FAMILY ACCOMMODATION SCALE
FOR
OBSESSIVE-COMPULSIVE
DISORDER
Interviewer-Rated (FAS-IR)

Developed by:

Lisa Calvocoressi, Ph.D., Carolyn M. Mazure, Ph.D.,
Barbara Van Noppen, Ph.D., and
Lawrence H. Price, M.D.
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Barbara Van Noppen, Ph.D., and Lawrence H. Price, M.D.

The Family Accommodation Scale for Obsessive Compulsive Disorder includes a
modified version of the Yale Brown Obsessive Compulsive Scale (YBOCS) Checklist
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GENERAL INFORMATION AND INSTRUCTIONS FOR ADMINISTERING THE FAMILY ACCOMMODATION SCALE FOR OBSESSIVE-COMPULSIVE DISORDER

The Family Accommodation Scale for Obsessive-Compulsive Disorder assesses the extent to which relatives of patients with OCD engage in 12 types of accommodating behaviors. The FAS-IR is a semi-structured interview administered by a clinician or trained lay interviewer. Questions and statements read aloud to the family member by the interviewer are enclosed in quotation marks. Instructions for the interviewer are written in italics.

The FAS includes two areas of inquiry. First, the interviewer obtains information from the family member regarding the patient's current symptoms. Second, the interviewer assesses the extent to which the family member is involved in accommodating the patient's symptoms. Each item includes common examples of accommodating behaviors, but the interviewer may wish to develop additional examples based on information gleaned from the family member's report of patient symptoms.

Each item is scored on a scale ranging from 0 (i.e., None/Not at all) to 4 (i.e., Everyday/Extreme). Total FAS scores range from 0 to 48 and are obtained by summing the item scores. A scoring sheet is included (p. 15).
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Relative to Subject ID#: ___________________________ Date: _________________

Interviewer: ________________________________

INTRODUCTION AND GENERAL INSTRUCTIONS FOR THE FAMILY MEMBER:
“The purpose of this interview is to learn about the ways in which you may be modifying your behavior or routines to accommodate (name of patient)'s symptoms. During this interview, I will first ask you about the obsessive-compulsive symptoms that (name of patient) has been experiencing, and then I will ask you about the ways in which you have responded to these symptoms. This interview will last about 30 minutes. If, at any time, you are uncertain about what I am asking, please let me know and I will try to clarify the question for you.”

FAMILY MEMBER'S REPORT OF PATIENT'S SYMPTOMS

INSTRUCTIONS FOR THE FAMILY MEMBER: “I will define obsessions, compulsions, and other symptoms related to OCD, and ask you if (name of patient) has experienced any of these symptoms during the past week.”

(Read the description of each symptom, check all that apply, and then ask the family member to describe the patient's specific symptoms. Record specific symptoms on the sheet entitled PATIENT SYMPTOM LIST (p. 4))

OBSESSIONS
“Obsessions are distressing ideas, thoughts, images or impulses that repeatedly enter a person's mind and may seem to occur against his or her will. The thoughts may be repugnant or frightening, or may seem senseless to the person who is experiencing them.”

“I will now review a list of different types of obsessions common in OCD. Please tell me if (name of patient) has experienced any of these obsessions during the past week.”

HARMING OBSESSIONS
“During the past week, has (name of patient) experienced obsessions involving fears of harming self or others, stealing things, blurt out obscenities or insults, acting on unwanted impulses, or doing something else embarrassing? Has (name of patient) had fears associated with being responsible for something terrible happening, such as a fire or burglary, or has s/he complained of experiencing violent or horrific images?”
CONTAMINATION OBSESSIONS
“During the past week, has (name of patient) experienced excessive concerns about or
disgust with bodily waste or secretions, dirt, or germs? Has s/he had excessive
concerns about contamination due to environmental toxins, for example, asbestos,
radiation, or toxic waste? Has (name of patient) feared contamination due to
household cleansers or solvents, or to animals, such as insects? Has s/he experienced
discomfort with sticky substances or residues, feared illness because of a
contaminant, or been concerned about contaminating others?”

