vehicle in order to steal something or vandalize"). Research indicates that the SRP-III is a reliable and valid measure of subclinical psychopathy (Williams, Nathanson & Paulhus, 2003). Note that this questionnaire was administered prior to participation in the study, and data are therefore available for a larger sample of individuals.

#### International Personality Item Pool (IPIP; Goldberg, 1999; Goldberg et al., 2006)

We employed the 50-item version of the IPIP as an index of the Big 5 personality traits. The IPIP contains five subscales: Agreeableness, Conscientiousness, Extraversion, Emotional Stability (Neuroticism) and Intellect (Openness to Experience). These subscales are highly correlated with their counterparts from the NEO-PI-R (Costa & McCrae, 1992).

The IPIP consists of a series of statements describing people's behaviour and participants are to indicate the extent to which the statement is true for them. Ratings are made on a 5-point scale, from 1 (very inaccurate) to 5 (very accurate).

Obsessive Compulsive Inventory (OCI; Foa, Kozak, Salkovskis, Coles & Amir, 1998)

The OCI is a self-report measure that is used to assess the severity of obsessive-compulsive symptoms. The scale consists of 42 items, on which the participant rates the frequency and distress associated with particular obsessions and compulsions. Frequency ratings are made on a five-point Likert scale ranging from 0 (never) to 4 (almost always). Distress ratings are made on a similar scale ranging from 0 (not at all) to 4 (extremely). Separate scores are obtained for frequency and distress by summing all of the items on these respective scales. The psychometric properties of the OCI are satisfactory, with excellent internal consistency, good test-retest reliability, as well as adequate convergent and discriminant validity (Foa et al., 1998). Note that this questionnaire was administered prior to participation in the study, and data are therefore available for a larger sample of individuals.

Padua Inventory – Washington State University Revised (PI-WSUR; Burns, Keortge, Formea & Sternberger, 1996)

The PI-WSUR is a self-report instrument that is used to assess for the presence of obsessions and compulsions. Participants are required to rate their degree of agreement with various statements on a five-point scale ranging from 0 (not at all) to 4 (very much). There are a total of 39 items, which can be summed to compute a total score. The PI-WSUR has excellent internal consistency. Additionally, the test-retest reliability and convergent and discriminant validity estimates for the scale are good (Burns et al., 1996)

*Interpretation of Intrusions Inventory* (III; Obsessive Compulsive Cognitions Working Group, 1997, 2001)

The III is a 31-item self-report questionnaire that assesses interpretations and appraisals that are thought to be important in the persistence of intrusive thoughts. Participants rate the extent to which they endorse certain appraisals on a scale ranging from 0 (did not believe this idea at all) to 100 (completely convinced this idea was true). Prior to making these ratings, participants are provided with a definition and examples of intrusive thoughts. After identifying two personal examples, participants indicate the frequency with which the thoughts occur, how recently the thoughts have occurred, and the distress associated with the thoughts. Research indicates that the test-retest reliability and convergent validity of the III are good (Obsessive Compulsive Cognitions Working Group, 2001).

*Situational Response Inventory (SRI)*

The SRI was adapted from a reasoning task designed by Pélissier and O'Connor (2004) for use in the current study. The SRI consists of 16 hypothetical scenarios that describe potentially anxiety-provoking situations (e.g., inducing doubts as to whether or not a door was properly locked, instilling the idea that an individual may have come into contact with a poisonous substance). The scenarios were designed to tap into each of the major OCD content areas that are identified on well-known symptom measures (e.g., contamination obsessions, aggressive obsessions, sexual obsessions, doubting thoughts, etc.). After reading each scenario participants answered a series of questions. The first several questions assessed the participant's imagined anxiety level as well as urges to neutralize or rectify the situation. Five additional questions were adapted from the Yale-Brown Obsessive Compulsive Scale (Y-BOCS; Goodman, et al., 1989) to evaluate the participant's experience with intrusions

similar to those described in the scenario over the course of the past week (e.g., time consumed by the thoughts, thought-free interval, interference due to the thoughts, distress associated with the thoughts, and resistance against the thoughts). A copy of the SRI is included in Appendix B.

Because the SRI was adapted for use in the present study, its validity was unknown. Therefore, correlational analyses were conducted between the SRI and the other OCD symptom measures (i.e., the OCI, PI-WSUR, and III). All correlation coefficients were significant ( $p < .01$ , two-tailed), with values ranging from .41 to .49. Thus, there is evidence to suggest that the SRI is a valid instrument. Correlations between the various OC symptom measures are displayed in Table X.

Table 4. Correlations between OCD symptom measures.

	SRI Anxiety	SRI Rectify	PI-WSUR	OCI Frequency	OCI Distress	III
SRI Anxiety		.85**	.44**	.45**	.45**	.44**
SRI Rectify			.50**	.46**	.43**	.41**
PI-WSUR				.60**	.57**	.47**
OCI Frequency					.89**	.34**
OCI Distress						.34**

\*\*  $p < .01$

Positive and Negative Affectivity Scale (PANAS; Watson, Clark, & Tellegen, 1988)

The PANAS is a self-report inventory that is designed to measure positive and negative affect. The PANAS contains a list of 20 adjectives that describe positive (e.g., interested) and negative affect (e.g., afraid). Ten items comprise the positive and negative affect scales, respectively. Participants indicate the extent to which an adjective is descriptive



of their mood state over the past week using a Likert scale from 1 (very slightly or not at all) to 5 (extremely). Reliability and validity estimates for the PANAS are good (Watson, Clark & Tellegen, 1988).

## RESULTS

### Correlations between a “tender conscience” and the Big Five Personality Traits

Results are displayed in Table 4, and will be discussed below. All of the “tender conscience” factors were positively associated with Agreeableness. The correlation between Agreeableness and the Selflessness Factor was particularly strong ( $r = .60$ ,  $p < .01$ , two-tailed). This finding is intuitively appealing and speaks to the validity of the Selflessness Factor.

Correlation coefficients between Conscientiousness and the “tender conscience” factors of Selflessness, Sensation Seeking and Caution were also significant and in the expected positive direction. The relationship between the Empathy factor and Conscientiousness was non-significant.

Only two of the “tender conscience” factors were significantly associated with Emotional Stability (Neuroticism). Note that low scores on Emotional Stability are indicative of high levels of Neuroticism. Thus, low Emotional Stability (or high Neuroticism) was associated with high scores on the Empathy factor ( $r = -.22$ ,  $p < .05$ , two-tailed), as well as high scores on the Sensation Seeking factor ( $r = -.35$ ,  $p < .01$ , two-tailed).

Prior to the study, no specific predictions were made with respect to the relationship between a “tender conscience” and the trait of Extraversion. Correlations between Extraversion and the TC factors were generally non-significant; although, a moderately large negative correlation was obtained between Extraversion and Sensation Seeking ( $r = -.35$ ,  $p <$

.01, two-tailed).

*Correlations between a “tender conscience” and psychopathy*

Results are displayed in Table 5. All of the correlations between the TC factors of Selflessness, Sensation Seeking and Caution were negatively correlated with the SRP-III subscales (i.e., Erratic Behaviour, Callous Affect, Interpersonal Manipulation, and Antisocial Behaviour). All correlation coefficients were significant at the .01 level (two-tailed).

The majority of correlations between Empathy and the SRP-III subscales were non-significant. However, most important was the relationship between Empathy and Callousness, as these particular factors are conceptually similar in that they both assess the affective component of interpersonal relationships. Indeed, a negative correlation would be expected as the scales are measuring opposing styles of reacting to other individuals (i.e., sensitivity versus ruthlessness).

IPIP Traits	TC Questionnaire				
	Factor 1 – Empathy	Factor 2 – Selflessness	Factor 3 – Sensation Seeking	Factor 4 – Caution	Total
Agreeableness	.24**	.60**	.22*	.50**	
Extraversion	.00	.16	-.35**	.05	
Conscientiousness	.01	.31**	.21*	.33**	
Emotional Stability	-.22*	.17	-.35**	-.02	
Intellect	.21*	.23**	.02	.24**	

Note: N varies due to missing data (range = 128-130 participants)

\* p< .05; \*\* p< .01

Table 6. Correlations between the TC Questionnaire and SRP-III Scale.

SRP-III Subscales	TC Questionnaire				
	Factor 1 – Empathy	Factor 2 – Selflessness	Factor 3 – Sensation Seeking	Factor 4 – Caution	Total Score
Erratic Lifestyle	-.01	-.29**	-.57**	-.38**	-.42**
Callous Affect	-.36**	-.63**	-.32**	-.41**	-.64**
Interpersonal Manipulation	-.08	-.53**	-.29**	-.22**	-.39**
Antisocial Behaviour	.01	-.17**	-.32**	-.20**	-.23**
Total Score	-.13*	-.51**	-.50**	-.39**	-.53**

Note: N varies due to missing data (range 377-383 participants)

\* p < .05; \*\* p < .01

Correlations between a “tender conscience” and mood state

Correlations between a “tender conscience” and mood state were computed to further validate the questionnaire and ensure it was not redundant with mood (i.e., that it was measuring a separate construct). For the most part, correlations between a “tender conscience” and current mood state (as assessed using the PANAS) were non-significant. However, the Sensation Seeking factor from the TC questionnaire was negatively correlated with positive affect ( $r = -.19$ ,  $p < .05$  two-tailed).

Correlations between a “tender conscience” and obsessive-compulsive symptoms

Tender conscience scores were correlated with measures of OCD symptomatology, including the OCI, III, PI-WSUR, and SRI. Results from these analyses are displayed in

Table 6. Although most of the OC symptom measures permit computation of subscale scores, the present analyses employed total scores only. There were several reasons for this. First of all, from a theoretical point of view, it was thought that a “tender conscience” would predict OC symptoms *in general*, rather than being associated with particular symptom subtypes (and thus subscale scores). Furthermore, this study used a non-clinical sample; therefore, the variance on the subscales was limited, which made the detection of significant relationships difficult.

Empathy was positively correlated with a number of the OC symptom measures including OCI distress, OCI frequency, as well as the “*anxiety*” and “*urges to rectify the situation*” scores from the SRI. Interestingly, contrary to the direction of the predicted relationship, Selflessness showed consistent negative correlations with all of the OC symptom measures. Sensation Seeking showed weak positive correlations with the OCI distress and frequency scales ( $r = .11$  and  $.13$ , respectively); however, its relationship to the SRI “*anxiety*” and “*urges to rectify the situation*” ratings were stronger ( $r = .30$  and  $.26$  respectively,  $p < .01$ , two-tailed). Overall, the results for the Caution factor were disappointing, as only one correlation reached significance. More specifically, Caution was associated with a higher desire to rectify the scenarios outlined in the SRI ( $r = .25$ ,  $p < .01$ , two tailed).

OC Symptom Measures	TC Questionnaire				
	Factor 1 – Empathy	Factor 2 – Selflessness	Factor 3 – Sensation Seeking	Factor 4 – Caution	T
OCI <sup>a</sup> Total Distress	.24**	-.28**	.11*	.06	
OCI <sup>a</sup> Total Frequency	.28**	-.29**	.13**	.07	
PI-WSUR <sup>b</sup> Total	.15	-.28**	.02	-.01	
Total III <sup>c</sup>	.06	-.22**	.00	.04	
<sup>†</sup> SRI <sup>d</sup> – Anxiety	.21*	.08	.30**	.14	
SRI – Urge to Rectify	.30**	.15	.26**	.23**	
SRI Y-BOCS Score	.07	-.26**	.04	-.09	

*Note:* *N* varies do to missing data. Both the OCI and TC questionnaire were administered prior to the study, and were therefore completed by a larger sample (i.e., between 385 and 387 individuals). The remaining questionnaires were completed as part of the study proper; consequently, the sample size is smaller (i.e., between 125-136 individuals).

\*  $p < .05$ ; \*\*  $p < .01$

<sup>†</sup>Unfortunately, a computer error resulted in data loss; therefore, results from ten of the sixteen scenarios were available for analysis.

<sup>a</sup> Obsessive Compulsive Inventory; <sup>b</sup> Padua Inventory- Washington State University Revised; <sup>c</sup> Interpretation of Intrusions Inventory; <sup>d</sup> Situational Response Inventory

### Hierarchical Regression Analyses

A series of hierarchical regression analyses were conducted to determine the unique contribution of a “tender conscience” to the explanation of obsessive-compulsive symptoms, above and beyond what was explained by mood state and the Big Five Personality Factors (i.e., Agreeableness, Conscientiousness, Emotional Stability, Intellect, and Extraversion). Four separate analyses were conducted, using each of the empirically validated and psychometrically sound OC symptom measures as a dependent variable (i.e., OCI distress, OCI frequency, PI-WSUR, and the III). On the first step of the regression, negative affect (as assessed using the PANAS) and the Big 5 personality traits were entered. Step two involved the addition of the four TC factors.

