

Practice Quiz Pack 03

Anxiety & OCD (Ch 5-6)

Printable practice set. Questions first, full answer key at the end of each chapter.

Chapter 5 — Anxiety Disorders

Practice Questions

Shared features, fear versus anxiety, and the 6-month rule

1. DSM-5-TR distinguishes fear from anxiety. Which statement is correct?
 - A. Fear is anticipation of future threat; anxiety is a response to present threat
 - B. Fear is the response to real or perceived imminent threat; anxiety is anticipation of future threat
 - C. They are synonyms in DSM-5-TR
 - D. Fear is always pathological; anxiety is always normal
2. In adults, persistent anxiety syndromes such as these usually have which duration benchmark?
 - A. 2 weeks
 - B. 1 month
 - C. 6 months
 - D. 3 months
3. DSM-5 extended the usual six-month persistence criterion for specific phobia and social anxiety disorder to all ages; DSM-IV had applied the six-month criterion only to individuals younger than 18. True / False
4. The anxiety disorders are organized primarily by:
 - A. Age of onset
 - B. The neurotransmitter involved
 - C. Response to medication
 - D. The object or situation that triggers the fear or anxiety
5. Obsessive-compulsive disorder and post-traumatic stress disorder are classified within the Anxiety Disorders chapter of DSM-5-TR. True / False
6. Which two disorders were moved INTO the anxiety chapter in DSM-5 from the former childhood-disorders section?
 - A. OCD and PTSD
 - B. Separation anxiety disorder and selective mutism
 - C. GAD and panic disorder
 - D. Agoraphobia and specific phobia
7. When DSM-5-TR asks whether a fear is 'out of proportion,' the judgment:
 - A. Takes into account the sociocultural context and any realistic danger
 - B. Is made solely by the patient
 - C. Requires only a normal physical exam
 - D. Is not part of the criteria
8. The emotional response to a real or perceived imminent threat is called _____, whereas anticipation of future threat is anxiety.

Panic attacks, Panic Disorder, and Agoraphobia

9. A panic attack is an abrupt surge of intense fear or discomfort that peaks within:
 - A. Seconds
 - B. Minutes
 - C. About 30 minutes
 - D. About 1 hour
10. How many of the thirteen characteristic symptoms are required for a full panic attack?
 - A. Two
 - B. Three
 - C. Four
 - D. Six
11. Which is NOT one of the thirteen panic-attack symptoms?
 - A. Palpitations
 - B. Fear of dying
 - C. Paresthesias (numbness or tingling)
 - D. Hallucinations
12. A panic attack is itself a codable DSM-5-TR disorder. True / False
13. Beyond recurrent unexpected panic attacks, Panic Disorder requires at least one month of:
 - A. Persistent concern about further attacks, or a maladaptive change in behavior to avoid them
 - B. Depressed mood

- C. Agoraphobic avoidance
- D. Daily attacks
- 14.** In panic disorder, ‘unexpected’ attacks are those that:
 - A. Always occur at night
 - B. Occur without an obvious cue or trigger
 - C. Are always triggered by crowds
 - D. Are accurately predicted by the patient
- 15.** Agoraphobia requires marked fear or anxiety about at least how many of the five situation clusters?
 - A. One
 - B. Three
 - C. Two
 - D. All five
- 16.** Which set correctly lists the agoraphobia situation clusters?
 - A. Animals, heights, blood, flying, injections
 - B. Parties, dating, public speaking, eating in public, using public restrooms
 - C. Separation, strangers, the dark, loud noises
 - D. Public transport, open spaces, enclosed places, lines or crowds, being outside the home alone
- 17.** The core fear in agoraphobia is that:
 - A. Escape might be difficult or help unavailable if panic-like or incapacitating symptoms occur
 - B. The situation is dirty or contaminated
 - C. Others will judge the person’s appearance
 - D. A specific animal will appear
- 18.** In DSM-5-TR, agoraphobia can be diagnosed only if the patient also has panic disorder. True / False
- 19.** A man has avoided buses, elevators, and crowds for a year, fearing he could not get out or get help if he felt faint. He reports no discrete out-of-the-blue attacks. Best diagnosis?
 - A. Panic disorder
 - B. Agoraphobia
 - C. Specific phobia, situational type
 - D. Social anxiety disorder
- 20.** A single, circumscribed fear of elevators only, immediate on exposure, with no broader worry about escape across settings, is better classified as:
 - A. Agoraphobia
 - B. Panic disorder
 - C. Specific phobia, situational type
 - D. GAD

