

Development of the Obsessive-Compulsive Disorder Symptoms Scale based on the recent classification of the disorder DSM-5 & ICD-11

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ABSTRACT

This study aims at Development a scale of the Obsessive-Compulsive Disorder Symptoms based on the recent classification of the disorder DSM-5 & ICD-11. The scale was applied on a sample of (420) students (245 males and 175 females) from Al-Quds Open University - Gaza branch were chosen by stratified random method. The OCD scale has several reliable connotes as: Experts Validity, Concurrent-related Validity, Internal Consistency Validity, Construct Validity, also, the Factor analysis reveal there are four dimensions are: Intrusive Idea, Intrusive images, Intrusive urges, and Compulsive Action.

Keywords: *Obsessive-Compulsive Disorder Symptoms, Scale, Factor analysis.*

Symptoms are an indication of the presence of disorders, and symptoms help in the diagnosis of a psychological disorder such as obsessive-compulsive disorder. symptoms of the obsessive-compulsive disorder include obsessions, and compulsions (compulsive actions), symptoms may appear as obsessions only without compulsive actions or vice versa, but that obsessive thoughts and actions do not necessarily mean Individual injury to obsessive-compulsive disorder, as it may be part of his personality or may affect him at one stage of his life. As for symptoms of obsessive-compulsive disorder, they are not transient, but rather negatively affect the life of the individual, and cause wasted time, impeding him from performing his daily tasks, and practicing his personal and professional life Conscious. This is confirmed by the fourth diagnostic manual for mental disorders (APA, 1994), which indicates that (80-90) % of individuals have experienced unwanted obsessions, and these thoughts usually occur in a smaller number, for a shorter period, and are associated with less distress than what they cause The obsessive person with obsessive-compulsive disorder. (Brok, Lok, & Osterbaan, 2017) state that regular obsessions differ from clinical obsessions by the time they take, the stress and the weakness they cause.

By examining the symptoms of obsessive-compulsive disorder, the researcher can be classified into two basic types: The first:

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It is mental events (obsessions), whether they are ideas, images, or urges, that may lead to compulsive actions to determine the intensity of the tension and anxiety caused by them, and intrusive ideas will be annoying, to contradict the individual's convictions and values that are religion, sex, cleanliness, and arrangement.

As for intrusive images, there are harmful images in his mind instead of ideas that he cannot get rid of. In this regard (Veale & Roberts, 2014) indicates that frequent thoughts, urges, or intrusive images are among the most important symptoms of the obsessive-compulsive disorder such as fear of disease, hygiene, arrangement, and organization, aggressive thoughts about self-harm or others, and sexual or religious issues. (Abu Hindi, 2007) believes that intrusive images are considered one of the most disturbing symptoms of obsessive-compulsive disorder to their owner, as these images are often associated with a sacred meaning or concept of its owner, imposing itself on it in an annoying, repulsive, frightening way, or at least meaninglessly. There is no need. (Salem, 2008) also confirm the presence of other symptoms that distinguish individuals with an obsessive-compulsive disorder such as the presence of behavioral impulsivity, such as obsessive-lit fire, theft and others.

The second type of symptom is compulsive action, whether it is muscular, motor, such as washing hands, rearranging and other compulsive actions, or it is compulsive mental actions such as counting and retrieval of some sentences. (Abdel-Khaleq, 1992) believes that obsessive-compulsive disorder has many symptoms, including obsessions related to the ideas of pollution and hygiene, frequent doubts, and terrifying images, and there are obsessions related to accuracy and arrangement, and that some people with obsessive tendency resort to the repetition of words and phrases that do not involuntarily for several times.

METHODOLOGY

sample

The participants were (420) students (245 males and 175 females) from Al-Quds Open University who filled a paper-based surveys, were chosen by the stratified random method, the study conducted in second semester of the academic year 2018-2019. the study tools were applied to the participants, and the researcher showed them the goal of conducting this study, and the necessity of answering these scales seriously. The responding rate of this study reached (94,44) %.