The first regression analysis was conducted for OCI distress ratings. On the first step of the analysis, negative mood state and the Big Five personality traits explained 28.9% of the scale’s variance. Inclusion of the TC factors accounted for an additional 7.5% of the variance ( $F$  change (4, 114) = 3.39,  $p$  = .01). The Empathy and Selflessness factors were the most significant contributors ( $p$  = .00 and  $p$  = .04, respectively).

Using OCI frequency ratings as the dependent variable, the first step of the regression equation accounted for 31% of variance. The second step of the equation (i.e., the addition of the four TC factors) significantly increased the variance explained by 13% ( $F$  change (4, 114) = 6.52,  $p$  = .00). Again the Empathy and Selflessness factors were the most important variables in the equation ( $p$  = .00 and  $p$  = .04, respectively).

When the PI-WSUR was the dependent variable, the first step of the regression equation explained 40.9% of the variance. The addition of the TC factors in the second step of the analysis was significant, and explained an additional 8.7% of the variance ( $F$  change (4,

115) = 4.95,  $p = .00$ ). The most important TC variables for this regression equation were the Inhibition and Caution factors ( $p = .03$  and  $p = .02$ , respectively). The results for the regression equations are presented in Table 7.

The regression analysis for the III indicated that a “tender conscience” was not a significant predictor after controlling for current mood state and the Big Five personality traits. The first step of the analysis accounted for approximately 16.4% of the variance on the III ( $F(6, 112) = 3.66, p = .00$ ). On the second step, addition of a “tender conscience” added only 4.7% of unique variance to the equation ( $F \text{ change}(4, 108) = 1.59, p = .18$ ).

Table 8. Hierarchical multiple regression predicting OC symptoms using the Tender Conscience Questionnaire.

<b>DV: OCI DISTRESS</b>	<b>R<sup>2</sup></b>	<b>R<sup>2</sup> Δ</b>	<b>Sig. F. Δ</b>	<b>β</b>	<b>Sig. β</b>
<b>Step 1:</b>	.29	.29	.00		
Negative Affect				.25	.01
Emotional Stability				-.31	.00
Extraversion				-.07	.47
Intellect				-.04	.64
Agreeableness				-.11	.25
Conscientiousness				.02	.85
<b>Step 2:</b>	.37	.08	.01		
Negative Affect				.27	.00
Emotional Stability				-.18	.07
Extraversion				-.02	.43
Intellect				-.06	.44
Agreeableness				-.10	.43
Empathy				.29	.00
Selflessness				-.21	.04
Sensation Seeking				.12	.22
Caution				-.05	.60



Table 8 *continued*. Hierarchical multiple regression predicting OC symptoms using the Tender Conscience Questionnaire.

DV: OCI FREQUENCY	R <sup>2</sup>	R <sup>2</sup> Δ	Sig. F. Δ	β	Sig. β
<b>Step 1:</b>	.31	.31	.00		
Negative Affect				.20	.02
Emotional Stability				-.33	.00
Extraversion				-.11	.25
Intellect				-.06	.49
Agreeableness				-.16	.10
Conscientiousness				.14	.10
<b>Step 2:</b>	.44	.13	.00		
Negative Affect				.23	.01
Emotional Stability				-.18	.05
Extraversion				-.03	.73
Intellect				-.10	.21
Agreeableness				-.21	.07
Empathy				.38	.00
Selflessness				-.20	.04
Sensation Seeking				.11	.24
Caution				.02	.79
DV: PI-WSUR	R <sup>2</sup>	R <sup>2</sup> Δ	Sig. F. Δ	β	Sig. β
<b>Step 1:</b>	.41	.41	.00		
Negative Affect				.37	.00
Emotional Stability				-.27	.00
Extraversion				-.12	.16
Intellect				-.10	.22
Agreeableness				-.12	.18
Conscientiousness				.04	.59
<b>Step 2:</b>	.50	.09	.00		
Negative Affect				.37	.00
Emotional Stability				-.28	.00
Extraversion				-.16	.08
Intellect				-.13	.08
Agreeableness				-.13	.23
Empathy				.13	.11
Selflessness				-.11	.23
Sensation Seeking				-.19	.03
Caution				.21	.02

## DISCUSSION

The current study aimed to validate the TC questionnaire and determine the relationship between a “tender conscience” and OC symptoms. To meet these goals, the TC questionnaire was administered with a battery of additional self-report measures assessing personality traits, affect, and OC symptomatology.

### *Personality and Mood Correlates*

It was predicted that a “tender conscience” would display significant positive correlations with the personality traits of Agreeableness, Conscientiousness and Neuroticism (Emotional Stability). Indeed, correlational analyses provided substantial support for the convergent validity of the questionnaire.

Agreeableness was positively correlated with all four factors from the TC questionnaire. One of the core features that we hoped to capture in the questionnaire was that of general disposition to be altruistic and sympathetic towards others. Thus, the significant subscale and total score correlations with Agreeableness suggest that the questionnaire has successfully tapped into this dimension. The trait of Conscientiousness also displayed significant correlations with several of the TC factors including Selflessness, Sensation Seeking and Caution. Indeed, we hoped that our measure of a “tender conscience” would share characteristics associated with Conscientiousness (e.g., dependability, reliability, honesty and faithfulness). Again, the positive correlations provide evidence for the content validity of the scale.

Contrary to our original hypotheses, total scores on the TC questionnaire did not display significant correlations with Emotional Stability; however, the Empathy and Sensation Seeking factors did display the predicted relationships with Emotional Stability. That is,

higher scores on Empathy and Sensation Seeking were associated with emotional instability (i.e., neuroticism). These results are therefore consistent with the current conceptualization of a “tender conscience.” The only significant correlation obtained for the trait of Extraversion was with the Sensation Seeking factor ( $r = -.35, p < .01$ ). Even though it was the only substantive finding, this relationship was crucial to the establishment of the factor’s validity. Specifically, high scores on Sensation Seeking were associated with low scores on Extraversion – this finding is intuitively appealing as we would not expect inhibited individuals to endorse high levels of extraversion.

Taken together, the results discussed above provide support for the convergent validity of the TC questionnaire. Most of the obtained correlations were in the expected direction. Furthermore, certain subscales from the TC questionnaire were related to specific personality traits to which they are conceptually similar. Unfortunately, the personality measure employed in the current study did not permit investigation into the relationship between a “tender conscience” and the lower-order facets that underlie each of the Big Five personality traits. A more fine-grained analysis at this level would hopefully provide further evidence to back the convergent validity of the scale.

Additional support for the convergent validity of the TC questionnaire is obtained from the correlations with the SRP-III subscales. The Selflessness, Sensation Seeking, and Caution factors, as well as the total “tender conscience” score displayed significant *negative* correlations ( $p < .01$ ) with all of the SRP-III subscales and total SRP-III score. Nonetheless, it is noteworthy that the correlations between the Empathy factor and some of the SRP-III subscales were somewhat more curious. Specifically, Empathy was the only TC factor for which non-significant correlations were obtained with several of the psychopathy subscales,

including an Erratic Lifestyle, Interpersonal Manipulation and Antisocial Behaviour. After examining the items from these SRP-III subscales, it was easier to understand why significant relationships did not emerge. For instance, many of the items on the Erratic Lifestyle subscale of the SRP-III reflect behaviours that do not necessarily have a bearing on an individual's ability to empathize and be sympathetic towards others (e.g., planning out activities, getting bored easily, taking risks, gambling, being promiscuous, doing "wild" things). A similar explanation can be offered for the Antisocial Behaviour subscale. That is, an individual may participate in "antisocial" behaviours (e.g., taking drugs, sneaking out of the house, gang activity, stealing a motor vehicle) for reasons other than a disregard for the rights and well-being of others (e.g., peer pressure). Thus, even though these findings were not initially expected, there seems to be a reasonable explanation for the data. Overall, the correlations between a "tender conscience" and psychopathy provide substantial support for the discriminant validity of the scale.

### ***Relationship to Obsessive-Compulsive Symptoms***

One of the main goals of the current study was to determine the relationship between a "tender conscience" and OC symptoms. It was expected that a "tender conscience" would be positively correlated with OC symptom measures, and would serve as a significant predictor of obsessional problems when regression analyses were conducted.

Results from correlational analyses were disappointing. The magnitude of the bivariate correlations between the OC symptom measures and "tender conscience" scale were small to medium size at best. Furthermore, many correlations did not reach significance. Positive correlations were obtained between several of the OC symptom measures and the Empathy and Sensation Seeking factors from the TC questionnaire. The data indicated that

the more empathic and sympathetic an individual was, the more likely they were to report difficulties with OC symptoms. This finding is consistent with clinical observations and research data which suggest that obsessional patients are quite attuned to the potential for threat and the consequences of such a catastrophe. As Rachman and Hodgson (1980) have stated, individuals with OCD are often highly moral people, and thus would be quite distressed if they were responsible for someone else's suffering.

High scores on the Sensation Seeking factor were also associated with increased endorsement of OC symptoms. This factor is reflective of a tendency to think ahead and prefer the "tried and true." Such a disposition may make it more likely to become involved in ritualistic and compulsive acts. Consistent with this notion is the positive correlation between Sensation Seeking and the anxiety ratings from the SRI. The SRI describes hypothetical scenarios in which something unusual occurs (e.g., a funny noise when locking the door, a strange bump while driving). Unexpected and unanticipated events such as these may be difficult for individuals who are high on Sensation Seeking to cope with. This in turn may be reflected by elevated scores on the "*anxiety*" and "*urges to rectify*" ratings on the SRI.

We were surprised that the Caution factor was, for the most part, unrelated to OC symptoms. In fact, most of the correlations between Caution and the symptom measures were near zero. However, somewhat encouraging was the finding that Caution was related to an increased desire to rectify the hypothetical situations from the SRI (e.g., checking that appliances have been turned off, engaging in hand washing if there was the possibility that they had come into contact with a poisonous substance). We would expect individuals who are cautious to report a stronger desire to exert care in such situations. This particular finding has therefore provided additional evidence for the construct validity of the TC Questionnaire.

Contrary to the initial hypotheses, Selflessness was negatively correlated with OC symptoms. This indicates that individuals who are high on Selflessness endorse fewer symptoms. In other words, the more “selfish” one is, the more symptoms they report. One possible way to understand and explain this finding is to consider that obsessional symptoms may result in an individual becoming somewhat self-absorbed. That is, individuals may become focused on their own worries and fears, and therefore be unable to devote attention to others. Certainly this is a large inference, but remains one possible explanation for the data that may warrant further study.

Hierarchical regression analyses were conducted to determine if a “tender conscience” was a significant predictor of obsessive-compulsive symptoms above and beyond the variance explained by negative mood state and the Big Five personality traits. An interesting pattern of findings emerged from these analyses. More specifically, the data revealed that the addition of a “tender conscience” to the regression equation increased the predictive power when the dependent variables were more general measures of OC symptomatology (i.e., the PI-WSUR and OCI). The Empathy and Selflessness factors were particularly robust predictors for the OCI distress and frequency ratings, whereas the Sensation Seeking and Caution factors were the most significant predictors for the PI-WSUR. However, when the III was used as the dependent variable, a “tender conscience” was not a significant predictor. A possible explanation for this discrepancy may concern differences between the dependent variables. For instance, both the PI-WSUR and OCI assess for the presence of specific types of intrusive thoughts (e.g., contamination obsessions, doubting thought and checking compulsions). Conversely, the main purpose of the III is to measure interpretations and appraisals of intrusive thoughts. When answering questions on the III participants are asked to think about

intrusions they experienced and indicate the degree to which they hold certain beliefs about the thoughts (e.g., the need to control the thoughts, the belief that the thoughts are important in some way). Unlike the PI-WSUR and OCI, the III does not provide participants with specific examples of obsessive thoughts for each question; rather, participants are required to think more broadly about their own experiences with intrusions. This may be a difficult task for a non-clinical population - the vast majority of which will not be particularly bothered or distressed by intrusive thoughts. Perhaps it is the case that they are able to report on the occurrence of intrusive thoughts when provided with specific prompts (e.g., “I have had that thought, and it is quite bothersome when it occurs”), but it is more difficult to report on their beliefs/interpretations of thoughts, especially when thinking in broad terms (i.e., when they are not provided with a specific example).