SEXUAL OBSESSIONS
“During the past week, has (name of patient) experienced obsessions concerning
forbidden or improper sexual thoughts, images, or impulses, or has s/he had repeated
thoughts of incest, sexual involvement with children, or aggressive sexual behavior
toward others?”

SAVING/LOSING OBSESSIONS
“During the past week, has (name of patient) experienced obsessions related to saving
things or an unfounded fear of losing something valuable?”

RELIGIOUS OBSESSIONS
“During the past week, has (name of patient) experienced obsessions involving
irreverent, sacrilegious, or blasphemous thoughts? Has s/he had excessive concerns
about right and wrong?”

OBSESSION WITH NEED FOR SYMMETRY OR EXACTNESS
“During the past week, has (name of patient) experienced obsessions related to a need
for things to be symmetrical or in exactly the right place? Does s/he insist that certain
items not be moved or touched (e.g., must have canned goods lined up or clothes
organized alphabetically)?”

SOMATIC OBSESSIONS
“During the past week, has (name of patient) experienced excessive concerns about
illness or disease (such as AIDS or cancer)?”

MISCELLANEOUS OBSESSIONS
“During the past week, has (name of patient) evidenced an excessive need to know or
remember, a fear of losing things, obsessions regarding saying certain things or not
saying just the right thing, a discomfort with certain sounds or noises, or has s/he had
repeated thoughts of lucky or unlucky numbers?”

COMPULSIONS
“Compulsions are defined as behaviors or acts that a person feels driven to perform, although
s/he may recognize them as senseless or excessive. It may be difficult or anxiety provoking for a
person to resist performing these behaviors.”
“I will now review a list of different types of compulsions common in OCD. Please tell me if (name of patient) has experienced any of these compulsions during the past week.”

_____ CLEANING/WASHING COMPULSIONS
“During the past week, has (name of patient) engaged in excessive or ritualized hand washing, showering, bathing, tooth brushing, grooming, or toilet routine? Has s/he engaged in excessive cleaning of household items or other inanimate objects, or pursued other measures to remove or prevent contact with contaminants?”

_____ CHECKING COMPULSIONS
“During the past week, has (name of patient) excessively checked locks, stove, appliances or other items? Has s/he engaged in checking to ensure that s/he did not or will not harm self or others, that nothing terrible did or will happen, or that s/he did not make a mistake? Has (name of patient) engaged in checking tied to fears of illness or contamination?”

_____ REPEATING RITUALS
“During the past week, has (name of patient) had to re-read or re-write things, or has s/he repeated routine activities, for example, getting up and down from a chair?”

_____ COUNTING COMPULSIONS
“During the past week, has (name of patient) engaged in compulsions involving counting things (e.g., counting floor tiles, books on a shelf, or words in a sentence)?”

_____ ORDERING/ARRANGING COMPULSIONS
“During the past week, has (name of patient) engaged in compulsions involving ordering or arranging things? This includes excessive straightening of papers on a desk, adjusting furniture or picture frames.”

_____ SAVING/COLLECTING COMPULSIONS
“During the past week, has (name of patient) engaged in compulsions involving saving (such as old newspapers or junk mail) or collecting things?”

_____ MISCELLANEOUS COMPULSIONS
“During the past week, has (name of patient) engaged in mental rituals, excessive list making, measures to prevent harm to self or others, or to prevent terrible consequences, or has s/he evidenced a need to tell, ask, or confess?”

OTHER OCD-RELATED PROBLEMS

_____ AVOIDANCE
“During the past week, has (name of patient) avoided doing things, going places or being with people because of obsessional thoughts or out of concern that s/he might perform compulsions?”
INDECISIVENESS
“During the past week, has (name of patient) had difficulty making decisions about things that other people might not think twice about; for example, which clothes to put on in the morning or which brand of cereal to buy?”