Specific Phobia

- 21.** Specific phobia requires that exposure to the phobic object or situation:
 - A. Is feared only occasionally
 - B. Causes anxiety only hours later
 - C. Is secretly enjoyed
 - D. Almost always provokes immediate fear or anxiety
- 22.** Which is a recognized specific-phobia specifier?
 - A. Blood-injection-injury
 - B. Performance only
 - C. With agoraphobia
 - D. Rapid cycling
- 23.** Which specific-phobia type is most characteristically associated with a vasovagal fainting response?
 - A. Animal
 - B. Blood-injection-injury
 - C. Situational
 - D. Natural environment
- 24.** Specific phobia requires persistent fear, typically lasting how long?
 - A. 1 month
 - B. 3 months
 - C. 6 months
 - D. 1 year
- 25.** For a specific phobia diagnosis, an adult must recognize that the fear is excessive or unreasonable. True / False
- 26.** Fear of heights and of storms falls under which specifier?
 - A. Animal

- B. Situational
- C. Other
- D. Natural environment

27. Specific phobia is among the most common anxiety presentations, and an affected person often fears more than one object or situation. True / False

Social Anxiety Disorder

28. The central fear in social anxiety disorder is:

- A. Being scrutinized and negatively evaluated by others
- B. Being contaminated
- C. Being separated from attachment figures
- D. Having a panic attack in a store

29. Which specifier is used for social anxiety disorder in DSM-5?

- A. Generalized
- B. Performance only
- C. With agoraphobia
- D. Nongeneralized

30. Social anxiety disorder requires persistent fear, typically lasting how long?

- A. 1 month
- B. 3 months
- C. 6 months
- D. 2 years

31. In social anxiety disorder, the person often fears that others will notice visible anxiety signs, such as blushing or trembling, and judge them for it. True / False

32. When both social anxiety disorder and agoraphobia involve avoiding crowds, the deciding difference is:

- A. Duration
- B. Age of onset
- C. The presence of panic attacks
- D. In social anxiety the fear is of being judged; in agoraphobia it is of being unable to escape or get help

33. A 16-year-old avoids speaking in class, eating in the cafeteria, and dating, all for fear of embarrassment, over the past year. Best diagnosis?

- A. Social anxiety disorder
- B. Specific phobia
- C. Agoraphobia
- D. Selective mutism

34. Social anxiety disorder most often begins in:

- A. Infancy
- B. Childhood or early adolescence (median onset around age 13)
- C. The sixth decade of life
- D. Old age

Generalized Anxiety Disorder

35. GAD requires excessive anxiety and worry, occurring more days than not, for at least:

- A. 1 month
- B. 3 months
- C. 6 months
- D. 1 year

36. In adults, GAD requires at least how many of the six associated symptoms?

- A. One
- B. Two
- C. Four
- D. Three

37. Which is one of the six GAD associated symptoms?

- A. Muscle tension
- B. Hallucinations
- C. Grandiosity
- D. Flashbacks

38. In children, how many of the six associated symptoms are required for GAD?

- A. Three
- B. One

- C. Four
- D. Six

39. The hallmark of GAD is worry focused on a single feared object. True / False

40. Which best separates GAD from ordinary worry?

- A. GAD worry is about realistic problems only
- B. GAD worry lasts under a month
- C. GAD worry is excessive, hard to control, lasts 6+ months, carries physical symptoms, and impairs functioning
- D. GAD never disturbs sleep

41. A 45-year-old describes two years of constant, hard-to-control worry about work, money, and family safety, with muscle tension, poor sleep, and irritability. Best diagnosis?

- A. Panic disorder
- B. Specific phobia
- C. Social anxiety disorder
- D. Generalized anxiety disorder

42. If the worry in a suspected GAD case is entirely about having more panic attacks, GAD is still the best diagnosis. True / False

Separation Anxiety Disorder and Selective Mutism

43. Separation anxiety disorder centers on developmentally excessive fear about:

- A. Separation from the people to whom the person is attached
- B. Social scrutiny
- C. Specific animals
- D. Open spaces

44. In children and adolescents, separation anxiety disorder requires a duration of at least:

- A. 1 week
- B. 4 weeks
- C. 3 months
- D. 6 months

45. Separation anxiety disorder can be diagnosed for the first time in adulthood. True / False

46. A child refuses school, has nightmares about her parents being harmed, and gets stomachaches whenever away from home, for the past 6 weeks. Best diagnosis?