Furthermore, it is noteworthy that the III asks participants to identify a recent intrusive thought before embarking on questions about their metacognitive beliefs. In our experience, non-clinical samples often describe real-life worries; indeed, a number of worry-related thoughts were reported by the current sample (e.g., “Worrying that my uncle will be mad;” “Everyone hates me;” “Worrying I will be in a car accident because I have been in one before”). The content of these thoughts is clearly quite different from the intrusive and often repugnant nature of obsessions. If participants are thinking about worries rather than intrusions, it is not unreasonable to assume that their beliefs and interpretations might be quite discrepant. Thus, the finding that a “tender conscience” did not predict OC symptoms when the III was used as the dependent variable may be partially attributable to the sample used, most of whom would not have met criteria for OCD, and therefore may not have interpreted the questions in the manner in which they were intended.

## GENERAL DISCUSSION

Current conceptualizations of OCD point to the existence of certain cognitive biases and these biases are thought to contribute to the development and maintenance of OC symptoms. It is not yet clear what causes these cognitive biases, and a greater understanding of the etiology underlying OCD would facilitate the development of more effective treatment interventions.

It has been proposed that one possible factor contributing to the development of the maladaptive cognitions that characterize OCD is the underlying personality style of individuals who later go on to develop this disorder. Specifically, theorists have alluded to the existence of a constellation of personality traits, collectively referred to as a “tender conscience,” that are thought to make individuals vulnerable to developing OCD. The term a “tender conscience” is used to describe individuals who are very conscientious, cautious, responsible and empathic. A “tender conscience” is thought to be particularly relevant to the development of certain subtypes of OCD (i.e., those involving fears of harm).

The current model of OCD suggests that a “tender conscience” is a significant factor in the pathogenesis and maintenance of OC symptoms. Specifically, it is hypothesized that individuals with this personality style are more likely to catastrophically interpret their unwanted thoughts as being meaningful in some way. For instance, individuals who are overly cautious and caring by nature may become extremely upset when they experience intrusions involving possible harm to others (e.g., fears of acting on an unwanted impulse to stab a loved one). These thoughts are in direct opposition to valued aspects of the self, and therefore the individual becomes invested in preventing further occurrences of the thought.



However, efforts to avoid and thwart the thought's occurrence are counterproductive and ultimately serve to maintain the symptom cycle.

The current research project sought to investigate the validity of this model. In the first study a self-report measure of a "tender conscience" was developed and submitted to a factor analysis. The factor analysis yielded four factors, namely: Empathy, Selflessness, Sensation Seeking and Caution. The content of the factors was consistent with the current conceptualization of a "tender conscience." More specifically, the Empathy factor represented the tendency to sympathize and feel for others, and the Selflessness factor contained items tapping into altruism and humanity. The Sensation Seeking factor represented the tendency to be somewhat inhibited and socially anxious. Finally, the Caution factor contained items which reflect a predisposition to be wary and cautious by nature. Initial data analyses indicated that the Tender Conscience questionnaire is psychometrically sound. Reliability estimates (i.e., internal consistency, test-retest reliability) were within the acceptable range.

The second study sought to expand on the first by obtaining further data to validate the newly developed questionnaire. An additional aim of the second study was to examine the relationship between a "tender conscience" and OC symptoms. To meet these objectives several empirically-validated measures of constructs of interest were administered to a large group of undergraduate students.

The convergent validity of the questionnaire was assessed by computing correlation coefficients between the tender conscience factors and the Big Five personality traits, as well as the Self-Report Psychopathy Scale III. In general, the obtained correlations were consistent with the study's hypotheses. That is, individuals who score highly on the Tender

Conscience questionnaire also endorsed high levels of Agreeableness and Conscientiousness. Furthermore, it was expected that a “tender conscience” would be positively associated with Neuroticism. Indeed, the “tender conscience” factors of Empathy and Sensation Seeking displayed this relationship.

The personality of individuals with a “tender conscience” was conceptualized as being the opposite of psychopathy. Correlations with the SRP-III provided data to support this notion. In fact, there were several noteworthy correlations that provide strong evidence for the convergent validity of the scale. Specifically, the Caution and Sensation-Seeking factors from the tender conscience questionnaire were negatively correlated with the Erratic Lifestyle factor from the SRP-III; this correlation is particularly relevant given that the factors represent behaviours that are quite distinct. Similarly, the Selflessness factor displayed a strong negative correlation with the Interpersonal Manipulation and Callous Affect factors from the SRP-III. Overall the results suggest that individuals with a “tender conscience” endorse low levels of psychopathic traits - a finding that is consistent with the current definition of the construct.

The proposed model of OCD suggests that a “tender conscience” contributes to the development of OC symptoms. To determine if this theory holds merit, a series of hierarchical regression analyses were completed with various OCD symptom measures serving as dependent variables (i.e., the OCI, PI-WSUR, and III). A “tender conscience” was a significant predictor of symptomatology in the regression equations for the OCI and PI-WSUR. These data therefore provide preliminary evidence to suggest that the personality traits encompassed by a “tender conscience” may serve as a vulnerability factor to obsessional problems. However, it is important to note that a “tender conscience” did not predict OC

symptoms when the III was used as the dependent variable. It was suggested that these negative results may be attributable to the format of the III and the non-clinical sample used in the current study. Nonetheless, it cannot be ignored that there is some fairly strong evidence to suggest that OCD symptoms are related to a “tender conscience.” We would expect the data connecting a “tender conscience” to obsessional symptoms to be even greater in a clinical population of individuals diagnosed with OCD. Thus, even though the data is far from conclusive, the potential contribution of a “tender conscience” to the etiology of OCD is certainly an area that warrants further attention.

### ***Limitations and Future Work***

There were several shortcomings to the current studies, which limit the generalizability of the results and should be considered when interpreting the findings. Foremost was the fact that we employed a non-clinical sample. As previously discussed, intrusive thoughts are a relatively normal experience; nonetheless, research has documented that there are a number of differences between clinical and non-clinical obsessions (e.g., the frequency and intensity of the thoughts). In the future, it would be beneficial to examine the impact of a “tender conscience” on OC symptoms using a clinical sample. Furthermore, it would be useful to determine if there are mean differences on the questionnaire between clinical and non-clinical samples (with clinical subjects evincing greater “tender conscience” scores). Such work would hopefully provide additional insight into this personality construct’s potential contribution to the pathogenesis of OCD.

It is also important to note that the TC questionnaire was completed prior to participation in the current study. Even though the preliminary data suggest that the scale has good stability, such a time lag between administrations is not ideal. Additionally, both

Studies 1 and 2 were completed online - an avenue of data collection that is becoming increasingly common with the advent of technology. Although online studies have several benefits (e.g., the convenience and ease of participation and data collection), they are not without costs. Probably most important is the fact that the testing conditions were not standardized across individuals, which has potentially introduced a source of extraneous variance.

Despite these limitations of the current research, these studies have provided preliminary evidence to indicate that a “tender conscience” may potentially serve as a vulnerability factor for obsessional problems. Research investigating the personality style of obsessional patients has received relatively little attention from the field, and clearly there are many questions yet to be answered. This is a promising area of work, which will hopefully aid in our understanding of OCD and facilitate the development of more effective treatment interventions.

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## APPENDIX A

### TC Questionnaire

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Read each statement and decide whether it is an accurate statement about you. There are no right or wrong answers, just give your own opinion of yourself. Please indicate your response using the scales below.

---

1. I don't think one can be too cautious.

1            2            3            4            5            6            7

2. When something bad happens to another person, I feel their pain almost as if it were my own.

1            2            3            4            5            6            7

3. I live in the moment rather than worrying about what could happen in the future.

1            2            3            4            5            6            7

4. I like to think of the consequences of an action before I proceed.

1            2            3            4            5            6            7

5. If someone does or says something foolish or embarrassing, I can't wait to tell others about it.

1            2            3            4            5            6            7

6. If I think I might have offended someone, it will bother me until I have put matters right.

1            2            3            4            5            6            7

7. When I receive constructive criticism, I find it difficult to focus on the more positive aspects of the review.

1            2            3            4            5            6            7

8. I am aware of the many different ways a negative event could affect someone.

1            2            3            4            5            6            7

9. When someone tells me their problems, I empathize with them to the point that it is almost like their problems are my own.

1            2            3            4            5            6            7

10. I remember the times I have hurt someone.

1            2            3            4            5            6            7

11. It doesn't bother me to hear about others being wronged.

**1            2            3            4            5            6            7**

12. I am bored by the routine and predictable.

**1            2            3            4            5            6            7**

13. I don't feel especially attached to my belongings.

**1            2            3            4            5            6            7**

14. In my personal relationships, I feel like I need to take on a care giving role.

**1            2            3            4            5            6            7**

15. It is annoying when people expect you to thank them for their efforts.

**1            2            3            4            5            6            7**

16. Before helping someone else out, I make sure my own needs have been met.

**1            2            3            4            5            6            7**

17. I am able to stand up for myself, even if it means offending or upsetting someone else.

1            2            3            4            5            6            7

18. Once I have heard about something bad that has happened to another person, I cannot continue my day as normal.

1            2            3            4            5            6            7

19. I like to be spontaneous.

1            2            3            4            5            6            7

20. I would not be able to continue with my day as normal if I heard about something unfortunate that had happened to a pet or animal.

1            2            3            4            5            6            7

21. I have no problem expressing and discussing potentially controversial topics.

1            2            3            4            5            6            7

22. I have limited patience for people with "special needs" (e.g., hearing impaired, physically handicapped, mentally handicapped, physically unwell).

1            2            3            4            5            6            7

23. It doesn't really bother me when others tease me.

**1            2            3            4            5            6            7**

24. I find it hard to decline the requests of significant people in my life, even if it requires making a personal sacrifice.

**1            2            3            4            5            6            7**

25. I don't really understand why people get so upset about events that have nothing to do with them (e.g., disasters and wars in other countries).

**1            2            3            4            5            6            7**

26. If someone else is being careless, I will act to protect others from the harm that the carelessness could cause.

**1            2            3            4            5            6            7**

27. When throwing things away, I feel sad because it is like they are being rejected.

**1            2            3            4            5            6            7**

28. I will pursue my goals, even if it means that others get hurt on occasion.

**1            2            3            4            5            6            7**

29. I would be upset if my negligence led to someone else's misfortune.



**1            2            3            4            5            6            7**

30. Everyone deserves a second chance.

**1            2            3            4            5            6            7**

31. I live for thrills.

**1            2            3            4            5            6            7**

32. I wish others would be more careful.

**1            2            3            4            5            6            7**

33. I believe in being honest in my dealings with others.

**1            2            3            4            5            6            7**

34. When I hear that something bad has happened to someone else, I don't really react.

**1            2            3            4            5            6            7**

35. When someone I am with is distressed, I become distressed too.

**1            2            3            4            5            6            7**

36. It really bothers me to hear about awful things happening to people or animals.

**1            2            3            4            5            6            7**

37. I am uncomfortable taking risks with deadlines for important matters (e.g., income tax filing, paying bills, submitting assignments).

**1            2            3            4            5            6            7**

38. When people tell me about something bad that has happened to them, I have a hard time understanding what they are distressed about.

**1            2            3            4            5            6            7**

39. If I do something wrong, I do what I can to make up for it.

**1            2            3            4            5            6            7**

40. I try my best to not to say or do anything that might upset or offend someone.

**1            2            3            4            5            6            7**

41. Pets/animals are like children to me.

**1            2            3            4            5            6            7**

42. I would sooner have harm come to myself rather than to someone else.

**1            2            3            4            5            6            7**

43. Each person is valuable and special in their own way; no one is "better" than anyone else.

**1            2            3            4            5            6            7**

44. I accept the fact that, like everyone else, at some point in my life I am going to hurt someone else emotionally or physically.

**1            2            3            4            5            6            7**

45. I find it hard to rest if someone I know is in distress.

**1            2            3            4            5            6            7**

46. I would sooner harm come to myself rather than another living thing such as a plant/animal.

**1            2            3            4            5            6            7**

47. It upsets me when people disrespect other life forms (e.g., animals, plants, the environment).

**1            2            3            4            5            6            7**

48. I often feel guilty.

1            2            3            4            5            6            7

49. I am careful when I undertake activities that could potentially be dangerous.

1            2            3            4            5            6            7

**Scoring:**

Factor 1 (Empathy): 2, 9, 10, 14, 18, 20, 27, 35, 36, 41, 42, 45, 46, 47, 48

Factor 2 (Selflessness): 5, 11, 15, 16, 22, 25, 28, 30, 34, 38

Factor 3 (Sensation Seeking): 3, 7, 12, 13, 17, 19, 21, 23, 31, 44

Factor 4 (Caution): 1, 4, 6, 8, 24, 26, 29, 32, 33, 37, 39, 40, 49

## APPENDIX B

### **Situational Response Inventory**

Each section of the following questionnaires starts out with a particular situation or scenario.