Instruments

To achieve the aims of the study, the researcher prepared a scale to measure the symptoms of obsessive-compulsive disorder after examined a set of measures of obsessive-compulsive disorder Arab and foreign: the Arab scale of obsessive-compulsive disorder (Abdel-Khaleq, 1992), the obsessive-compulsive disorder scale (Moamen, Abu Hindi, 2006), the obsessive-compulsive disorder scale (Al-Khouly, 2008), and the Yale-Brown scale (Y-BOCS) translation (Faraj and Al-Bishr, 2002), and the Maudsley Obsessional Compulsive Inventory (MOCI) translation (Faraj and Al-Bishr, 2002), and the researcher found that there are deficiencies in these metrics used, as follows:

Some OCD measurements were adopted: The Arabic OCD standard, the Y-BOCS scale, and the MOCI (Abdel Khalek, 1992; Faraj and Al-Bishr, 2002) scores binary (Check List), which prompted the researcher to prepare a scale of obsessive-compulsive symptom disorder

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with a five-degree scale, to obtain more accurate responses from the subjects since human behavior is not subject to all or nothing. (Krabbe, 2017) points to the advantage and popularity of using a Likert scale to measure behavioral changes.

Certain paragraphs of the standards are nonconformity with the criteria for drafting the scale paragraphs. The scale of (Abdul Khaleq, 1992; Moamen and Abu Hindi, 2006; Al-Khouli, 2008), and the MOCI list (Faraj & Al-Bashar, 2002) contain paragraphs beginning with negation.

Achieving more accurate results, because some measures do not have the accuracy to diagnose an obsessive-compulsive disorder, such as Yell Brown scale (Y-BOCS) translation (Faraj and Al-Bishr, 2002), as it is concerned with determining the severity of the disorder, that is, it is not a diagnostic tool. The MOCI list also describes a translation (Faraj and Al-Bisher, 2002) of Obsessive-Compulsive Disorder in a clinical sample, and thus cannot be used to achieve the purposes of this study. (Abu Hendi, 2003) states that the Y-BOCS scale is not a diagnostic tool, but rather its application aims to quantify the severity of the disorder. (Sa`fan, 2003) indicates that the MOCI battery is less accurate in diagnosing obsessive-compulsive actions, as it was used to describe obsessions in a neurotic sample.

Reaching fewer, stronger, and more stable factors in the interpretation and measurement of OCD, where the number of factors extracted in the previous measures contrasted, as the number of factors ranged between (4-10) factors. Relying on determining the scale factors based on the findings of each of the fifth edition of the Diagnostic Disorder Manual issued by the American Psychological Association DSM-5, the eleventh edition of the World Classification of Diseases, issued by the World Health Organization International Classification of Diseases (ICD-11).), which indicate that the symptoms of obsessive-compulsive disorder are divided into obsessions, and compulsive actions, obsessive reactions appear in one of the following forms: ideas, images, urges, or a combination thereof, and the actions are divided into motor actions and mental actions (APA, 2018; WHO, 2018)

As for the other measures, it was based on determining its factors on some models of obsessive-compulsive symptoms as factors such as hygiene, organization, and arrangement, repetition, count, although the symptoms of obsessive-compulsive disorder are endless. (Beyond OCD, 2012) states that symptoms of OCD take many forms, not limited.

Give each dimension an appropriate number of paragraphs that measure it. Paragraphs that measure one dimension have prevailed over the other on some scales, for example on the Arab scale of obsessive-compulsive disorder (Abdel-Khaleq, 1992) he completely omitted intrusive images, but in the Y-BOCS scale translated (Faraj & Al-Bisher, 2002), Only three paragraphs representing intrusive images were mentioned, and this was confirmed by (Abu Hindi, 2007), where he indicated that the obsessive-compulsive psychometric measures are less concerned with intrusive images than they are, as they are not rendered inside thirty-two questions in the obsessive-compulsive disorder scale (Abdel-Khaleq, 1992). On the Y-BOCS scale, obtain intrusive images arrived in only three paragraphs.

Developing an unbiased scale. Some measures of obsessive-compulsive disorder are characterized by the heterogeneity of measurement. (Al-Fazariah, Al-Safsafa, & Ibrahim,

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2015) indicated the emergence of bias in the scale (Abdel-Khaleq, 1992) of obsessive-compulsive disorder, depending on the gender variable.

