

# Impulse Control Disorder Test

## Impulse Control Disorder Test

This test is designed to help identify potential symptoms of Impulse Control Disorders (ICDs). Answer each question based on your recent experiences, thoughts, and behaviors. Please note that this test is not a diagnostic tool. Only a qualified healthcare professional can diagnose ICDs.

For each statement, please indicate how often you have experienced these symptoms in the past six months. Use the following scale: 0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Very Often

Name: \_\_\_\_\_ Date: \_\_\_\_\_ dd / mm / yyyy

1. I act on impulses without thinking about the consequences.

- 0  
 1  
 2  
 3  
 4

2. I have difficulty resisting the urge to buy things I don't need.

- 0  
 1  
 2  
 3  
 4

3. I experience sudden outbursts of anger or aggression.

- 0  
 1  
 2  
 3  
 4

4. I engage in risky behaviors more than others do.

- 0  
 1  
 2  
 3  
 4

5. I have trouble waiting for my turn in situations where waiting is required.

- 0  
 1  
 2  
 3  
 4

6. I often interrupt others or intrude on their activities.

- 0  
 1  
 2  
 3  
 4

7. I feel a strong urge to use substances or engage in gambling, even though I know it's harmful.

- 0  
 1  
 2  
 3

8. I have engaged in physical fights or assaults.

- 0
- 1
- 2
- 3
- 4

9. I struggle to control my sexual thoughts and behaviors.

- 0
- 1
- 2
- 3
- 4

10. I have set fires or wanted to set fires without a legitimate reason.

- 0
- 1
- 2
- 3
- 4

11. I have stolen items without needing them for personal use or monetary value.

- 0
- 1
- 2
- 3
- 4

12. I often act on a whim without planning ahead.

- 0
- 1
- 2
- 3
- 4

13. I feel a rush or a sense of relief when acting on certain impulses.

- 0
- 1
- 2
- 3
- 4

14. My impulsive behaviors have caused problems in my relationships or work.

- 0
- 1
- 2
- 3
- 4

15. I find it difficult to control urges or cravings that are harmful to me or others.

- 0
- 1
- 2
- 3
- 4

**Total Score:** \_\_\_\_\_

0-15: Your responses suggest a low likelihood of an Impulse Control Disorder.16-30: Your responses indicate some symptoms of Impulse Control Disorder that may require further assessment.31-45: Your responses suggest a moderate level of Impulse Control Disorder symptoms. Professional consultation is recommended.46-60: Your responses indicate a high likelihood of an Impulse Control Disorder. It is strongly recommended that you seek a professional evaluation.

Next Steps:

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Signature of Professional:

Date: \_\_\_\_\_ dd / mm / yyyy