-

Read each of the scenarios carefully and imagine yourself as **vividly** as possible in that particular situation.

-

Following each scenario, you will be asked a number of questions about your thoughts and feelings with respect to the situation outlined in the scenario.

Adapted from Frederick Aardema, Kieron O`Connor, & Marie-Claude Pélissier

## Scenario I

**Imagine yourself as vividly as possible in the following scenario:**

*You have just got out of the house and are about to lock your door. A short while ago, the lock has been replaced and you wonder whether the locksmith did a good job. You turn the key, and suddenly, you hear a strange cracking sound.*

Please answer the following questions (select the number that best corresponds your answer):

**A: How anxious would you feel in the above situation?**

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 Not at all                      A little                      Somewhat                      Quite                      Very                      Extremely  
 anxious                      anxious                      anxious                      anxious                      anxious                      anxious

**B: What do you consider to be the likelihood that the door is properly locked under these circumstances?**

10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 Hardly                      A little                      Somewhat                      Quite                      Extremely  
 likely                      likely                      likely                      likely                      likely

**C: What do you consider to be the likelihood that the door is not properly locked under these circumstances?**

10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 Hardly                      A little                      Somewhat                      Quite                      Extremely  
 likely                      likely                      likely                      likely                      likely

**D: How much need would you feel to check whether or not the door is properly locked?**

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 No need                      A little                      Some                      Fairly strong                      Strong                      Very strong  
 to check                      need                      need                      need                      need                      need                      at  
 all                      to check                      to check                      to check                      to check                      to check

We would like to ask you some more specific questions about your experiences with thoughts such as those that were described in the above example. When answering the following questions, please think about the last seven days.

**E: How much of your time was occupied by these types of thoughts (i.e., *doubting thoughts*)? How frequently do the thoughts occur?**

- 0 None (*If you chose this answer, also check "0" for the questions F, G, H, and I and proceed to the next page*)
- 1 Less than 1 hour per day, or occasional (occur no more than 8 times per day)
- 2 1-3 hours per day, or frequent intrusions (occur more than 8 times a day, but most hours of the day are free of obsessions)
- 3 More than 3 hours and up to 8 hours per day, or frequent intrusions (occur more than 8 times a day and during most hours of the day)
- 4 More than 8 hours per day, or near-constant intrusions (too numerous to count, and an hour rarely passes without several obsessions occurring)

**F: How much did these types of thoughts interfere with your social or work/school functioning? (While answering this question, please consider whether there was anything that you didn't do, or that you did less, because of the thoughts)**

- 0 No interference
- 1 Mild, slight interference with social or occupational/school performance, but still performance not impaired
- 2 Moderate, definitive interference with social or occupational/school performance, but still manageable
- 3 Severe interference, causes substantial impairment in social or occupational/school performance
- 4 Extreme, incapacitating interference

**G: How much distress do these types of thoughts cause you?**

- 0 None
- 1 Mild, infrequent and not too disturbing distress
- 2 Moderate, frequent, and disturbing distress, but still manageable
- 3 Severe, very frequent and very disturbing distress
- 4 Extreme, near-constant and disabling distress

**H: How much of an effort do you make to resist these types of thoughts? How often do you try to disregard or turn your attention away from these thoughts as they entered your mind? (Here we are not interested in knowing how successful you were in controlling your thoughts, but only in how much or how often you tried to do so)**

- 0 I made an effort to always resist (or the thoughts are so minimal that there is no need to actively resist them)
- 1 I tried to resist most of the time (i.e., more than half the time I tried to resist)
- 2 I made some effort to resist
- 3 I allowed the thoughts to fill my mind without attempting to control them, but I did so with some reluctance
- 4 I completely and willingly gave in to the thoughts

**I: How much control did you have over these types of thoughts? How successful were you in stopping or diverting this type of thinking? (If you rarely tried to resist, in order to answer this question, please think about those rare occasions in which you did try to stop the thoughts.) Note: Do not include thoughts that were stopped by performing certain actions such as checking or washing you hands)**

- 0 Complete control
- 1 Much control: usually I could stop or divert the thoughts with some effort and concentration
- 2 Moderate control: sometimes I could stop or divert the thoughts
- 3 Little control: I was rarely successful in stopping the thoughts and could only divert attention with great difficulty
- 4 No control: I was rarely able to even momentarily ignore the thoughts



## Scenario 2

**Imagine yourself as vividly as possible in the following scenario.**

*You are in a restaurant with a friend for lunch. It is quite busy, and you find yourself at a table not far from the bathroom. Then you see one of the waiters enter the bathroom in a rushed manner, and leave it shortly after. One minute later, the same waiter arrives at your table, places the eating utensils on your table, and is ready to take your order.*

**Please answer the following questions (select the number that best corresponds your answer):**

**A: How anxious would you feel in the above situation?**

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 Not at all                      A little                      Somewhat                      Quite                      Very                      Extremely  
 anxious                      anxious                      anxious                      anxious                      anxious                      anxious

**B: What do you consider to be the likelihood that the utensils are clean under these circumstances?**

10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 Hardly                      A little                      Somewhat                      Quite                      Extremely  
 likely                      likely                      likely                      likely                      likely

**C: What do you consider to be the likelihood that the utensils are not clean under these circumstances?**

10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 Hardly                      A little                      Somewhat                      Quite                      Extremely  
 likely                      likely                      likely                      likely                      likely

**D: How much would you feel the need to replace the utensils?**

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 No need                      A little                      Some                      Fairly strong                      Strong                      Very strong  
 to replace                      need                      need                      need                      need                      need  
 at all                      to replace                      to replace                      to replace                      to replace                      to replace

**We would like to ask you some more specific questions about your experiences with thoughts such as those that were described in the above example. When answering the following questions, please think about the last seven days.**

**E: How much of your time was occupied by these types of thoughts (i.e., fears of germs/disease)? How frequently do the thoughts occur?**

- 0 None (*If you chose this answer, also check "0" for the questions F, G, H, and I and proceed to the next page*)
- 1 Less than 1 hour per day, or occasional (occur no more than 8 times per day)
- 2 1-3 hours per day, or frequent intrusions (occur more than 8 times a day, but most hours of the day are free of obsessions)
- 3 More than 3 hours and up to 8 hours per day, or frequent intrusions (occur more than 8 times a day and during most hours of the day)
- 4 More than 8 hours per day, or near-constant intrusions (too numerous to count, and an hour rarely passes without several obsessions occurring)

**F: How much did these types of thoughts interfere with your social or work/school functioning? (While answering this question, please consider whether there was anything that you didn't do, or that you did less, because of the thoughts)**

- 0 No interference
- 1 Mild, slight interference with social or occupational/school performance, but still performance not impaired
- 2 Moderate, definitive interference with social or occupational/school performance, but still manageable
- 3 Severe interference, causes substantial impairment in social or occupational/school performance
- 4 Extreme, incapacitating interference

**G: How much distress do these types of thoughts cause you?**

- 0 None
- 1 Mild, infrequent and not too disturbing distress
- 2 Moderate, frequent, and disturbing distress, but still manageable
- 3 Severe, very frequent and very disturbing distress
- 4 Extreme, near-constant and disabling distress

**H: How much of an effort do you make to resist these types of thoughts? How often do you try to disregard or turn your attention away from these thoughts as they entered your mind? (Here we are not interested in knowing how successful you were in controlling your thoughts, but only in how much or how often you tried to do so)**

- 0 I made an effort to always resist (or the thoughts are so minimal that there is no need to actively resist them)
- 1 I tried to resist most of the time (i.e., more than half the time I tried to resist)
- 2 I made some effort to resist
- 3 I allowed the thoughts to fill my mind without attempting to control them, but I did so with some reluctance
- 4 I completely and willingly gave in to the thoughts

**I: How much control did you have over these types of thoughts? How successful were you in stopping or diverting this type of thinking? (If you rarely tried to resist, in order to answer this question, please think about those rare occasions in which you did try to stop the thoughts.) Note: Do not include thoughts that were stopped by performing certain actions such as checking or washing you hands)**

- 0 Complete control
- 1 Much control: usually I could stop or divert the thoughts with some effort and concentration
- 2 Moderate control: sometimes I could stop or divert the thoughts
- 3 Little control: I was rarely successful in stopping the thoughts and could only divert attention with great difficulty
- 4 No control: I was rarely able to even momentarily ignore the thoughts

## Scenario 3

**Imagine yourself as vividly as possible in the following scenario:**

*You're on your way to work with the car. This morning you read about an accident where a truck driver unknowingly drove over someone, and left the scene of the accident without realizing. You wonder how it is possible that someone could not notice this while driving.*

*As you drive along, you come across an intersection and come to a halt at the stoplight. It is quite busy, with a lot of people on the other side of the intersection waiting to cross the street. You notice a group of young people, boys and girls, chasing each other, running on and off the street. As the light turns green you start to accelerate.*

*Then, just as you pass the intersection you hear a scream and feel a bump!*

**Please answer the following questions (select the number that best corresponds your answer):**

**A: How anxious would you feel in the above situation?**

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 Not at all                      A little                      Somewhat                      Quite                      Very                      Extremely  
 anxious                      anxious                      anxious                      anxious                      anxious                      anxious

**B: What do you consider to be the likelihood that no accident has happened under these circumstances?**

10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 Hardly                      A little                      Somewhat                      Quite                      Extremely  
 likely                      likely                      likely                      likely                      likely

**C: What do you consider to be the likelihood that an accident has happened under these circumstances?**

10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 Hardly                      A little                      Somewhat                      Quite                      Extremely  
 likely                      likely                      likely                      likely                      likely

**D: How much need would you feel to check whether or not an accident has happened?**

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 No need                      A little                      Some                      Fairly strong                      Strong                      Very strong  
 to check                      need                      need                      need                      need                      need  
 at all                      to check                      to check                      to check                      to check                      to check

**We would like to ask you some more specific questions about your experiences with thoughts such as those that were described in the above example. When answering the following questions, please think about the last seven days.**

**E:** How much of your time was occupied by these types of thoughts (i.e., **fears of accidentally harming someone else**)? How frequently do the thoughts occur?

- 0 None (*If you chose this answer, also check "0" for the questions F, G, H, and I and proceed to the next page*)
- 1 Less than 1 hour per day, or occasional (occur no more than 8 times per day)
- 2 1-3 hours per day, or frequent intrusions (occur more than 8 times a day, but most hours of the day are free of obsessions)
- 3 More than 3 hours and up to 8 hours per day, or frequent intrusions (occur more than 8 times a day and during most hours of the day)
- 4 More than 8 hours per day, or near-constant intrusions (too numerous to count, and an hour rarely passes without several obsessions occurring)

**F:** How much did these types of thoughts interfere with your social or work/school functioning? (While answering this question, please consider whether there was anything that you didn't do, or that you did less, because of the thoughts)

- 0 No interference
- 1 Mild, slight interference with social or occupational/school performance, but still performance not impaired
- 2 Moderate, definitive interference with social or occupational/school performance, but still manageable
- 3 Severe interference, causes substantial impairment in social or occupational/school performance
- 4 Extreme, incapacitating interference

**G:** How much distress do these types of thoughts cause you?

- 0 None
- 1 Mild, infrequent and not too disturbing distress
- 2 Moderate, frequent, and disturbing distress, but still manageable
- 3 Severe, very frequent and very disturbing distress
- 4 Extreme, near-constant and disabling distress

**H:** How much of an effort do you make to resist these types of thoughts? How often do you try to disregard or turn your attention away from these thoughts as they entered your mind? (Here we are not interested in knowing how successful you were in controlling your thoughts, but only in how much or how often you tried to do so)

- 0 I made an effort to always resist (or the thoughts are so minimal that there is no need to actively resist them)
- 1 I tried to resist most of the time (i.e., more than half the time I tried to resist)
- 2 I made some effort to resist
- 3 I allowed the thoughts to fill my mind without attempting to control them, but I did so with some reluctance
- 4 I completely and willingly gave in to the thoughts

**I:** How much control did you have over these types of thoughts? How successful were you in stopping or diverting this type of thinking? (If you rarely tried to resist, in order to answer this question, please think about those rare occasions in which you did try to stop the thoughts.) **Note:** Do not include thoughts that were stopped by performing certain actions such as checking or washing you hands)