OVERVALUED SENSE OF RESPONSIBILITY
“A person with OCD may feel very responsible for the consequences of his/her actions and assume blame for the outcome of events not completely in his/her control. Has (name of patient) exhibited such an overly strong sense of responsibility during the past week?”

PERVASIVE SLOWNESS/ DISTURBANCE OF INERTIA
“Some patients with OCD have difficulty starting or finishing tasks. Many routine activities take longer than they should. Has (name of patient) had such difficulties with any routine tasks during the past week?”

PATHOLOGICAL DOUBTING
“Some patients with OCD doubt whether they have performed an activity correctly, or whether they did it at all. When carrying out routine activities they may find that they don't trust their senses; that is, what they see, hear, or touch. Has (name of patient) exhibited such doubting during the past week?”
PATIENT SYMPTOM LIST
(Describe symptoms reported by the family member and refer to this list when posing the remaining questions.)

OBSESSIONS

1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________
6. ______________________________________________________________

COMPULSIONS

1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________
6. ______________________________________________________________

OTHER OCD-RELATED PROBLEMS

1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________
6. ______________________________________________________________
FAMILY MEMBER'S REPORT OF ACCOMMODATING BEHAVIORS

INSTRUCTIONS FOR THE FAMILY MEMBER: “You have told me that (name of patient) has the following symptoms (review patient symptom list). I am now going to ask you about ways in which you may have responded to (name of patient) and his/her symptoms during the past week.” (Formulate examples of accommodation for each question using the specific symptoms on the Patient Symptom List.)

1. PROVIDING REASSURANCE
   “During the past week, when (name of patient) has expressed worries, fears, or doubts related to obsessions or compulsions, have you reassured him/her that s/he doesn't have to worry, that there are no grounds for his/her concerns, or that the rituals s/he already performed have taken care of his/her concerns? Examples might include telling your relative that s/he is not contaminated, or that s/he has done enough cleaning or checking.”

   “During the past week, on how many occasions did you provide reassurance to (name of patient) that was directly related to an obsession or compulsion? [Do not include instances in which you provided more general reassurance that s/he will overcome her symptoms or feel better soon, or reassurance about matters unrelated to OCD.]”

   N/A = Not applicable. Patient did not experience OCD symptoms this week.
   0 = None
   1 = 1/week
   2 = 2-3/week
   3 = 4-6/week
   4 = Everyday

2. WATCHING THE PATIENT COMPLETE RITUALS
   “During the past week, did you deliberately watch (name of patient) complete rituals at his/her request or because you thought s/he would want you to do so?”

   “During the past week, how many times did you watch (name of patient) complete rituals? [Do not include those instances in which you just happened to see him/her performing rituals.]”

   N/A = Not applicable. Patient did not experience OCD symptoms this week.
   0 = None
   1 = 1/week
   2 = 2-3/week
   3 = 4-6/week
   4 = Everyday
3. WAITING FOR THE PATIENT
   “During the past week, did you wait for (name of patient) to complete compulsive behaviors, resulting in interference with plans you had made?”

   “During the past week, how many times did you wait for (name of patient) because of his/her OCD?”

   N/A = Not applicable. Patient did not experience OCD symptoms this week.
   0  = None
   1  = 1/week
   2  = 2-3/week
   3  = 4-6/week
   4  = Everyday

4. REFRAINING FROM SAYING/DOING THINGS
   “During the past week, were there things that you did not do or say because of (name of patient)’s OCD? For example, family members may stop themselves from entering some areas of the house, refrain from physical contact with the relative with OCD, or avoid conversation topics related to the relative’s obsessions.”

   “During the past week, how often did you stop yourself from saying or doing things because of (name of patient)’s OCD?”