Proffering a psychometric tool that is obtained from the Arab environment in general, and the Palestinian environment in particular, to suit the university students.

procedures

To achieve the goal of the study, the researcher built the study tool (Obsessive-Compulsive Symptoms Scale) according to the following steps:

Step 1: defining the theoretical structure of the concept of OCD

The concept of obsessive-compulsive disorder and its symptoms were determined by making use of the theoretical literature of the concept of obsessive-compulsive disorder which was addressed by many who are interested in mental disorders and developing their tools (Abdel-Khaleq, 1992; Moamen, Abu Hindi, 2006; Faraj and Al-Bishr, 2002, Ólafsson, Snorrason, & Smár, 2010). Based on the symptoms of obsessive-compulsive disorder, the researcher identified five dimensions of the scale: intrusive thoughts, intrusive images, intrusive urges, compulsive fears, and compulsive actions. After examining the ICD-11 guide, the researcher noticed that fears were not classified as symptoms of obsessive-compulsive disorder in the accompanying or resulting from the pressure August obsessive-compulsive disorder as well as anxiety, so the researcher to delete this dimension, and keep the remaining four dimensions: intrusive ideas, intrusive images, intrusive urges, and compulsions.

Step 2: write the paragraphs of the scale

Scale paragraphs were chosen based on the first step, and the researcher was able to write (51) paragraphs and put a five-step scale to respond to each paragraph of the scale: (always - often - sometimes - rarely - never).

In writing the paragraphs, the researcher considered that the following main dimensions are covered: intrusive ideas, intrusive images, intrusive urges, and compulsive actions.

To verify the logical sincerity of the scale, the paragraphs of the scale were presented in their primary form (51) paragraphs (four arbitrators *) from the specialists in education and psychology, and those with experience and sufficiency. It was placed on it and the scale, the adequacy and comprehensiveness of the paragraphs of the scale to measure the trait to be measured (symptoms of obsessive-compulsive disorder), and the extent of the consistency of the content of the paragraphs with the cultural context of Palestinian society. The scale is only 38 paragraphs.

Step 3: experimenting with the vocabulary of scale

The scale (38) paragraphs were applied to an exploratory sample consisting of (40) students from outside the study sample. Their responses were empty, and the internal consistency of the scale was estimated using the Alpha Cronbach equation. Its value (0.93) is very high.

Step 4: Implementing the scale to the study sample

The scale was applied to a sample of Al-Quds Open University students, with a size of (420) students, who were chosen by the stratified random method, in the second semester of the academic year 2018-2019.

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Obsessive-Compulsive Disorder Correction key

The scale is in its final form of (38) paragraphs in front of each paragraph a step staircase consisting of five levels, always five degrees, usually four degrees, and sometimes three degrees, and rarely two degrees, and absolutely one degree, and the grades on the overall scale ranged between (38-190).

The range for the scale ($5-1 = 4$) was calculated and divided by the number of categories (low - medium - high) ($3/4 = 1.33$) and added to the minimum category; it is the correct one, and to judge the level of OCD symptoms, these grades were converted between (1-5) degrees, and the level of symptoms of obsessive-compulsive disorder among the study sample individuals was divided into categories according to the following criteria:

- From (1-2.33) a low level of OCD symptoms.
- From (2.34-3.67) medium level of OCD symptoms.
- From (3.68-5) a high level of OCD symptoms.

RESULTS

Obsessive-Compulsive Disorder Scale Validity, Prepared by: Sawzan. A. Eleyan

Experts Validity

Sawsan's scale was arbitrated in its primary form (51) paragraphs to (four Experts *) from the specialists in education and psychology, and from those with experience, in order to verify the logical sincerity of the scale, by judging the clarity of the formulation, the concurrence between Paragraphs and the dimensions, and the adequacy and comprehensiveness of the paragraphs to measure the targeted trait (symptoms of obsessive-compulsive disorder), and the consistency the paragraph's content with Palestinian cultural context, and Arbitrators were asked to make any amendment that they deem appropriate on any paragraph, and based on their 'suggestions and observations, researcher deleted (13) unsuitable paragraphs, to become a scale of (38) paragraphs.

Concurrent-related Validity

Concurrent-related validity of the scale was calculated by the correlation coefficient between the total score of participants on the scale prepared by the researcher and Arabic scale of obsessive-compulsive disorder (Abdel-Khalek, 1992) by applying both measures together to a sample of (40) students from Al-Quds Open University students. The correlation coefficient (0,85) is a statistically significant at the significance level (0,01).

Internal Consistency Validity

Table No. 1 Correlation coefficients between degree to paragraph and degree of Intrusive Ideas dimension

Number of Paragraph	correlation coefficient	Number of Paragraph	correlation coefficient
1	0.37**	7	0.86**
2	0.44**	8	0.86**
3	0.54**	9	0.87**
4	0.72**	10	0.73**
5	0.60**	11	0.72**
6	0.87**	-	-

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Table NO. 2 Correlation coefficients between the score on a paragraph and the degree of Intrusive Images dimension.