- 0 Complete control
- 1 Much control: usually I could stop or divert the thoughts with some effort and concentration
- 2 Moderate control: sometimes I could stop or divert the thoughts
- 3 Little control: I was rarely successful in stopping the thoughts and could only divert attention with great difficulty
- 4 No control: I was rarely able to even momentarily ignore the thoughts

## Scenario 4

**Imagine yourself as vividly as possible in the following scenario:**

*You find yourself in a hardware store looking for a strong chemical product to unclog a sink. You look at the different brands, and pick one of the bottles with a promising lime green color. You read the instructions, and your eye wanders to the text: "Avoid contact with skin."*

*Then, just as you are about to put the bottle back on the shelf, you feel a liquid dripping on your hand.*

**Please answer the following questions (select the number that best corresponds your answer):**

**A:** How anxious would you feel in the above situation?

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
Not at all                      A little                      Somewhat                      Quite                      Very                      Extremely  
anxious                      anxious                      anxious                      anxious                      anxious                      anxious

**B:** What do you consider to be the likelihood that the liquid on your hand is a chemical?

10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
Hardly                      A little                      Somewhat                      Quite                      Extremely  
likely                      likely                      likely                      likely                      likely

**C:** What do you consider to be the likelihood that the liquid on your hand is not a chemical?

10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
Hardly                      A little                      Somewhat                      Quite                      Extremely  
likely                      likely                      likely                      likely                      likely

**D:** How much need would you feel to wash your hands?

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
No need                      A little                      Some                      Fairly strong                      Strong                      Very strong  
to wash                      need                      need                      need                      need                      need  
at all                      to wash                      to wash                      to wash                      to wash                      to wash

**We would like to ask you some more specific questions about your experiences with thoughts such as those that were described in the above example. When answering the following questions, please think about the last seven days.**

**E:** How much of your time was occupied by these types of thoughts (i.e., **fears of becoming ill from household cleansers/chemicals**)? How frequently do the thoughts occur?

- 0 None (*If you chose this answer, also check "0" for the questions F, G, H, and I and proceed to the next page*)
- 1 Less than 1 hour per day, or occasional (occur no more than 8 times per day)
- 2 1-3 hours per day, or frequent intrusions (occur more than 8 times a day, but most hours of the day are free of obsessions)
- 3 More than 3 hours and up to 8 hours per day, or frequent intrusions (occur more than 8 times a day and during most hours of the day)
- 4 More than 8 hours per day, or near-constant intrusions (too numerous to count, and an hour rarely passes without several obsessions occurring)

**F:** How much did these types of thoughts interfere with your social or work/school functioning? (While answering this question, please consider whether there was anything that you didn't do, or that you did less, because of the thoughts)

- 0 No interference
- 1 Mild, slight interference with social or occupational/school performance, but still performance not impaired
- 2 Moderate, definitive interference with social or occupational/school performance, but still manageable
- 3 Severe interference, causes substantial impairment in social or occupational/school performance
- 4 Extreme, incapacitating interference

**G:** How much distress do these types of thoughts cause you?

- 0 None
- 1 Mild, infrequent and not too disturbing distress
- 2 Moderate, frequent, and disturbing distress, but still manageable
- 3 Severe, very frequent and very disturbing distress
- 4 Extreme, near-constant and disabling distress



**H:** How much of an effort do you make to resist these types of thoughts? How often do you try to disregard or turn your attention away from these thoughts as they entered your mind? (Here we are not interested in knowing how successful you were in controlling your thoughts, but only in how much or how often you tried to do so)

- 0 I made an effort to always resist (or the thoughts are so minimal that there is no need to actively resist them)
- 1 I tried to resist most of the time (i.e., more than half the time I tried to resist)
- 2 I made some effort to resist
- 3 I allowed the thoughts to fill my mind without attempting to control them, but I did so with some reluctance
- 4 I completely and willingly gave in to the thoughts

**I:** How much control did you have over these types of thoughts? How successful were you in stopping or diverting this type of thinking? (If you rarely tried to resist, in order to answer this question, please think about those rare occasions in which you did try to stop the thoughts.) **Note:** Do not include thoughts that were stopped by performing certain actions such as checking or washing you hands)

- 0 Complete control
- 1 Much control: usually I could stop or divert the thoughts with some effort and concentration
- 2 Moderate control: sometimes I could stop or divert the thoughts
- 3 Little control: I was rarely successful in stopping the thoughts and could only divert attention with great difficulty
- 4 No control: I was rarely able to even momentarily ignore the thoughts

## Scenario 5

**Imagine yourself as vividly as possible in the following scenario:**

*It is the morning and you are preparing to leave for work. While getting ready you hear a radio report indicating that traffic is bad and you will need some extra time for the commute. As you are driving away you start to wonder if you unplugged an appliance that you had just used (e.g., toaster, kettle, curling iron, hair straightener, coffee maker, stove, blow dryer).*

**Please answer the following questions (select the number that best corresponds your answer):**

A: How anxious would you feel in the above situation?

0-----	10-----	20-----	30-----	40-----	50-----	60-----	70-----	80-----	90-----	100
Not at all anxious		A little anxious		Somewhat anxious		Quite anxious		Very anxious		Extremely anxious

B: What do you consider to be the likelihood that the appliance is unplugged?

10-----	20-----	30-----	40-----	50-----	60-----	70-----	80-----	90-----	100
Hardly likely		A little likely		Somewhat likely		Quite likely		Extremely likely	

C: What do you consider to be the likelihood that the appliance is not unplugged?

10-----	20-----	30-----	40-----	50-----	60-----	70-----	80-----	90-----	100
Hardly likely		A little likely		Somewhat likely		Quite likely		Extremely likely	

D: How much need would you feel to go back and check?

0-----	10-----	20-----	30-----	40-----	50-----	60-----	70-----	80-----	90-----	100
No need to check at all		A little need to check		Some need to check		Fairly strong need to check		Strong need to check		Very strong need to check

**We would like to ask you some more specific questions about your experiences with thoughts such as those that were described in the above example. When answering the following questions, please think about the last seven days.**

**E:** How much of your time was occupied by these types of thoughts (i.e., **fears that you will be responsible for something terrible happening such as a fire**)? How frequently do the thoughts occur?

- 0 None (*If you chose this answer, also check "0" for the questions F, G, H, and I and proceed to the next page*)
- 1 Less than 1 hour per day, or occasional (occur no more than 8 times per day)
- 2 1-3 hours per day, or frequent intrusions (occur more than 8 times a day, but most hours of the day are free of obsessions)
- 3 More than 3 hours and up to 8 hours per day, or frequent intrusions (occur more than 8 times a day and during most hours of the day)
- 4 More than 8 hours per day, or near-constant intrusions (too numerous to count, and an hour rarely passes without several obsessions occurring)

**F:** How much did these types of thoughts interfere with your social or work/school functioning? (While answering this question, please consider whether there was anything that you didn't do, or that you did less, because of the thoughts)

- 0 No interference
- 1 Mild, slight interference with social or occupational/school performance, but still performance not impaired
- 2 Moderate, definitive interference with social or occupational/school performance, but still manageable
- 3 Severe interference, causes substantial impairment in social or occupational/school performance
- 4 Extreme, incapacitating interference

**G:** How much distress do these types of thoughts cause you?

- 0 None
- 1 Mild, infrequent and not too disturbing distress
- 2 Moderate, frequent, and disturbing distress, but still manageable
- 3 Severe, very frequent and very disturbing distress
- 4 Extreme, near-constant and disabling distress

**H:** How much of an effort do you make to resist these types of thoughts? How often do you try to disregard or turn your attention away from these thoughts as they entered your mind? (Here we are not interested in knowing how successful you were in controlling your thoughts, but only in how much or how often you tried to do so)

- 0 I made an effort to always resist (or the thoughts are so minimal that there is no need to actively resist them)
- 1 I tried to resist most of the time (i.e., more than half the time I tried to resist)
- 2 I made some effort to resist
- 3 I allowed the thoughts to fill my mind without attempting to control them, but I did so with some reluctance
- 4 I completely and willingly gave in to the thoughts

**I:** How much control did you have over these types of thoughts? How successful were you in stopping or diverting this type of thinking? (If you rarely tried to resist, in order to answer this question, please think about those rare occasions in which you did try to stop the thoughts.) **Note:** Do not include thoughts that were stopped by performing certain actions such as checking or washing you hands)

- 0 Complete control
- 1 Much control: usually I could stop or divert the thoughts with some effort and concentration
- 2 Moderate control: sometimes I could stop or divert the thoughts
- 3 Little control: I was rarely successful in stopping the thoughts and could only divert attention with great difficulty
- 4 No control: I was rarely able to even momentarily ignore the thoughts

## Scenario 6

**Imagine yourself as vividly as possible in the following scenario:**

*A close friend has come over to visit. You have been friends since childhood and have shared many experiences over the years. You are having a good time laughing and talking together. It is getting close to suppertime and you are both getting hungry, so you decide to make something for dinner. While cutting up vegetables, you suddenly experience an urge to stab your friend.....*

**Please answer the following questions (select the number that best corresponds your answer):**

**A:** How anxious would you feel in the above situation?

0-----	10-----	20-----	30-----	40-----	50-----	60-----	70-----	80-----	90-----	100
Not at all anxious		A little anxious		Somewhat anxious		Quite anxious		Very anxious		Extremely anxious

**B:** What do you consider to be the likelihood that you will stab your friend?

10-----	20-----	30-----	40-----	50-----	60-----	70-----	80-----	90-----	100
Hardly likely		A little likely		Somewhat likely		Quite likely		Extremely likely	

**C:** What do you consider to be the likelihood that you won't stab your friend?

10-----	20-----	30-----	40-----	50-----	60-----	70-----	80-----	90-----	100
Hardly likely		A little likely		Somewhat likely		Quite likely		Extremely likely	

**D:** How likely is it that you would stop cutting the vegetables (e.g., put the knife away)?

0-----	10-----	20-----	30-----	40-----	50-----	60-----	70-----	80-----	90-----	100
Not at all likely		A little likely		Somewhat likely		Quite likely		Strongly likely		I would put the knife away

**We would like to ask you some more specific questions about your experiences with thoughts such as those that were described in the above example. When answering the following questions, please think about the last seven days.**

**E:** How much of your time was occupied by these types of thoughts (i.e., **fears that you will act on an unwanted impulse**)? How frequently do the thoughts occur?

- 0 None (*If you chose this answer, also check "0" for the questions F, G, H, and I and proceed to the next page*)
- 1 Less than 1 hour per day, or occasional (occur no more than 8 times per day)
- 2 1-3 hours per day, or frequent intrusions (occur more than 8 times a day, but most hours of the day are free of obsessions)
- 3 More than 3 hours and up to 8 hours per day, or frequent intrusions (occur more than 8 times a day and during most hours of the day)
- 4 More than 8 hours per day, or near-constant intrusions (too numerous to count, and an hour rarely passes without several obsessions occurring)

**F:** How much did these types of thoughts interfere with your social or work/school functioning? (While answering this question, please consider whether there was anything that you didn't do, or that you did less, because of the thoughts)

- 0 No interference
- 1 Mild, slight interference with social or occupational/school performance, but still performance not impaired
- 2 Moderate, definitive interference with social or occupational/school performance, but still manageable
- 3 Severe interference, causes substantial impairment in social or occupational/school performance
- 4 Extreme, incapacitating interference

**G:** How much distress do these types of thoughts cause you?

- 0 None
- 1 Mild, infrequent and not too disturbing distress
- 2 Moderate, frequent, and disturbing distress, but still manageable
- 3 Severe, very frequent and very disturbing distress
- 4 Extreme, near-constant and disabling distress

**H:** How much of an effort do you make to resist these types of thoughts? How often do you try to disregard or turn your attention away from these thoughts as they entered your mind? (Here we are not interested in knowing how successful you were in controlling your thoughts, but only in how much or how often you tried to do so)

- 0 I made an effort to always resist (or the thoughts are so minimal that there is no need to actively resist them)
- 1 I tried to resist most of the time (i.e., more than half the time I tried to resist)
- 2 I made some effort to resist
- 3 I allowed the thoughts to fill my mind without attempting to control them, but I did so with some reluctance
- 4 I completely and willingly gave in to the thoughts

**I:** How much control did you have over these types of thoughts? How successful were you in stopping or diverting this type of thinking? (If you rarely tried to resist, in order to answer this question, please think about those rare occasions in which you did try to stop the thoughts.) **Note:** Do not include thoughts that were stopped by performing certain actions such as checking or washing you hands)

- 0 Complete control
- 1 Much control: usually I could stop or divert the thoughts with some effort and concentration
- 2 Moderate control: sometimes I could stop or divert the thoughts
- 3 Little control: I was rarely successful in stopping the thoughts and could only divert attention with great difficulty
- 4 No control: I was rarely able to even momentarily ignore the thoughts

## Scenario 7

**Imagine yourself as vividly as possible in the following scenario:**

*You are moving out of your parents' home and they have insisted that you remove all of your belongings, as they plan to move to a smaller home.*

*As you pack you discover many items that are of no use to you, and for which there is no room in your new place. The majority of these items are mementos from your childhood and adolescence that you have kept for many years. After packing you have managed to fill three garbage bags with old keepsakes to throw away, and have a small pile of items you want to keep forever. You take these items to the curb, and a short while later you hear the garbage truck approaching. You start to wonder if maybe there are items you really should keep in those bags.....*

**Please answer the following questions (select the number that best corresponds your answer):**

A: How anxious would you feel in the above situation?