- A. Social anxiety disorder
- B. Specific phobia
- C. Separation anxiety disorder
- D. GAD

47. Selective mutism is a consistent failure to speak in specific social situations where speech is expected, despite speaking elsewhere, lasting at least:

- A. 1 week
- B. 3 months
- C. 6 months
- D. 1 month, and not limited to the first month of school

48. A child who does not speak only because he lacks knowledge of the spoken language meets criteria for selective mutism. True / False

49. A 5-year-old speaks freely at home but has not spoken a word at preschool for 3 months, which is interfering with learning. Best diagnosis?

- A. Selective mutism
- B. Social anxiety disorder
- C. Autism spectrum disorder
- D. Separation anxiety disorder

50. Selective mutism and social anxiety disorder often co-occur. What specifically defines selective mutism?

- A. Fear of animals
- B. A consistent failure to speak in particular situations
- C. Recurrent panic attacks
- D. Fear of separation

Differential diagnosis, substances, and medical mimics

51. Before diagnosing any primary anxiety disorder, the clinician must rule out:

- A. Adequate sleep
- B. Normal happiness

- C. Substance or medication effects and another medical condition
D. High intelligence
- 52.** Which medical condition classically mimics panic or anxiety with palpitations, heat intolerance, and tremor?
A. Hypothyroidism
B. Iron-deficiency anemia
C. Vitamin D deficiency
D. Hyperthyroidism
- 53.** A patient's new 'anxiety attacks' began the week he started a high-dose decongestant and several energy drinks a day. Most likely:
A. Substance/medication-induced anxiety disorder
B. Panic disorder
C. GAD
D. Agoraphobia
- 54.** Anxiety that emerges only during alcohol or benzodiazepine withdrawal is best diagnosed as generalized anxiety disorder. True / False
- 55.** Social anxiety disorder overlaps most heavily with which personality disorder?
A. Antisocial
B. Avoidant
C. Narcissistic
D. Histrionic
- 56.** A patient avoids driving after a terrifying crash, with intrusive memories of the event and hypervigilance. The better diagnostic home is:
A. Specific phobia, situational
B. Agoraphobia
C. Trauma- and stressor-related disorders (for example, PTSD), evaluated separately
D. GAD
- 57.** In general, anxiety disorders are diagnosed more often in:
A. Males
B. Males and females equally
C. Children only
D. Females
- 58.** Which feature favors panic disorder over a specific phobia?
A. Recurrent unexpected attacks plus persistent worry about further attacks
B. Attacks are always cued by one object
C. Fear limited to heights
D. Fainting at the sight of blood
- 59.** A patient meets full criteria for both agoraphobia and panic disorder. The correct action is to:
A. Diagnose only panic disorder
B. Assign both diagnoses
C. Diagnose only agoraphobia
D. Diagnose GAD instead
- 60.** Match each disorder (left) to its defining feature (right).
- | | |
|---------------------------------|---|
| 1. Panic disorder | A. Fear of 2+ situations because escape or help may be unavailable |
| 2. Agoraphobia | B. Recurrent unexpected attacks plus 1+ month of worry or behavior change |
| 3. Social anxiety disorder | C. Excessive, hard-to-control worry about many domains for 6+ months |
| 4. Generalized anxiety disorder | D. Fear of social situations because of possible scrutiny |

Answer Key

- **1: B.** Fear = imminent threat; anxiety = anticipated future threat.
- **2: C.** The 6-month minimum covers most adult anxiety disorders.
- **3: True.** DSM-5 applied the 6-month rule at all ages.
- **4: D.** Organized by the content or trigger of the fear.
- **5: False.** OCD and PTSD left the anxiety chapter in DSM-5.
- **6: B.** Separation anxiety and selective mutism moved in.
- **7: A.** Judged against real danger and sociocultural context.
- **8: fear.**
- **9: B.** Peaks within minutes.