Number of Paragraph	correlation coefficient	Number of Paragraph	correlation coefficient
1	0.77**	5	0.62**
2	0.78**	6	0.75**
3	0.86**	7	0.72**
4	0.83**	8	0.67**

Table NO. 3 Correlation coefficients between the degree on a paragraph and the degree on the dimension of Intrusive Urges.

Number of Paragraph	correlation coefficient	Number of Paragraph	correlation coefficient
1	0.76**	5	0.84**
2	0.78**	6	0.70**
3	0.86**	7	0.83**
4	0.83**	8	-

Table NO. 4 Correlation coefficients between degree on a paragraph and degree compulsive Action dimension.

Number of Paragraph	correlation coefficient	Number of Paragraph	correlation coefficient
1	0.51**	7	0.51**
2	0.64**	8	0.61**
3	0.60**	9	0.44**
4	0.59**	10	0.56**
5	0.58**	11	0.57**
6	0.71**	-	0.70**

Construct Validity

Table NO. 5 Correlation coefficients between OCD symptoms (Intrusive ideas, Intrusive images, Intrusive Urges, and Compulsive Actions)

Dimension	Correlation coefficients			
	Intrusive Idea	Intrusive Images	Intrusive Urges	Intrusive Actions
Intrusive Idea	-	0.72**	0.65**	0.26**
Intrusive Images	-	-	0.80**	0.28**
Intrusive Urges	-	-	-	0.25**
Compulsive Actions	-	-	-	-

Factor Analysis

Exploratory Factor Analysis was performed on the results of the complete study sample according to the following steps:

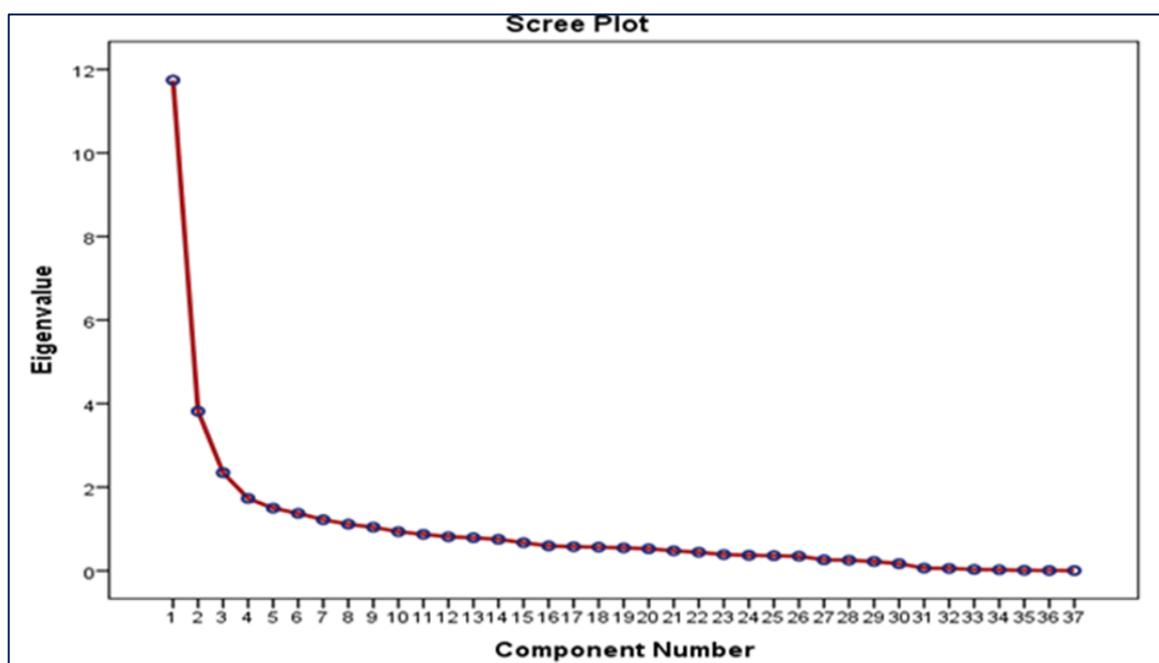
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- 1- The suitability of the data for factor analysis was verified by the Kaiser-Meyer-Olkin & Bartle's test; its value (0.88), which is higher than the value (0.60) This means that the data is suitable for global analysis.
- 2- The factors were extracted using the Principal Components method.
- 3- The value (0.3) was set as a minimum limit to accept paragraph saturation on factors.
- 4- The rotation of the factors was performed to display the pattern of saturation of the factors by varimax.
- 5- It was relied upon to determine the factors that can be kept on two criteria: The Kaiser Criterion and the cumulative scatter test called the Plateau Scree Plot. The eigen of the factors, and tries to find the point at which the shape of the curve changes and becomes horizontal, so the factors above the refractive index are preserved in the chart, as they have the largest contribution to the explanation of variance in the set of variables.