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
Not at all                      A little                      Somewhat                      Quite                      Very                      Extremely  
anxious                      anxious                      anxious                      anxious                      anxious                      anxious

B: What do you consider to be the likelihood that you have thrown away something valuable or something you will need later?

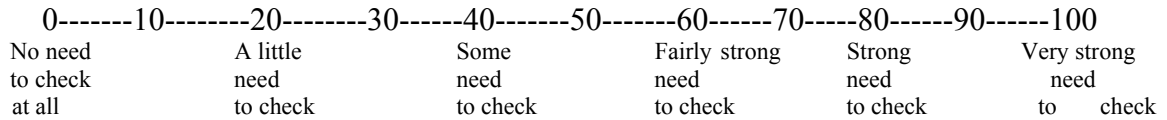
10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
Hardly                      A little                      Somewhat                      Quite                      Extremely  
likely                      likely                      likely                      likely                      likely

C: What do you consider to be the likelihood that you have not thrown away something valuable or something that will be of use later?

10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
Hardly                      A little                      Somewhat                      Quite                      Extremely  
likely                      likely                      likely                      likely                      likely



D: How much of a need would you feel to retrieve the bags and check that you had not thrown something important away?



We would like to ask you some more specific questions about your experiences with thoughts such as those that were described in the above example. When answering the following questions, please think about the last seven days.

E: How much of your time was occupied by these types of thoughts (i.e., **worries about throwing away seemingly unimportant objects**)? How frequently do the thoughts occur?

- 0 None (*If you chose this answer, also check "0" for the questions F, G, H, and I and proceed to the next page*)
- 1 Less than 1 hour per day, or occasional (occur no more than 8 times per day)
- 2 1-3 hours per day, or frequent intrusions (occur more than 8 times a day, but most hours of the day are free of obsessions)
- 3 More than 3 hours and up to 8 hours per day, or frequent intrusions (occur more than 8 times a day and during most hours of the day)
- 4 More than 8 hours per day, or near-constant intrusions (too numerous to count, and an hour rarely passes without several obsessions occurring)

F: How much did these types of thoughts interfere with your social or work/school functioning? (While answering this question, please consider whether there was anything that you didn't do, or that you did less, because of the thoughts)

- 0 No interference
- 1 Mild, slight interference with social or occupational/school performance, but still performance not impaired
- 2 Moderate, definitive interference with social or occupational/school performance, but still manageable
- 3 Severe interference, causes substantial impairment in social or occupational/school performance
- 4 Extreme, incapacitating interference

G: How much distress do these types of thoughts cause you?

- 0 None
- 1 Mild, infrequent and not too disturbing distress
- 2 Moderate, frequent, and disturbing distress, but still manageable
- 3 Severe, very frequent and very disturbing distress
- 4 Extreme, near-constant and disabling distress

**H:** How much of an effort do you make to resist these types of thoughts? How often do you try to disregard or turn your attention away from these thoughts as they entered your mind? (Here we are not interested in knowing how successful you were in controlling your thoughts, but only in how much or how often you tried to do so)

- 0 I made an effort to always resist (or the thoughts are so minimal that there is no need to actively resist them)
- 1 I tried to resist most of the time (i.e., more than half the time I tried to resist)
- 2 I made some effort to resist
- 3 I allowed the thoughts to fill my mind without attempting to control them, but I did so with some reluctance
- 4 I completely and willingly gave in to the thoughts

**I:** How much control did you have over these types of thoughts? How successful were you in stopping or diverting this type of thinking? (If you rarely tried to resist, in order to answer this question, please think about those rare occasions in which you did try to stop the thoughts.) **Note:** Do not include thoughts that were stopped by performing certain actions such as checking or washing you hands)

- 0 Complete control
- 1 Much control: usually I could stop or divert the thoughts with some effort and concentration
- 2 Moderate control: sometimes I could stop or divert the thoughts
- 3 Little control: I was rarely successful in stopping the thoughts and could only divert attention with great difficulty
- 4 No control: I was rarely able to even momentarily ignore the thoughts

## Scenario 8

**Imagine yourself as vividly as possible in the following scenario:**

*You recently injured yourself and have a cut on your leg, which is very sore. After showering, you notice that the cut now surrounded by a strange rash. You then hear a news report that a person in your community has just lost a limb to flesh-eating disease and remains in critical condition.*

**Please answer the following questions (select the number that best corresponds your answer):**

**A:** How anxious would you feel in the above situation?

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 Not at all                      A little                      Somewhat                      Quite                      Very                      Extremely  
 anxious                      anxious                      anxious                      anxious                      anxious                      anxious

**B:** What do you consider to be the likelihood that you have flesh-eating disease?

10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 Hardly                      A little                      Somewhat                      Quite                      Extremely  
 likely                      likely                      likely                      likely                      likely

**C:** What do you consider to be the likelihood that you do not have flesh-eating disease?

10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 Hardly                      A little                      Somewhat                      Quite                      Extremely  
 likely                      likely                      likely                      likely                      likely

**D:** How much of a need would you feel to perform some action that reduces your anxiety (e.g., monitoring the cut/rash, looking for symptoms on the internet, visit your doctor)?

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 No need                      A little                      Some                      Fairly strong                      Strong                      Very strong  
    need                      need                      need                      need                      need

We would like to ask you some more specific questions about your experiences with thoughts such as those that were described in the above example. When answering the following questions, please think about the last seven days.

**E:** How much of your time was occupied by these types of thoughts (i.e., **fears that you have a terrible disease**)? How frequently do the thoughts occur?

- 0 None (*If you chose this answer, also check "0" for the questions F, G, H, and I and proceed to the next page*)
- 1 Less than 1 hour per day, or occasional (occur no more than 8 times per day)
- 2 1-3 hours per day, or frequent intrusions (occur more than 8 times a day, but most hours of the day are free of obsessions)
- 3 More than 3 hours and up to 8 hours per day, or frequent intrusions (occur more than 8 times a day and during most hours of the day)
- 4 More than 8 hours per day, or near-constant intrusions (too numerous to count, and an hour rarely passes without several obsessions occurring)

**F:** How much did these types of thoughts interfere with your social or work/school functioning? (While answering this question, please consider whether there was anything that you didn't do, or that you did less, because of the thoughts)

- 0 No interference
- 1 Mild, slight interference with social or occupational/school performance, but still performance not impaired
- 2 Moderate, definitive interference with social or occupational/school performance, but still manageable
- 3 Severe interference, causes substantial impairment in social or occupational/school performance
- 4 Extreme, incapacitating interference

**G:** How much distress do these types of thoughts cause you?

- 0 None
- 1 Mild, infrequent and not too disturbing distress
- 2 Moderate, frequent, and disturbing distress, but still manageable
- 3 Severe, very frequent and very disturbing distress
- 4 Extreme, near-constant and disabling distress

**H:** How much of an effort do you make to resist these types of thoughts? How often do you try to disregard or turn your attention away from these thoughts as they entered your mind? (Here we are not interested in knowing how successful you were in controlling your thoughts, but only in how much or how often you tried to do so)

- 0 I made an effort to always resist (or the thoughts are so minimal that there is no need to actively resist them)
- 1 I tried to resist most of the time (i.e., more than half the time I tried to resist)
- 2 I made some effort to resist
- 3 I allowed the thoughts to fill my mind without attempting to control them, but I did so with some reluctance
- 4 I completely and willingly gave in to the thoughts

**I:** How much control did you have over these types of thoughts? How successful were you in stopping or diverting this type of thinking? (If you rarely tried to resist, in order to answer this question, please think about those rare occasions in which you did try to stop the thoughts.) **Note:** Do not include thoughts that were stopped by performing certain actions such as checking or washing you hands)

- 0 Complete control
- 1 Much control: usually I could stop or divert the thoughts with some effort and concentration
- 2 Moderate control: sometimes I could stop or divert the thoughts
- 3 Little control: I was rarely successful in stopping the thoughts and could only divert attention with great difficulty
- 4 No control: I was rarely able to even momentarily ignore the thoughts

## Scenario 9

**Imagine yourself as vividly as possible in the following scenario:**

*You are walking by yourself, daydreaming a bit. Your daydream has some sexual content. As you walk you pass by a playground and see a group of young children. Out of the blue, you suddenly start to wonder whether you are looking at the children because you have pedophilic tendencies.*

**Please answer the following questions (select the number that best corresponds your answer):**

**A:** How anxious would you feel in the above situation?

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 Not at all                      A little                      Somewhat                      Quite                      Very                      Extremely  
 anxious                      anxious                      anxious                      anxious                      anxious                      anxious

**B:** What do you consider to be the likelihood that you do have pedophilic tendencies?

10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 Hardly                      A little                      Somewhat                      Quite                      Extremely  
 likely                      likely                      likely                      likely                      likely

**C:** What do you consider to be the likelihood that you do not have pedophilic tendencies?

10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 Hardly                      A little                      Somewhat                      Quite                      Extremely  
 likely                      likely                      likely                      likely                      likely

**D:** How much need would you feel to leave the situation?

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 No need                      A little                      Some                      Fairly strong                      Strong                      Very strong  
 to leave                      need                      need                      need                      need                      need  
    to leave                      to leave                      to leave                      to leave                      to leave

We would like to ask you some more specific questions about your experiences with thoughts such as those that were described in the above example. When answering the following questions, please think about the last seven days.

**E:** How much of your time was occupied by these types of thoughts (i.e., **unwanted sexual thoughts about children**)? How frequently do the thoughts occur?

- 0 None (*If you chose this answer, also check "0" for the questions F, G, H, and I and proceed to the next page*)
- 1 Less than 1 hour per day, or occasional (occur no more than 8 times per day)
- 2 1-3 hours per day, or frequent intrusions (occur more than 8 times a day, but most hours of the day are free of obsessions)
- 3 More than 3 hours and up to 8 hours per day, or frequent intrusions (occur more than 8 times a day and during most hours of the day)
- 4 More than 8 hours per day, or near-constant intrusions (too numerous to count, and an hour rarely passes without several obsessions occurring)

**F:** How much did these type of thoughts interfere with your social or work/school functioning? (While answering this question, please consider whether there was anything that you didn't do, or that you did less, because of the thoughts)

- 0 No interference
- 1 Mild, slight interference with social or occupational/school performance, but still performance not impaired
- 2 Moderate, definitive interference with social or occupational/school performance, but still manageable
- 3 Severe interference, causes substantial impairment in social or occupational/school performance
- 4 Extreme, incapacitating interference

**G:** How much distress do these types of thoughts cause you?

- 0 None
- 1 Mild, infrequent and not too disturbing distress
- 2 Moderate, frequent, and disturbing distress, but still manageable
- 3 Severe, very frequent and very disturbing distress
- 4 Extreme, near-constant and disabling distress

**H:** How much of an effort do you make to resist these types of thoughts? How often do you try to disregard or turn your attention away from these thoughts as they entered your mind? (Here we are not interested in knowing how successful you were in controlling your thoughts, but only in how much or how often you tried to do so)

- 0 I made an effort to always resist (or the thoughts are so minimal that there is no need to actively resist them)
- 1 I tried to resist most of the time (i.e., more than half the time I tried to resist)
- 2 I made some effort to resist
- 3 I allowed the thoughts to fill my mind without attempting to control them, but I did so with some reluctance
- 4 I completely and willingly gave in to the thoughts

**I:** How much control did you have over these types of thoughts? How successful were you in stopping or diverting this type of thinking? (If you rarely tried to resist, in order to answer this question, please think about those rare occasions in which you did try to stop the thoughts.) **Note:** Do not include thoughts that were stopped by performing certain actions such as checking or washing you hands)

- 0 Complete control
- 1 Much control: usually I could stop or divert the thoughts with some effort and concentration
- 2 Moderate control: sometimes I could stop or divert the thoughts
- 3 Little control: I was rarely successful in stopping the thoughts and could only divert attention with great difficulty
- 4 No control: I was rarely able to even momentarily ignore the thoughts



## Scenario 10

**Imagine yourself as vividly as possible in the following scenario:**

*You have had a really busy week and haven't had a lot of time to spend with your partner (e.g., boyfriend, girlfriend, spouse). You are pleased to have the evening off and are on your way to meet him/her for a romantic evening out. For no reason, you suddenly have an image of engaging in a sexual act that you find personally repulsive/disgusting.*

**Please answer the following questions (select the number that best corresponds your answer):**

A: How anxious would you feel in the above situation?