- **10: C.** Four or more of thirteen symptoms.
- **11: D.** Hallucinations are not on the list.
- **12: False.** A panic attack is a specifier, not a disorder.
- **13: A.** 1+ month of worry or maladaptive behavior change.
- **14: B.** Unexpected = uncued, out of the blue.
- **15: C.** Two or more of the five clusters.
- **16: D.** Transport, open spaces, enclosed places, lines/crowds, alone outside home.
- **17: A.** Fear of being unable to escape or get help.
- **18: False.** Agoraphobia is now independent of panic disorder.
- **19: B.** Multi-situation avoidance, escape fear, no unexpected attacks = agoraphobia.
- **20: C.** A single circumscribed fear = specific phobia.
- **21: D.** Exposure almost always provokes immediate fear.
- **22: A.** Blood-injection-injury is a specifier.
- **23: B.** BII phobia can cause vasovagal fainting.
- **24: C.** Six months or more.
- **25: False.** Adult insight is not required.
- **26: D.** Heights and storms = natural environment.
- **27: True.** Common, often multiple objects.
- **28: A.** Fear of scrutiny and negative evaluation.
- **29: B.** “Performance only” replaced “generalized.”
- **30: C.** Six months or more.
- **31: True.** Fear that visible anxiety signs will be judged.
- **32: D.** Judgment (social) versus entrapment (agoraphobia).
- **33: A.** Pervasive social-evaluative fear = social anxiety disorder.
- **34: B.** Median onset in the mid-teens.
- **35: C.** Six months or more, more days than not.
- **36: D.** Three of six in adults.
- **37: A.** Muscle tension is one of the six.
- **38: B.** One of six in children.
- **39: False.** GAD worry is diffuse, not single-object.
- **40: C.** Excess, uncontrollability, duration, physical symptoms, impairment.
- **41: D.** Chronic diffuse worry with physical symptoms = GAD.
- **42: False.** Worry confined to another disorder’s theme is excluded.
- **43: A.** Fear of separation from attachment figures.
- **44: B.** At least 4 weeks in children/adolescents.
- **45: True.** Adult-onset separation anxiety is valid.
- **46: C.** Separation fear with somatic complaints and school refusal.
- **47: D.** At least 1 month, not just the first month of school.
- **48: False.** Language unfamiliarity is an exclusion.
- **49: A.** Setting-specific speech failure = selective mutism.
- **50: B.** Defined by the consistent failure to speak.
- **51: C.** Exclude substance/medication and medical causes.
- **52: D.** Hyperthyroidism mimics anxiety.
- **53: A.** Sympathomimetic plus caffeine = substance-induced.
- **54: False.** Withdrawal anxiety is substance-induced.
- **55: B.** Avoidant personality disorder overlaps most.
- **56: C.** Post-trauma avoidance points to the trauma chapter.
- **57: D.** More common in females.
- **58: A.** Unexpected attacks plus anticipatory worry.
- **59: B.** Code both when both sets of criteria are met.
- **60: 1-B, 2-A, 3-D, 4-C.**

Chapter 6 — Obsessive-Compulsive & Related Disorders

Practice Questions

The chapter's shape and shared features

1. Which broad pattern helps characterize the obsessive-compulsive and related disorders as a group?
 - A. A manic episode
 - B. Exposure to a traumatic event
 - C. Obsessions, preoccupations, and/or repetitive behaviors
 - D. Psychosis lasting six months
2. In DSM-5, obsessive-compulsive disorder is classified among the anxiety disorders. True / False
3. Which disorder was newly created as a stand-alone diagnosis in DSM-5?
 - A. Obsessive-compulsive disorder
 - B. Body dysmorphic disorder
 - C. Trichotillomania
 - D. Hoarding disorder
4. Body dysmorphic disorder was moved into this chapter from which former grouping?
 - A. Anxiety disorders
 - B. Somatoform disorders
 - C. Mood disorders
 - D. Impulse-control disorders
5. Trichotillomania and excoriation disorder are together called:
 - A. Body-focused repetitive behaviors
 - B. Somatic symptom disorders
 - C. Dissociative disorders
 - D. Tic disorders
6. The insight specifier in this chapter can range from good or fair, through poor, to absent or delusional. True / False
7. Which reinforcement loop commonly maintains OCD compulsions?
 - A. A single traumatic event causes lasting change
 - B. A behavior gives brief relief, which reinforces repeating it
 - C. A chemical imbalance with no behavioral component
 - D. A manic high followed by a crash
8. Hair-pulling and skin-picking differ from OCD because they are NOT performed to neutralize an _____.

OCD: obsessions and compulsions

9. Obsessions are best defined as:
 - A. Repetitive behaviors done by rigid rules
 - B. Fixed false beliefs
 - C. Recurrent, intrusive, unwanted thoughts, urges, or images that cause anxiety
 - D. Perceptions without a stimulus
10. Compulsions are:
 - A. Pleasurable activities done for enjoyment
 - B. Involuntary muscle movements
 - C. Delusions of control
 - D. Repetitive behaviors or mental acts the person feels driven to perform in response to an obsession or rigid rules
11. A mental act such as silently repeating a phrase to cancel a bad thought is:
 - A. A compulsion
 - B. An obsession
 - C. A tic
 - D. A hallucination
12. The relationship between a compulsion and the feared event it is meant to prevent is:
 - A. Realistic and proportionate
 - B. Not realistically connected, or clearly excessive
 - C. Always logical
 - D. Based on medical evidence
13. The time threshold often cited for OCD is that symptoms are:
 - A. More than 6 hours per day
 - B. Present for at least 6 months