   N/A = Not applicable. Patient did not experience OCD symptoms this week.
   0  = None
   1  = 1/week
   2  = 2-3/week
   3  = 4-6/week
   4  = Everyday

5. PARTICIPATING IN COMPULSIONS
   “During the past week, did you engage in (name of patient)’s compulsions or in behaviors which you consider odd or senseless at his/her request, or because you thought (name of patient) would want you to do these things? For example, family members might wash their hands more times than they feel is necessary (or in a ritualized way) or they may check the burners on the stove repeatedly even though they believe the burners are not lit.”

   “During the past week, how many times did you directly participate in (name of patient)’s rituals or in behaviors that you consider odd or senseless?”

   N/A = Not applicable. Patient did not experience OCD symptoms this week.
   0  = None
   1  = 1/week
   2  = 2-3/week
   3  = 4-6/week
   4  = Everyday
6. FACILITATING COMPULSIONS
   “Were there times in this past week in which your actions made it possible for (name of patient) to complete his/her rituals (without you being directly involved in performing the rituals)? For example, a family member may provide a relative with OCD with things s/he needs to perform rituals or compulsions, such as buying excessive quantities of soap or cleaning products. Other examples include driving the car back to the house so the relative can check that doors are locked, or creating extra space in the house for the relative’s saved items.”

   “During the past week, how many times did you do something that helped (name of patient) complete rituals? [Do not include those instances in which you directly participated in rituals as noted in the last question (item 5).]”

   N/A = Not applicable. Patient did not experience OCD symptoms this week.
   0 = None
   1 = 1/week
   2 = 2-3/week
   3 = 4-6/week
   4 = Everyday

7. FACILITATING AVOIDANCE
   “In the past week, did you get involved in (name of patient)’s efforts to avoid people, places, or things? Or did you do anything that allowed him/her avoid? For example, family members may make excuses for a relative who says s/he cannot attend a social function because of OCD-related concerns, take a roundabout driving route because the relative wants to avoid a ‘contaminated’ area, or open a door so the relative does not have to touch a “contaminated” door handle.”

   “During the past week, on how many occasions did you do something that helped (name of patient) avoid people, places, or things? [Do not include instances in which you participated in compulsions or did something that helped your relative to complete compulsions, as noted in the last two questions (items 5 and 6).]”

   N/A = Not applicable. Patient did not experience OCD symptoms this week.
   0 = None
   1 = 1/week
   2 = 2-3/week
   3 = 4-6/week
   4 = Everyday

8. TOLERATING ODD BEHAVIORS/HOUSEHOLD DISRUPTION
   “During the past week, did you put up with odd behaviors on (name of patient)'s part (e.g., repetitive actions such as going in and out of a doorway), or did you put up with unusual conditions in your home because of (name of patient)'s OCD; for example leaving the home cluttered with old newspapers or ignoring repeated closing and opening of doors?”
“During the past week, to what extent did you tolerate odd behaviors or unusual conditions in your home because of (name of patient)’s OCD? [This question is specific to behaviors or conditions that you allow to occur. Do not include instances in which you took action to participate in or facilitate compulsions or avoidance noted under the last three questions (items 5-7).]” (RATER SCORED)

N/A = Not applicable. Patient did not experience OCD symptoms this week.
0   = Not at all.
1   = Mild; tolerated slightly unusual behavior/conditions.
2   = Moderate; tolerated behavior/conditions that are somewhat unusual.
3   = Severe; tolerated very unusual behavior/conditions.
4   = Extreme; tolerated extremely aberrant behavior/conditions.

9. HELPING THE PATIENT WITH TASKS OF DAILY LIVING OR SIMPLE DECISIONS

“During the past week, did you help (name of patient) complete simple tasks of daily living or make simple decisions when his/her ability to function was impaired by OCD; for example, helping him/her to get dressed, to bathe, or to decide what to eat?”

“During the past week, on how many occasions did you help (name of patient) with simple tasks or decisions because s/he was impaired by OCD? [Do not include instances or in which doing a task for your relative included doing something that helped him/her avoid an OCD-related fear (item 7) or in which making a decision for your relative consisted of providing reassurance about an OCD-related concern (item 1).]”