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 Not at all                      A little                      Somewhat                      Quite                      Very                      Extremely  
 anxious                      anxious                      anxious                      anxious                      anxious                      anxious

B: How upsetting would you find this thought (i.e., an image of engaging in a sexual act that you find repulsive)?

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 Not at all                      A little                      Somewhat                      Quite                      Very                      Extremely  
 upsetting                      upsetting                      upsetting                      upsetting                      upsetting                      upsetting

C: How disgusted would you be with yourself for having this thought?

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 Not at all                      A little                      Somewhat                      Quite                      Very                      Extremely  
 disgusted                      disgusted                      disgusted                      disgusted                      disgusted                      disgusted

D: What do you consider to be the likelihood that you would engage in this sexual act?

10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 Hardly                      A little                      Somewhat                      Quite                      Extremely  
 likely                      likely                      likely                      likely                      likely

E: What do you consider to be the likelihood that you **would not** engage in this sexual act?

10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 Hardly                      A little                      Somewhat                      Quite                      Extremely  
 likely                      likely                      likely                      likely                      likely

We would like to ask you some more specific questions about your experiences with thoughts such as those that were described in the above example. When answering the following questions, please think about the last seven days.

F: How much of your time was occupied by these types of thoughts (i.e., **unwanted forbidden or perverse sexual thoughts**)? How frequently do the thoughts occur?

- 0 None (*If you chose this answer, also check "0" for the questions F, G, H, and I and proceed to the next page*)
- 1 Less than 1 hour per day, or occasional (occur no more than 8 times per day)
- 2 1-3 hours per day, or frequent intrusions (occur more than 8 times a day, but most hours of the day are free of obsessions)
- 3 More than 3 hours and up to 8 hours per day, or frequent intrusions (occur more than 8 times a day and during most hours of the day)
- 4 More than 8 hours per day, or near-constant intrusions (too numerous to count, and an hour rarely passes without several obsessions occurring)

G: How much did these types of thoughts interfere with your social or work/school functioning? (While answering this question, please consider whether there was anything that you didn't do, or that you did less, because of the thoughts)

- 0 No interference
- 1 Mild, slight interference with social or occupational/school performance, but still performance not impaired
- 2 Moderate, definitive interference with social or occupational/school performance, but still manageable
- 3 Severe interference, causes substantial impairment in social or occupational/school performance
- 4 Extreme, incapacitating interference

H: How much distress do these types of thoughts cause you?

- 0 None
- 1 Mild, infrequent and not too disturbing distress
- 2 Moderate, frequent, and disturbing distress, but still manageable
- 3 Severe, very frequent and very disturbing distress
- 4 Extreme, near-constant and disabling distress

I: How much of an effort do you make to resist these types of thoughts? How often do you try to disregard or turn your attention away from these thoughts as they entered your mind? (Here we are not interested in knowing how successful you were in controlling your thoughts, but only in how much or how often you tried to do so)

- 0 I made an effort to always resist (or the thoughts are so minimal that there is no need to actively resist them)
- 1 I tried to resist most of the time (i.e., more than half the time I tried to resist)
- 2 I made some effort to resist
- 3 I allowed the thoughts to fill my mind without attempting to control them, but I did so with some reluctance
- 4 I completely and willingly gave in to the thoughts

J: How much control did you have over these types of thoughts? How successful were you in stopping or diverting this type of thinking? (If you rarely tried to resist, in order to answer this question, please think about those rare occasions in which you did try to stop the thoughts.) **Note:** Do not include thoughts that were stopped by performing certain actions such as checking or washing you hands)

- 0 Complete control
- 1 Much control: usually I could stop or divert the thoughts with some effort and concentration
- 2 Moderate control: sometimes I could stop or divert the thoughts
- 3 Little control: I was rarely successful in stopping the thoughts and could only divert attention with great difficulty
- 4 No control: I was rarely able to even momentarily ignore the thoughts

## Scenario 11

**Imagine yourself as vividly as possible in the following scenario:**

*You are celebrating a religious holiday at your place of worship. A group of people have gathered and you are all deep in prayer. Suddenly, you have an urge to shout something blasphemous and/or offensive.....*

**Please answer the following questions (select the number that best corresponds your answer):**

A: How anxious would you feel in the above situation?

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 Not at all                      A little                      Somewhat                      Quite                      Very                      Extremely  
 anxious                      anxious                      anxious                      anxious                      anxious                      anxious

B: What do you consider to be the likelihood that you would yell something blasphemous and/or offensive?

10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 Hardly                      A little                      Somewhat                      Quite                      Extremely  
 likely                      likely                      likely                      likely                      likely

C: What do you consider to be the likelihood that you would not yell something blasphemous and/or offensive?

10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 Hardly                      A little                      Somewhat                      Quite                      Extremely  
 likely                      likely                      likely                      likely                      likely

D: How much of a need would you feel to excuse yourself from the situation?

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
 No need                      A little                      Some                      Fairly strong                      Strong                      Very strong  
 to leave                      need                      need                      need                      need                      need to leave  
    to leave                      to leave                      to leave                      to leave

We would like to ask you some more specific questions about your experiences with thoughts such as those that were described in the above example. When answering the following questions, please think about the last seven days.

E: How much of your time was occupied by these types of thoughts (i.e., **worries about having blasphemous and/or obscene thoughts**)? How frequently do the thoughts occur?

- 0 None (*If you chose this answer, also check "0" for the questions F, G, H, and I and proceed to the next page*)
- 1 Less than 1 hour per day, or occasional (occur no more than 8 times per day)
- 2 1-3 hours per day, or frequent intrusions (occur more than 8 times a day, but most hours of the day are free of obsessions)
- 3 More than 3 hours and up to 8 hours per day, or frequent intrusions (occur more than 8 times a day and during most hours of the day)
- 4 More than 8 hours per day, or near-constant intrusions (too numerous to count, and an hour rarely passes without several obsessions occurring)

F: How much did these types of thoughts interfere with your social or work/school functioning? (While answering this question, please consider whether there was anything that you didn't do, or that you did less, because of the thoughts)

- 0 No interference
- 1 Mild, slight interference with social or occupational/school performance, but still performance not impaired
- 2 Moderate, definitive interference with social or occupational/school performance, but still manageable
- 3 Severe interference, causes substantial impairment in social or occupational/school performance
- 4 Extreme, incapacitating interference

G: How much distress do these types of thoughts cause you?

- 0 None
- 1 Mild, infrequent and not too disturbing distress
- 2 Moderate, frequent, and disturbing distress, but still manageable
- 3 Severe, very frequent and very disturbing distress
- 4 Extreme, near-constant and disabling distress

H: How much of an effort do you make to resist these types of thoughts? How often do you try to disregard or turn your attention away from these thoughts as they entered your mind? (Here we are not interested in knowing how successful you were in controlling your thoughts, but only in how much or how often you tried to do so)

- 0 I made an effort to always resist (or the thoughts are so minimal that there is no need to actively resist them)
- 1 I tried to resist most of the time (i.e., more than half the time I tried to resist)
- 2 I made some effort to resist
- 3 I allowed the thoughts to fill my mind without attempting to control them, but I did so with some reluctance
- 4 I completely and willingly gave in to the thoughts

I: How much control did you have over these types of thoughts? How successful were you in stopping or diverting this type of thinking? (If you rarely tried to resist, in order to answer this question, please think about those rare occasions in which you did try to stop the thoughts.) **Note:** Do not include thoughts that were stopped by performing certain actions such as checking or washing you hands)

- 0 Complete control
- 1 Much control: usually I could stop or divert the thoughts with some effort and concentration
- 2 Moderate control: sometimes I could stop or divert the thoughts
- 3 Little control: I was rarely successful in stopping the thoughts and could only divert attention with great difficulty
- 4 No control: I was rarely able to even momentarily ignore the thoughts



**We would like to ask you some more specific questions about your experiences with thoughts such as those that were described in the above example. When answering the following questions, please think about the last seven days.**

**F:** How much of your time was occupied by these types of thoughts (i.e., **worries about always doing the “right thing”**)? How frequently do the thoughts occur?

- 0 None (*If you chose this answer, also check “0” for the questions F, G, H, and I and proceed to the next page*)
- 1 Less than 1 hour per day, or occasional (occur no more than 8 times per day)
- 2 1-3 hours per day, or frequent intrusions (occur more than 8 times a day, but most hours of the day are free of obsessions)
- 3 More than 3 hours and up to 8 hours per day, or frequent intrusions (occur more than 8 times a day and during most hours of the day)
- 4 More than 8 hours per day, or near-constant intrusions (too numerous to count, and an hour rarely passes without several obsessions occurring)

**G:** How much did these types of thoughts interfere with your social or work/school functioning? (While answering this question, please consider whether there was anything that you didn't do, or that you did less, because of the thoughts)

- 0 No interference
- 1 Mild, slight interference with social or occupational/school performance, but still performance not impaired
- 2 Moderate, definitive interference with social or occupational/school performance, but still manageable
- 3 Severe interference, causes substantial impairment in social or occupational/school performance
- 4 Extreme, incapacitating interference

**H:** How much distress do these types of thoughts cause you?

- 0 None
- 1 Mild, infrequent and not too disturbing distress
- 2 Moderate, frequent, and disturbing distress, but still manageable
- 3 Severe, very frequent and very disturbing distress
- 4 Extreme, near-constant and disabling distress



I: How much of an effort do you make to resist these types of thoughts? How often do you try to disregard or turn your attention away from these thoughts as they entered your mind? (Here we are not interested in knowing how successful you were in controlling your thoughts, but only in how much or how often you tried to do so)

- 0 I made an effort to always resist (or the thoughts are so minimal that there is no need to actively resist them)
- 1 I tried to resist most of the time (i.e., more than half the time I tried to resist)
- 2 I made some effort to resist
- 3 I allowed the thoughts to fill my mind without attempting to control them, but I did so with some reluctance
- 4 I completely and willingly gave in to the thoughts

J: How much control did you have over these types of thoughts? How successful were you in stopping or diverting this type of thinking? (If you rarely tried to resist, in order to answer this question, please think about those rare occasions in which you did try to stop the thoughts.) **Note:** Do not include thoughts that were stopped by performing certain actions such as checking or washing you hands)

- 0 Complete control
- 1 Much control: usually I could stop or divert the thoughts with some effort and concentration
- 2 Moderate control: sometimes I could stop or divert the thoughts
- 3 Little control: I was rarely successful in stopping the thoughts and could only divert attention with great difficulty
- 4 No control: I was rarely able to even momentarily ignore the thoughts

## Scenario 13

**Imagine yourself as vividly as possible in the following scenario:**

*You are hoping to play a particular CD, but have difficulty finding it because your CDs have not been put back in their proper order or place. The more you look, the more you realize just how disorganized the collection has become. It seems impossible to find the CD you want.....*

**Please answer the following questions (select the number that best corresponds your answer):**

A: How anxious would you feel in the above situation? *Note: please rate only your anxiety, not frustration*

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
Not at all                      A little                      Somewhat                      Quite                      Very                      Extremely  
anxious                      anxious                      anxious                      anxious                      anxious                      anxious

B: How much of a need would you feel to organize your CDs?

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
No need                      A little                      Some                      Fairly strong                      Strong                      Very strong  
to organize                      need                      need                      need                      need                      need to  
organize

**We would like to ask you some more specific questions about your experiences with thoughts such as those that were described in the above example. When answering the following questions, please think about the last seven days.**

C: How much of your time was occupied by these types of thoughts (i.e., **a need for things to be tidy and organized**)? How frequently do the thoughts occur?