- C. More than 1 hour per day (or cause marked distress or impairment)
- D. Present only at night
- 14.** A person with OCD generally experiences obsessions as unwanted and intrusive (ego-dystonic). True / False
- 15.** Which is a common OCD symptom dimension?
 - A. Manic grandiosity
 - B. Flashbacks
 - C. Hair-pulling
 - D. Contamination fears with washing
- 16.** A patient washes his hands for two hours daily to prevent a feared illness, knowing it is excessive but unable to stop. This illustrates:
 - A. An obsession (contamination) with a compulsion (washing)
 - B. A tic
 - C. A delusion
 - D. Body dysmorphic disorder
- 17.** Compulsions are performed because the person finds them enjoyable. True / False
- 18.** Checking the stove repeatedly to prevent a fire, well beyond reason, is a compulsion driven by which obsession theme?
 - A. Contamination
 - B. Harm or responsibility
 - C. Symmetry
 - D. Appearance
- 19.** A need to arrange objects until they feel 'just right' reflects which OCD dimension?
 - A. Contamination
 - B. Forbidden thoughts
 - C. Symmetry and ordering
 - D. Hoarding
- 20.** To meet OCD criteria, symptoms must be time-consuming, meaning more than _____ per day, or cause marked distress or impairment.
- 21.** Which best distinguishes an obsession from an everyday worry?
 - A. Obsessions are about realistic problems
 - B. Worries always cause compulsions
 - C. There is no difference
 - D. Obsessions are intrusive, unwanted, often irrational, and resisted, and typically trigger a compulsion
- 22.** Match each OCD element (left) to its description (right).

1. Obsession 2. Compulsion 3. Contamination dimension 4. Symmetry dimension	A. Repetitive act to reduce distress B. Arranging until 'just right' C. Intrusive, unwanted thought D. Fear of germs leading to washing
--	--

OCD: insight, tics, and differentials

- 23.** A patient is fully convinced, against all evidence, that failing to tap the doorframe will kill his mother. The correct coding is:
 - A. OCD with absent insight/delusional beliefs
 - B. Schizophrenia
 - C. Delusional disorder
 - D. Brief psychotic disorder
- 24.** The tic-related specifier for OCD indicates:
 - A. Good insight
 - B. A current or past tic disorder
 - C. Hoarding behavior
 - D. A manic episode
- 25.** How does OCD differ from obsessive-compulsive personality disorder (OCPD)?
 - A. OCD traits are ego-syntonic; OCPD has true obsessions
 - B. They are the same disorder
 - C. OCD is defined by obsessions, compulsions, or both, usually experienced as unwanted; OCPD is a pervasive, often ego-syntonic pattern of perfectionism and control
 - D. OCPD requires hallucinations
- 26.** OCD obsessions are usually experienced as pleasurable and consistent with the person's goals. True / False
- 27.** Which feature separates OCD from generalized anxiety disorder?

- A. GAD has compulsions
- B. OCD has no anxiety
- C. GAD requires hair-pulling
- D. GAD typically involves excessive worry about everyday domains; OCD involves intrusive, unwanted obsessions and/or driven repetitive acts

28. A patient with OCD recognizes that his beliefs are probably not true. His insight is best described as:

- A. Good or fair insight
- B. Absent insight
- C. Delusional
- D. Not specified in OCD

29. Most adults with OCD have, at some point, recognized that their obsessions or compulsions are excessive or unreasonable. True / False

30. Which is the better reason to assign OCD rather than a psychotic disorder in a patient with a fixed belief about a compulsion?

- A. The belief is bizarre
- B. The belief is tied to an obsession and ritual, without the broader features of a psychotic disorder
- C. The patient is young
- D. The patient has insomnia

31. OCD most commonly begins in:

- A. Late adulthood
- B. Infancy
- C. Childhood, adolescence, or early adulthood, often earlier in males
- D. Only after age 60

32. OCPD traits are experienced as acceptable and consistent with the self, that is, ego-_____.

Body Dysmorphic Disorder

33. Body dysmorphic disorder is a preoccupation with:

- A. Contamination
- B. Discarding possessions
- C. Hair-pulling
- D. One or more perceived flaws in appearance that are not observable or appear slight to others

34. BDD requires, in response to the appearance concerns, that the person engage in:

- A. Repetitive behaviors (mirror checking, grooming, reassurance-seeking) or mental acts (comparing)
- B. No behaviors at all
- C. Hoarding
- D. Hair-pulling only

35. The muscle dysmorphia specifier applies when the preoccupation is that one's body is:

- A. Too fat
- B. Too small or insufficiently muscular
- C. Contaminated
- D. Asymmetric

36. If an appearance preoccupation is entirely about being fat within an eating disorder, body dysmorphic disorder is the correct diagnosis. True / False

37. A 19-year-old spends hours daily checking mirrors, convinced his nose is grotesquely deformed, though others see nothing wrong; he avoids photos and seeks constant reassurance. Best diagnosis?

