HUBBARD COMMUNICATIONS OFFICE
1812 19th Street, N. W.
Washington 9, D.C.

Central Orgs.
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HCO BULLETIN OF AUGUST 26, 1960

OCA RELIABILITY TEST

The following test has been sent to us by John Demonte, Director of Processing at the HGC in London, as a means of finding out how reliable an OCA (APA) graph is in any particular case. It could provide a check when it is suspected that a preclear's answers to the OCA/APA questions are unreal or deliberately misleading. A key to the test will be sent separately to each Director of Processing.

QUESTIONS: YES   MAYBE   NO

1. DO YOU OCCASIONALLY MAKE MISTAKES?...

2. DO YOU EVER DOUBT YOUR OWN RELIABILITY?..

3. DO YOU SOMETIMES FEEL THAT THE OTHER PERSON MAY BE
   RIGHT EVEN WHEN YOU DON'T AGREE WITH HIM/HER?...

4. ARE YOU STILL BRAVE EVEN WHEN YOUR COURAGE HAS FAILED YOU?............................

5. DO YOU ALWAYS MANAGE TO KEEP TO THE STANDARD THAT YOU
   SET YOURSELF IN YOUR BEST MOMENTS?..

6. ARE YOU SELF CONTROLED EVEN WHEN YOU HAVE GIVEN WAY
   TO TEMPTATION?...

7. ARE YOU SOMETIMES SELFISH?...

8. IF BEATEN BY AN OPPONENT YOU DISLIKE DO YOU THINK WELL OF HIM?........................

9. WHEN PROVOKED INTO ANGER DO YOU KEEP YOUR TEMPER?.....................................

10. HAVE YOU ANY REAL WEAKNESSES?..

11. DO YOU EVER ASK SOMEONE ELSE TO DO SOMETHING THAT YOU
    CANNOT DO YOURSELF?..

12. EVEN WHEN YOU HAVE FORGOTTEN YOUR PROMISES DO YOU ALWAYS
    MANAGE TO KEEP YOUR WORD?..

13. WHEN SOMETHING HAPPENS WHICH UPSETS YOU DO YOU REMAIN CHEERFUL?......................

14. WOULD IT BE POSSIBLE FOR YOU TO GIVE FALSE ANSWERS TO THE APA
    TEST AND THIS TEST?...

15. ARE YOU UNSOPHISTICATED?..

16. WOULD YOU TRUST ANOTHER IN CIRCUMSTANCES WHERE YOU COULD NOT
    TRUST YOURSELF?...

17. WHEN FACED WITH A FRIGHTENING SITUATION DO YOU REMAIN
    WITHOUT FEAR?...

18. WOULD YOU LIKE TO SHOW UP WELL IN THE APA TEST?.....................................

On the right hand of each question you are given three columns corresponding to YES - MAYBE - NO. Please check whichever is applicable.

NAME..   DATE...............................

ADDRESS.....................................   Intensive.......................hrs

    ....   Duties...........................

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