- 0        None (*If you chose this answer, also check "0" for the questions F, G, H, and I and proceed to the next page*)
- 1        Less than 1 hour per day, or occasional (occur no more than 8 times per day)
- 2        1-3 hours per day, or frequent intrusions (occur more than 8 times a day, but most hours of the day are free of obsessions)
- 3        More than 3 hours and up to 8 hours per day, or frequent intrusions (occur more than 8 times a day and during most hours of the day)
- 4        More than 8 hours per day, or near-constant intrusions (too numerous to count, and an hour rarely passes without several obsessions occurring)

D: How much did these types of thoughts interfere with your social or work/school functioning? (While answering this question, please consider whether there was anything that you didn't do, or that you did less, because of the thoughts)

- 0 No interference
- 1 Mild, slight interference with social or occupational/school performance, but still performance not impaired
- 2 Moderate, definitive interference with social or occupational/school performance, but still manageable
- 3 Severe interference, causes substantial impairment in social or occupational/school performance
- 4 Extreme, incapacitating interference

E: How much distress do these types of thoughts cause you?

- 0 None
- 1 Mild, infrequent and not too disturbing distress
- 2 Moderate, frequent, and disturbing distress, but still manageable
- 3 Severe, very frequent and very disturbing distress
- 4 Extreme, near-constant and disabling distress

F: How much of an effort do you make to resist these types of thoughts? How often do you try to disregard or turn your attention away from these thoughts as they entered your mind? (Here we are not interested in knowing how successful you were in controlling your thoughts, but only in how much or how often you tried to do so)

- 0 I made an effort to always resist (or the thoughts are so minimal that there is no need to actively resist them)
- 1 I tried to resist most of the time (i.e., more than half the time I tried to resist)
- 2 I made some effort to resist
- 3 I allowed the thoughts to fill my mind without attempting to control them, but I did so with some reluctance
- 4 I completely and willingly gave in to the thoughts

G: How much control did you have over these types of thoughts? How successful were you in stopping or diverting this type of thinking? (If you rarely tried to resist, in order to answer this question, please think about those rare occasions in which you did try to stop the thoughts.) **Note:** Do not include thoughts that were stopped by performing certain actions such as checking or washing you hands)

- 0 Complete control
- 1 Much control: usually I could stop or divert the thoughts with some effort and concentration
- 2 Moderate control: sometimes I could stop or divert the thoughts
- 3 Little control: I was rarely successful in stopping the thoughts and could only divert attention with great difficulty
- 4 No control: I was rarely able to even momentarily ignore the thoughts

## Scenario 14

**Imagine yourself as vividly as possible in the following scenario:**

*You are hoping to have a relaxing evening at home. While sitting in your living room you notice that several pictures on the wall are crooked and that the books in the shelf are not straight or aligned.*

**Please answer the following questions (select the number that best corresponds your answer):**

**A:** How anxious would you feel in the above situation?

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
Not at all                      A little                      Somewhat                      Quite                      Very                      Extremely  
anxious                      anxious                      anxious                      anxious                      anxious                      anxious

**B:** How much of a need would you feel to straighten the objects?

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
No need                      A little                      Some                      Fairly strong                      Strong                      Very strong  
to straighten                      need                      need                      need                      need                      need to straighten

**We would like to ask you some more specific questions about your experiences with thoughts such as those that were described in the above example. When answering the following questions, please think about the last seven days.**

**C:** How much of your time was occupied by these types of thoughts (i.e., **a need for things to be tidy/properly aligned**)? How frequently do the thoughts occur?

- 0        None (*If you chose this answer, also check "0" for the questions F, G, H, and I and proceed to the next page*)
- 1        Less than 1 hour per day, or occasional (occur no more than 8 times per day)
- 2        1-3 hours per day, or frequent intrusions (occur more than 8 times a day, but most hours of the day are free of obsessions)
- 3        More than 3 hours and up to 8 hours per day, or frequent intrusions (occur more than 8 times a day and during most hours of the day)
- 4        More than 8 hours per day, or near-constant intrusions (too numerous to count, and an hour rarely passes without several obsessions occurring)

**D:** How much did these types of thoughts interfere with your social or work/school functioning? (While answering this question, please consider whether there was anything that you didn't do, or that you did less, because of the thoughts)

- 0 No interference
- 1 Mild, slight interference with social or occupational/school performance, but still performance not impaired
- 2 Moderate, definitive interference with social or occupational/school performance, but still manageable
- 3 Severe interference, causes substantial impairment in social or occupational/school performance
- 4 Extreme, incapacitating interference

**E:** How much distress do these types of thoughts cause you?

- 0 None
- 1 Mild, infrequent and not too disturbing distress
- 2 Moderate, frequent, and disturbing distress, but still manageable
- 3 Severe, very frequent and very disturbing distress
- 4 Extreme, near-constant and disabling distress

**F:** How much of an effort do you make to resist these types of thoughts? How often do you try to disregard or turn your attention away from these thoughts as they entered your mind? (Here we are not interested in knowing how successful you were in controlling your thoughts, but only in how much or how often you tried to do so)

- 0 I made an effort to always resist (or the thoughts are so minimal that there is no need to actively resist them)
- 1 I tried to resist most of the time (i.e., more than half the time I tried to resist)
- 2 I made some effort to resist
- 3 I allowed the thoughts to fill my mind without attempting to control them, but I did so with some reluctance
- 4 I completely and willingly gave in to the thoughts

**G:** How much control did you have over these types of thoughts? How successful were you in stopping or diverting this type of thinking? (If you rarely tried to resist, in order to answer this question, please think about those rare occasions in which you did try to stop the thoughts.) **Note:** Do not include thoughts that were stopped by performing certain actions such as checking or washing you hands)

- 0 Complete control
- 1 Much control: usually I could stop or divert the thoughts with some effort and concentration
- 2 Moderate control: sometimes I could stop or divert the thoughts
- 3 Little control: I was rarely successful in stopping the thoughts and could only divert attention with great difficulty
- 4 No control: I was rarely able to even momentarily ignore the thoughts

## Scenario 15

**Imagine yourself as vividly as possible in the following scenario:**

*You have the lyrics of a pop song in your head and it is playing over and over and over in your mind, making it difficult for you to get to the task at hand.*

**Please answer the following questions (select the number that best corresponds your answer):**

A: How anxious would you feel in the above situation?

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
Not at all                      A little                      Somewhat                      Quite                      Very                      Extremely  
anxious                      anxious                      anxious                      anxious                      anxious                      anxious

**We would like to ask you some more specific questions about your experiences with thoughts such as those that were described in the above example. When answering the following questions, please think about the last seven days.**

B: How much of your time was occupied by these types of thoughts (i.e., **intrusive music/sounds in your mind**)? How frequently do the thoughts occur?

- 0        None (If you chose this answer, also check "0" for the questions F, G, H, and I and proceed to the next page)
- 1        Less than 1 hour per day, or occasional (occur no more than 8 times per day)
- 2        1-3 hours per day, or frequent intrusions (occur more than 8 times a day, but most hours of the day are free of obsessions)
- 3        More than 3 hours and up to 8 hours per day, or frequent intrusions (occur more than 8 times a day and during most hours of the day)
- 4        More than 8 hours per day, or near-constant intrusions (too numerous to count, and an hour rarely passes without several obsessions occurring)

C: How much did these type of thoughts interfere with your social or work/school functioning? (While answering this question, please consider whether there was anything that you didn't do, or that you did less, because of the thoughts)

- 0        No interference
- 1        Mild, slight interference with social or occupational/school performance, but still performance not impaired
- 2        Moderate, definitive interference with social or occupational/school performance, but still manageable
- 3        Severe interference, causes substantial impairment in social or occupational/school performance
- 4        Extreme, incapacitating interference

D: How much distress do these types of thoughts cause you?

- 0 None
- 1 Mild, infrequent and not too disturbing distress
- 2 Moderate, frequent, and disturbing distress, but still manageable
- 3 Severe, very frequent and very disturbing distress
- 4 Extreme, near-constant and disabling distress

E: How much of an effort do you make to resist these types of thoughts? How often do you try to disregard or turn your attention away from these thoughts as they entered your mind? (Here we are not interested in knowing how successful you were in controlling your thoughts, but only in how much or how often you tried to do so)

- 0 I made an effort to always resist (or the thoughts are so minimal that there is no need to actively resist them)
- 1 I tried to resist most of the time (i.e., more than half the time I tried to resist)
- 2 I made some effort to resist
- 3 I allowed the thoughts to fill my mind without attempting to control them, but I did so with some reluctance
- 4 I completely and willingly gave in to the thoughts

F: How much control did you have over these types of thoughts? How successful were you in stopping or diverting this type of thinking? (If you rarely tried to resist, in order to answer this question, please think about those rare occasions in which you did try to stop the thoughts.) **Note:** Do not include thoughts that were stopped by performing certain actions such as checking or washing you hands)

- 0 Complete control
- 1 Much control: usually I could stop or divert the thoughts with some effort and concentration
- 2 Moderate control: sometimes I could stop or divert the thoughts
- 3 Little control: I was rarely successful in stopping the thoughts and could only divert attention with great difficulty
- 4 No control: I was rarely able to even momentarily ignore the thoughts

## Scenario 16

**Imagine yourself as vividly as possible in the following scenario:**

*You are relaxing in the evening when suddenly you start to think that someone you love dearly might die. You begin to wonder if having this thought somehow means the event is more likely to occur.....*

**Please answer the following questions (select the number that best corresponds your answer):**

**A: How anxious would you feel in the above situation?**

0-----10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
Not at all                      A little                      Somewhat                      Quite                      Very                      Extremely  
anxious                      anxious                      anxious                      anxious                      anxious                      anxious

**B: What do you consider to be the likelihood that someone you love will die?**

10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
Hardly                      A little                      Somewhat                      Quite                      Extremely  
likely                      likely                      likely                      likely                      likely

**C: What do you consider to be the likelihood that someone you love will not die?**

10-----20-----30-----40-----50-----60-----70-----80-----90-----100  
Hardly                      A little                      Somewhat                      Quite                      Extremely  
likely                      likely                      likely                      likely                      likely



**We would like to ask you some more specific questions about your experiences with thoughts such as those that were described in the above example. When answering the following questions, please think about the last seven days.**

**D:** How much of your time was occupied by these types of thoughts (i.e., **superstitious fears**)? How frequently do the thoughts occur?

- 0 None (*If you chose this answer, also check "0" for the questions F, G, H, and I and proceed to the next page*)
- 1 Less than 1 hour per day, or occasional (occur no more than 8 times per day)
- 2 1-3 hours per day, or frequent intrusions (occur more than 8 times a day, but most hours of the day are free of obsessions)
- 3 More than 3 hours and up to 8 hours per day, or frequent intrusions (occur more than 8 times a day and during most hours of the day)
- 4 More than 8 hours per day, or near-constant intrusions (too numerous to count, and an hour rarely passes without several obsessions occurring)

**E:** How much did these types of thoughts interfere with your social or work/school functioning? (While answering this question, please consider whether there was anything that you didn't do, or that you did less, because of the thoughts)

- 0 No interference
- 1 Mild, slight interference with social or occupational/school performance, but still performance not impaired
- 2 Moderate, definitive interference with social or occupational/school performance, but still manageable
- 3 Severe interference, causes substantial impairment in social or occupational/school performance
- 4 Extreme, incapacitating interference

**F:** How much distress do these types of thoughts cause you?

- 0 None
- 1 Mild, infrequent and not too disturbing distress
- 2 Moderate, frequent, and disturbing distress, but still manageable
- 3 Severe, very frequent and very disturbing distress
- 4 Extreme, near-constant and disabling distress

**G:** How much of an effort do you make to resist these types of thoughts? How often do you try to disregard or turn your attention away from these thoughts as they entered your mind? (Here we are not interested in knowing how successful you were in controlling your thoughts, but only in how much or how often you tried to do so)

- 0 I made an effort to always resist (or the thoughts are so minimal that there is no need to actively resist them)
- 1 I tried to resist most of the time (i.e., more than half the time I tried to resist)

- 2 I made some effort to resist
- 3 I allowed the thoughts to fill my mind without attempting to control them, but I did so with some reluctance
- 4 I completely and willingly gave in to the thoughts

H: How much control did you have over these types of thoughts? How successful were you in stopping or diverting this type of thinking? (If you rarely tried to resist, in order to answer this question, please think about those rare occasions in which you did try to stop the thoughts.) **Note:** Do not include thoughts that were stopped by performing certain actions such as checking or washing you hands)

- 0 Complete control
- 1 Much control: usually I could stop or divert the thoughts with some effort and concentration
- 2 Moderate control: sometimes I could stop or divert the thoughts
- 3 Little control: I was rarely successful in stopping the thoughts and could only divert attention with great difficulty
- 4 No control: I was rarely able to even momentarily ignore the thoughts