- A. Normal appearance concern
- B. Delusional disorder, somatic type
- C. Body dysmorphic disorder
- D. Social anxiety disorder

38. BDD can be specified with an insight dimension, including absent insight/delusional beliefs. True / False

39. Which behavior is typical of BDD?

- A. Discarding possessions
- B. Checking door locks
- C. Counting to prevent harm
- D. Comparing one's appearance with that of others

40. A patient with BDD is completely convinced the perceived flaw is real and others are lying. This is coded as:

- A. BDD with absent insight/delusional beliefs
- B. Schizophrenia
- C. Delusional disorder
- D. Normal variation

- 41.** BDD most often begins in:
 A. Old age
 B. Adolescence
 C. Infancy
 D. After age 60
- 42.** In BDD the perceived defect is typically obvious and severe to any observer. True / False
- 43.** Which distinguishes BDD from social anxiety disorder when both involve avoiding others?
 A. They are identical
 B. Social anxiety requires hoarding
 C. In BDD the avoidance is driven by a specific perceived appearance defect; in social anxiety it is fear of scrutiny and negative evaluation more broadly
 D. BDD has no distress
- 44.** The BDD specifier for the belief that one's body is too small or insufficiently muscular is _____ dysmorphia.

Hoarding Disorder

- 45.** Hoarding disorder is defined by:
 A. Collecting valuable items in an organized way
 B. Pulling out hair
 C. Preoccupation with appearance
 D. Persistent difficulty discarding possessions regardless of value, with clutter that compromises living spaces
- 46.** The difficulty discarding in hoarding disorder is driven by:
 A. A perceived need to save items and distress at parting with them
 B. A desire to profit
 C. A delusion of poverty
 D. A manic spending spree
- 47.** A hallmark that separates hoarding disorder from normal collecting is:
 A. Organized display and enjoyment
 B. Disorganized clutter that congests and disables living spaces, with distress and impairment
 C. Items of high monetary value
 D. A small, curated set of objects
- 48.** If living areas are uncluttered only because family members cleared them, the hoarding criterion for clutter may still be met. True / False
- 49.** The hoarding specifier noting that the person also acquires items excessively is:
 A. With muscle dysmorphia
 B. Tic-related
 C. With excessive acquisition
 D. With delayed expression
- 50.** Before DSM-5, hoarding was often regarded as a symptom of OCD or obsessive-compulsive personality disorder rather than a separate disorder. True / False
- 51.** A 62-year-old's home is so packed with saved newspapers and containers that rooms cannot be used; she becomes highly distressed at any suggestion to discard, and there is no manic or psychotic illness. Best diagnosis?
 A. Obsessive-compulsive disorder
 B. Normal collecting
 C. Delusional disorder
 D. Hoarding disorder
- 52.** When hoarding occurs specifically to prevent a feared harm tied to intrusive obsessions, the better diagnosis may be:
 A. Obsessive-compulsive disorder
 B. Hoarding disorder
 C. Trichotillomania
 D. Body dysmorphic disorder
- 53.** Insight in hoarding disorder is often poor, and some patients hold near-delusional conviction about the need to save. True / False
- 54.** Hoarding disorder became a stand-alone diagnosis in DSM-_____.

Trichotillomania and Excoriation Disorder

- 55.** Trichotillomania is defined by:
 A. Skin picking
 B. Recurrent pulling out of one's hair, resulting in hair loss