N/A = Not applicable. Patient did not experience OCD symptoms this week.
0   = None
1   = 1/week
2   = 2-3/week
3   = 4-6/week
4   = Everyday

10. TAKING ON PATIENT’S RESPONSIBILITIES

“Do you take on tasks that are (name of patient)’s responsibility but which he/she cannot adequately perform because of his/her OCD? Examples include paying his/her bills, or taking care of his/her children.”

“During the past week, to what extent did you take on (name of patient)’s responsibilities due to OCD? [Do not include doing simple tasks of daily living for your relative, as noted under the last question (item 9).]” (RATER SCORED)

N/A = Not applicable. Patient did not experience OCD symptoms this week.
0   = Not at all.
1   = Mild; occasionally handles one of patient’s responsibilities, but there has been no substantial change in his/her role.
2   = Moderate; has assumed patient's responsibilities in one area.
3   = Severe; has assumed patient’s responsibilities in more than one area.
4   = Extreme; has assumed most or all of patient’s responsibilities.
11. MODIFYING YOUR PERSONAL ROUTINE

“Are you currently modifying your leisure time activities, or your work or family responsibilities, because of (name of patient)'s OCD? Examples of modifying one’s personal routine might include spending less time socializing or exercising, or changing one’s work schedule to spend more time attending to the person with OCD.”

“During the past week, to what extent did you modify your personal routine because of (name of patient)’s OCD?” (RATER SCORED)

N/A = Not applicable. Patient did not experience OCD symptoms this week.
0 = Not at all.
1 = Mild; slightly modified routine, but was able to fulfill family and/or work responsibilities and to engage in leisure time activities.
2 = Moderate; definitely modified routine in one area (family, work, or leisure time).
3 = Severe; definitely modified routine in more than one area.
4 = Extreme; unable to attend to work or family responsibilities or to have any leisure time because of relative’s OCD.

12. MODIFYING THE FAMILY ROUTINE

“Are you currently modifying what you consider an ordinary family routine because of (name of patient)’s OCD? Examples might include modifying the family's cooking or cleaning practices.”

“During the past week, to what extent did you modify the family routine because of (name of patient)’s OCD? To what degree has your relative’s OCD necessitated changes in family activities or practices?” (RATER SCORED)

N/A = Not applicable. Patient did not experience OCD symptoms this week.
0 = Not at all.
1 = Mild. The family routine was slightly modified, but remained substantially unchanged.
2 = Moderate. The family routine was definitely modified in one area.
3 = Severe. The family routine was definitely modified in more than one area.
4 = Extreme. The family routine was disrupted in most or all areas.
# Scoring Sheet

**Family Accommodation Scale for Obsessive-Compulsive Disorder**  
**Interviewer-Rated (FAS-IR)**

<table>
<thead>
<tr>
<th>Subject:</th>
<th>Interviewer:</th>
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<tbody>
<tr>
<td>Total Score:</td>
<td>Date:</td>
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<table>
<thead>
<tr>
<th>Item</th>
<th>N/A</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Extreme</th>
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<tbody>
<tr>
<td>Item 1: Providing Reassurance</td>
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<td>Item 2: Watching the Patient Complete Rituals</td>
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<td>Item 4: Refraining From Saying/Doing Things</td>
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<td>Item 5: Participating in Compulsions</td>
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<td>Item 6: Facilitating Compulsions</td>
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<td>Item 7: Facilitating Avoidance</td>
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<td>Item 8: Tolerating Odd Behavior/ Household Disruption</td>
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<td>Item 9: Helping with Simple Tasks</td>
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<td>Item 10: Taking on Patient's Responsibilities</td>
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<td>Item 11: Modifying Personal Routine</td>
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<td>4</td>
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<tr>
<td>Item 12: Modifying Family Routine</td>
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</tr>
</tbody>
</table>

*(Sum item scores to obtain total score.)*

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