Table NO. 6 Total variance explains according to each of the four factors and the values of their eigen.

Components	Total	Initial Eigen value	
		% of variance	Cumulative %
First	3.82	19.77	19.77
Second	2.35	11.15	30.92
Third	1.73	6.65	37.56
Fourth	11.74	5.93	43.50

Figure NO. 1 Graphical representation of the underlying root values of the components of the OCD scale



Obsessive Compulsive Disorder Scale Reliability
Internal Consistency Reliability

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Table NO. 7 Persistence coefficients for obsessive-compulsive symptoms symptom scale (Intrusive Idea, Intrusive Images, Intrusive Urges, Compulsive Actions)

Dimension	Coefficient of stability
Intrusive Idea	0.90
Intrusive Images	0.88
Intrusive Urges	0.91
Compulsive Actions	0.83

DISCUSSION

Table No. 1 declare all degree correlation coefficients with dimension are statistically significant at the level of significance (0.01), and correlation coefficients ranged between (0.37) to (0,87), which indicates the validity of the internal consistency of the paragraphs.

Table NO. 2 report all degree correlation coefficients with dimension are statistically significant at the level of significance (0,01), and correlation coefficients ranged between (0.62) to (0,86), which indicates the validity of the internal consistency of the paragraphs.

Table NO. 3 appear that all degree correlation coefficients with dimension are statistically significant at its significance level (0,01), and correlation coefficients ranged from (0,70) to (0,86), which indicates the validity of the internal consistency of the paragraphs.

From Table NO. 4 reveal all degree correlation coefficients with dimension are statistically significant at the level of significance (0.01), and correlation coefficients ranged between (0.44) to (0.71), which indicates the validity of the internal consistency of the paragraphs.

Table NO. 5 explicate that all coefficients of the four factors correlate with each other statistically significant at the level of significance (0.01), and correlation coefficients ranged between (0.25) to (0,80), which indicates the sincerity of the construction, as It is noted that the highest correlation coefficients were between the two dimensions: Intrusive Images and Intrusive Urges, where the correlation coefficient reached (0,80), while the lowest correlation coefficients were between the two dimensions: Intrusive Urges and Compulsive Actions; the correlation coefficient reached (0.25).

Poor association coefficients between dimensions of compulsive actions can be explained by the fact that they represent actions, while the other three dimensions (intrusive idea, intrusive images, intrusive urges) represent various forms of obsession.

Table NO. 6 tell there are four dimension with their Eigen value of more than two, and combined the explanation of variance (43.5) %, and the latent root value of the first factor (11.74), which is a high value for the rest of the factors, and given that the factor The first explained the value of (19.77) % of the variance, and the ratio of the latent root of the first dimension to the latent root of the second factor exceeds two, as this is an indication that the scale is one-dimensional.

It is clear from Figure NO. 1 that the underlying root of the first factor is clearly distinguished from the underlying roots of the rest of the factors, and this is a sign of one-

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dimensional i.e. that the scale measures one dominant feature which is the symptoms of obsessive-compulsive disorder.

Table NO.7 shows that all dimensional coefficients for dimensions allow the scale to be applied, and the stability of the scale as a whole was verified using the Alpha Cronbach equation, where the Cronbach alpha coefficient (0.93) is a high stability coefficient.

CONCLUSION

Sawsan's OCD scale has good psychometric characteristics, it has several reliable connotes, also, The Factor analysis reveals. The scale measures one dominant feature: OCD symptoms, also, there are four dimensions are: Intrusive Idea, Intrusive images, Intrusive urges, and Compulsive Action. The study recommended developing the scale of OCD symptoms using an item response theory (IRT).

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Acknowledgements

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author declared no conflict of interest.