- C. Discarding possessions
- D. Mirror checking
- 56.** Excoriation disorder is defined by:
 - A. Hair-pulling
 - B. Hoarding
 - C. Recurrent skin picking that results in skin lesions
 - D. Contamination fears
- 57.** Both trichotillomania and excoriation disorder require:
 - A. A preceding obsession
 - B. A manic episode
 - C. Delusional beliefs
 - D. Repeated attempts to decrease or stop the behavior, with distress or impairment
- 58.** In trichotillomania the hair-pulling is always done to neutralize an intrusive obsession. True / False
- 59.** Before diagnosing excoriation disorder, the clinician should exclude:
 - A. A dermatological condition or a substance (for example, cocaine) as the cause
 - B. A history of travel
 - C. A family history of collecting
 - D. Left-handedness
- 60.** A 16-year-old repeatedly pulls out her eyebrows and eyelashes, leaving bald patches, has tried many times to stop, and feels ashamed. There is no obsession driving it. Best diagnosis?
 - A. Obsessive-compulsive disorder
 - B. Trichotillomania
 - C. Body dysmorphic disorder
 - D. Excoriation disorder
- 61.** A 24-year-old picks at her skin for hours, producing sores and scars, and cannot stop despite repeated efforts; no dermatologic or drug cause is found. Best diagnosis?
 - A. Trichotillomania
 - B. Obsessive-compulsive disorder
 - C. Excoriation disorder
 - D. Hoarding disorder
- 62.** Excoriation disorder was newly recognized as a distinct diagnosis in DSM-5. True / False
- 63.** Which is the key clinical contrast between the body-focused repetitive behaviors and OCD?
 - A. BFRBs involve obsessions; OCD does not
 - B. OCD never involves rituals
 - C. They are the same
 - D. BFRBs do not require obsessions; the behavior is driven by urges or sensory reinforcement, not performed to neutralize an intrusive thought
- 64.** Trichotillomania was relocated in DSM-5 from which former grouping?
 - A. Impulse-control disorders
 - B. Mood disorders
 - C. Psychotic disorders
 - D. Dissociative disorders
- 65.** Match each disorder (left) to its focus (right).

1. OCD	A. Possessions
2. Body dysmorphic disorder	B. Hair-pulling
3. Hoarding disorder	C. Obsessions and compulsions
4. Trichotillomania	D. Perceived appearance flaw
- 66.** Together, trichotillomania and excoriation disorder are called body-focused _____ behaviors.

Differentials, substance/medical causes, and history

- 67.** A patient develops obsessions or OCD-type compulsions clearly caused by a dopaminergic medication, resolving when it is stopped. Best diagnosis?
 - A. Substance/medication-induced obsessive-compulsive and related disorder
 - B. Obsessive-compulsive disorder
 - C. Hoarding disorder
 - D. Body dysmorphic disorder
- 68.** Obsessive-compulsive-like symptoms arising directly from a medical condition (for example, after a streptococcal infection in a child) are classified as:
 - A. OCD

- B. Obsessive-compulsive and related disorder due to another medical condition
C. Hoarding disorder
D. Excoriation disorder
- 69.** Which is the best single way to separate OCD from OCPD on an exam?
A. Both have obsessions
B. OCPD has hallucinations
C. OCD involves obsessions and/or compulsions, usually unwanted; OCPD is a pervasive, usually ego-syntonic pattern of perfectionism and control
D. OCD is a personality disorder
- 70.** A collector keeps an organized, displayed set of model trains that brings him joy and does not impair his home or life. The correct view is:
A. Hoarding disorder
B. OCD
C. Excoriation disorder
D. Normal collecting, not a disorder
- 71.** A fixed, delusional-level belief within OCD, BDD, or hoarding automatically reclassifies the case as a psychotic disorder. True / False
- 72.** Which change belongs to DSM-5 (2013) rather than the 2022 Text Revision?
A. Creating the Obsessive-Compulsive and Related Disorders chapter and moving OCD out of anxiety
B. Adding suicidal behavior codes
C. Refreshing culture-related text
D. Updating prevalence figures
- 73.** Which disorder centers on possessions rather than on a bodily focus?
A. Trichotillomania
B. Hoarding disorder
C. Excoriation disorder
D. Body dysmorphic disorder
- 74.** Skin picking caused directly by scabies would be diagnosed as excoriation disorder. True / False
- 75.** A 28-year-old checks locks and appliances for three hours nightly, driven by intrusive images of his house burning, which he knows are probably irrational. Best diagnosis and insight level?
A. OCPD
B. OCD, absent insight
C. OCD, good or fair insight
D. Hoarding disorder
- 76.** A patient preoccupied with a perceived facial defect also restricts eating to lose weight, with a distorted body image centered on fatness. Which should be prioritized?
A. Always BDD
B. Always hoarding
C. Always OCD
D. Diagnose the eating disorder for the weight and shape concerns, and assess the independent facial-defect preoccupation separately for body dysmorphic disorder; both may be diagnosed if each meets full criteria
- 77.** Match each diagnosis (left) to its defining feature (right).
- | | |
|-----------------------------|---|
| 1. OCD | A. Difficulty discarding, disabling clutter |
| 2. Hoarding disorder | B. Recurrent skin picking with lesions |
| 3. Excoriation disorder | C. Obsessions, compulsions, or both, that are time-consuming or cause clinically significant distress or impairment |
| 4. Body dysmorphic disorder | D. Preoccupation with a perceived appearance flaw |
- 78.** Which statement about insight across this chapter is most accurate?
A. OCD, BDD, and hoarding each use an insight specifier spanning good/fair, poor, and absent/delusional
B. Insight is never assessed
C. Only OCD uses an insight specifier
D. Insight is always good

Answer Key

- **1: C.** Obsessions/preoccupations and/or repetitive behaviors.
- **2: False.** OCD left the anxiety disorders in DSM-5.
- **3: D.** Hoarding disorder is new in DSM-5.
- **4: B.** BDD came from the somatoform disorders.

- **5: A.** Body-focused repetitive behaviors.
- **6: True.** Good/fair, poor, absent/delusional.
- **7: B.** Brief relief reinforces the behavior.
- **8: obsession.**
- **9: C.** Intrusive, unwanted thoughts causing anxiety.
- **10: D.** Driven repetitive acts in response to obsessions/rules.
- **11: A.** Mental acts are compulsions.
- **12: B.** Not realistically connected, or excessive.
- **13: C.** More than 1 hour/day, or distress/impairment.
- **14: True.** Obsessions are ego-dystonic.
- **15: D.** Contamination/washing is a core dimension.
- **16: A.** Contamination obsession + washing compulsion.
- **17: False.** Compulsions are driven and distressing, not enjoyable.
- **18: B.** Checking is driven by harm/responsibility.
- **19: C.** Symmetry and ordering.
- **20: 1 hour.**
- **21: D.** Intrusive, irrational, resisted, with compulsions.
- **22: 1-C, 2-A, 3-D, 4-B.**
- **23: A.** OCD with absent insight/delusional.
- **24: B.** Current or past tic disorder.
- **25: C.** OCD ego-dystonic; OCPD ego-syntonic style.
- **26: False.** Obsessions are unwanted.
- **27: D.** GAD realistic worries; OCD intrusive obsessions + compulsions.
- **28: A.** Good or fair insight.
- **29: True.** Most have had some insight at some point.
- **30: B.** Belief confined to the obsession, no broader psychosis.
- **31: C.** Childhood to early adulthood, earlier in males.
- **32: syntonetic.**
- **33: D.** Perceived appearance flaws unobservable to others.
- **34: A.** Repetitive behaviors or mental comparing.
- **35: B.** Body too small/insufficiently muscular.
- **36: False.** Body-fat concern in an eating disorder is not BDD.
- **37: C.** Body dysmorphic disorder.
- **38: True.** BDD has an insight specifier.
- **39: D.** Comparing appearance.
- **40: A.** BDD with absent insight/delusional.
- **41: B.** Adolescence.
- **42: False.** The defect is unobservable or slight.
- **43: C.** Specific perceived flaw versus broad fear of evaluation.
- **44: muscle.**
- **45: D.** Difficulty discarding with disabling clutter.
- **46: A.** Perceived need to save; distress at discarding.
- **47: B.** Disorganized, disabling clutter with distress.
- **48: True.** Third-party clearing does not negate it.
- **49: C.** With excessive acquisition.
- **50: True.** Previously seen as an OCD/OCPD feature.
- **51: D.** Hoarding disorder.
- **52: A.** Obsession-driven saving points to OCD.
- **53: True.** Insight is often poor in hoarding.
- **54: 5.**
- **55: B.** Recurrent hair-pulling with hair loss.
- **56: C.** Recurrent skin picking with lesions.
- **57: D.** Repeated attempts to stop, with distress.
- **58: False.** No obsession drives the pulling.
- **59: A.** Exclude dermatologic/substance causes.
- **60: B.** Trichotillomania.
- **61: C.** Excoriation disorder.
- **62: True.** New in DSM-5.
- **63: D.** BFRBs lack obsessions.
- **64: A.** From the impulse-control disorders.
- **65: 1-C, 2-D, 3-A, 4-B.**
- **66: repetitive.**
- **67: A.** Substance/medication-induced.

- **68: B.** Due to another medical condition.
- **69: C.** Ego-dystonic OCD versus ego-syntonic OCPD.
- **70: D.** Normal collecting.
- **71: False.** The absent-insight specifier keeps it in this chapter.
- **72: A.** The chapter's creation was DSM-5.
- **73: B.** Hoarding centers on possessions.
- **74: False.** A dermatologic cause (scabies) excludes it.
- **75: C.** OCD, good or fair insight.
- **76: D.** Eating-disorder body-fat concern is not BDD.
- **77: 1-C, 2-A, 3-B, 4-D.**
- **78: A.** OCD, BDD, and hoarding share the insight specifier.