How to cite this article: S A Eleyan (2020). Development of the Obsessive-Compulsive Disorder Symptoms Scale based on the recent classification of the disorder DSM-5 & ICD-11. *International Journal of Indian Psychology*, 8(2), 104-116. DIP:18.01.013/20200802, DOI:10.25215/0802.013

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Obsessive-Compulsive Symptom Scale

Dear student,

The researcher is conducting a study entitled: (Predicting the symptoms of obsessive-compulsive disorder in the light of the five major personality factors of Al-Quds Open University students), to complete the requirements of the Master’s degree in psychological and educational counseling, so you are kindly requested to answer the paragraphs of the standards, knowing that everything that appears in your answer will be Respected and appreciated, and will only be used for scientific research.

Personal data:

Gender: Male Female

College:

- Technology and Applied Science
- College of Educational Sciences
- Social and family development
- Administrative and Economic Sciences
- Literature
- Media

Study Level:

- First Second Third Fourth

OCD symptoms scale

Instructions: Please put a sign (✓) in front of the following statements that apply to you.

NO.	Paragraphs	Always	Usually	Often	Rarely	Never
First Factor	Intrusive thoughts mean irrational and unjustified thoughts, control the individual, and cannot resist or get rid of them, and ignoring them exacerbates his anxiety and stress.					
1.	I think all the things around me are very polluted (tables - chairs - doors).					
2.	I doubt ablution before every prayer					
3.	I doubt the number of kneeling or prostrations when performing each prayer					
4.	I am thinking of stabbing a person (colleague-brother-friend) without any justification					
5.	I think I will succeed or fail if I see a certain number on my way to (car plates - billboards - house numbers)					

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6.	I suspect that I have a serious illness when I feel any slight pain					
7.	I doubt the validity of my fast after every ablution					
8.	I am thinking of setting fire somewhere (mosque - house - university) without justification					
9.	I think I am the cause of any accidents or disasters occurring in the neighborhood I live in					
10.	My mind revolves like the one who created God					
11.	I am thinking of sexually assaulting a mahram					
Second Factor	Intrusive images mean frequent, disturbing, alienating or frightening mental images that break into the consciousness of the individual, imposing themselves, causing him anxiety and tension, and these images are related to important and sacred persons, things, or concepts.					
1.	I imagine a picture of one of (my family members - my friends - my colleagues) dying from a traffic accident - a fire - an explosion					
2.	In my mind, my picture is tainted (unclean)					
3.	In my mind, my picture hurts one of those close to me (beating - stabbing - drowning - run over - suffocating)					
4.	Annoying pictures of (my religion - my family - my friends - my colleagues ...) issues are repeated during my day					
5.	I imagine a picture of my house destroyed by the bombing					
6.	I Imagine immoral images during prayer					
7.	I imagine pictures of the sea plunging my house					
8.	I imagine sexual pictures (of my family members - my friends - my colleagues)					
Third Factor	Intrusive urges mean the sudden feeling of an urgent desire to do something meaningless, illogical and unjustified, and that becomes more urgent whenever the individual tries to resist them, causing him anxiety and tension.					
1.	I would like to throw myself from a high place or in front of a car					
2.	I want to verbally assault someone (colleague - relative - friend) without justification					
3.	I would like to stab a passerby while I hold a knife					

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4.	I want to run over me when driving a car or motorcycle					
5.	I would like to set fire to (home - university - mosque)					
6.	I would like to shout at (lectures - family meetings - public places)					
7.	I would like to have homosexual acts					
Fourth Factor	Compulsive actions mean frequent, excessive, and time-consuming mental behaviors or actions, and one feels motivated to perform them, and that affects all aspects of his life.					
1.	I frequently check the shutdown of gas, doors, windows, and electrical appliances					
2.	I wash my hands several times in a row after touching anything (money - handrail stairs - shaking hands)					
3.	Silently repeat obscene words inside me					
4.	I reset the alarm many times until the appointed time					
5.	I take a long time in the shower (40 minutes or more)					
6.	I repeat the lock (the door of the house or the car - the windows) a certain number of times to ensure that it is closed					
7.	I count my steps or tiles while walking in every walk					
8.	I arrange all of my things symmetrically (straight-parallel ...)					
9.	I repeat the verification of the existence (wallet - university or bank card - mobile phone ...) after leaving anywhere					
10.	I change my clothes that I got into the bathroom because I think it has become contaminated					
11.	I have certain food rituals (washing my hands three times before eating - wiping the table more than once)					
12.	Again and again, I retrieved a section of a song					