



OCD CHECKLIST

DIRECTIONS: Identify the following obsessions and compulsions you experience by rating them with the severity level 0–5. If they are no longer a problem but were in the past, please check "P" for past. Underline all concerns that apply in each item (if applicable).

HELPFUL DEFINITIONS:

OBSSESSIONS: An idea or thought that continually preoccupies or intrudes on a person's mind.

COMPULSIONS: An irresistible urge to behave in a certain way, especially against one's conscious wishes.

Mark below obsessions/compulsion accordingly:

0 =none; 1=rarely experience; 2= have experienced a few times; 3=have experienced many times; 4=experience on a daily basis; 5=experience multiple times a day; or check "P" for past

General Obsessions

<u>CURRENT</u>	<u>SEVERITY RATING</u>	<u>PAST</u>	
<input type="checkbox"/>	_____	<input type="checkbox"/>	I worry (with little reason) that my partner/friend is doing something behind my back.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I worry too much about hurting others' feelings or making people mad.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I worry too much about household noises, how things feel, or other sensations.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I worry about losing my wallet or unimportant objects, such as a scrap of notebook paper.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I worry that I won't say things just right or use the "perfect" word.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I worry about always doing "the right thing" or being honest, fair, or on time.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I worry about salvation, having sinful thoughts, blaspheming, or other religious concerns.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I am superstitious that saying or doing certain things can cause bad luck.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I avoid "unlucky" numbers, places or animals.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I worry that some part of my body is hideously ugly despite reassurance to the contrary.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I worry too much that something bad will happen to someone I care about/a family member.

Aggressive or Sexual Obsessions

<u>CURRENT</u>	<u>SEVERITY RATING</u>	<u>PAST</u>	
<input type="checkbox"/>	_____	<input type="checkbox"/>	I fear losing control with sharp objects, while driving, in high places, and in other ways.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I fear I will harm others or hurt babies, or I get violent images in my mind.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I avoid sharp or breakable objects such as knives, scissors or glass.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I worry that I will blurt out or write obscenities or insults, even though I never have.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I worry that I might (accidentally) steal something.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I have unwanted sexual thoughts about strangers, family, friends, children, or others.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I get violent sexual images that I would never act out.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I worry about being a homosexual for no actual reason.



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Thinking and Counting Rituals

<u>CURRENT</u>	<u>SEVERITY RATING</u>	<u>PAST</u>	
<input type="checkbox"/>	_____	<input type="checkbox"/>	I often have to repeat "good" thoughts or words to "erase" bad ones or to feel safe.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I often find myself praying for nonreligious reasons or to have to pray "the right way".
<input type="checkbox"/>	_____	<input type="checkbox"/>	I feel the need to confess to things I never did.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I try to remember events in detail or make mental lists to prevent bad consequences.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I count floor tiles, books, nails in walls, my teeth, or other things to relieve tension.

Checking or Repeating Rituals

<u>CURRENT</u>	<u>SEVERITY RATING</u>	<u>PAST</u>	
<input type="checkbox"/>	_____	<input type="checkbox"/>	I worry that lack of due caution will cause some misfortune, such as a fire or burglary.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I repeatedly check locks, windows, stove, or other things to prevent misfortunes.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I repeatedly search for news about any accidents caused by others or myself.
<input type="checkbox"/>	_____	<input type="checkbox"/>	When driving, I stop to check that I haven't (accidentally) hurt someone.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I repeatedly ask or phone others for reassurance that everything is OK, that I haven't made them mad, that I haven't missed an appointment, or for other concerns.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I repeat activities such as combing my hair or going in and out of doorways.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I make sure I have repeated such activities the "right" number of times.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I repeatedly check for mistakes while doing bookwork or worry about it later.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I repeatedly check my body odor or appearance to make sure I'm acceptable.

Ordering or Cleaning Rituals

<u>CURRENT</u>	<u>SEVERITY RATING</u>	<u>PAST</u>	
<input type="checkbox"/>	_____	<input type="checkbox"/>	I must have certain things around me in a specific order or pattern.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I always want my papers, pens, books, collections, or closets arranged just right.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I spend much time putting things in the right place, and I reposition rugs, pictures, etc.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I notice if things are out of place and get upset if others have rearranged them.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I vacuum my house, dust, change sheets, or wash floors more than once a week.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I spend a lot of time cleaning such things as faucets, counters, utensils, or my collections.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I eat foods in a particular order for non-nutritional reasons.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I follow a set order during baths or grooming and start over if that order is interrupted.

Germs, Dirt, Danger, or Contamination Rituals

<u>CURRENT</u>	<u>SEVERITY RATING</u>	<u>PAST</u>	
<input type="checkbox"/>	_____	<input type="checkbox"/>	I worry about getting diseases from my own saliva, urine, feces, or other things.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I worry about getting contaminated or contaminating others by coming in contact with radon, radioactive materials, toxins, dirt, insects, animals, or other substances.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I avoid shaking hands, public restrooms, doorknobs, raw meat, cleansers, dirt, sticky substances, emptying the garbage, changing kitty litter, or other problem situations.
<input type="checkbox"/>	_____	<input type="checkbox"/>	I wash my hands many times a day or for long periods of time.



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Hoarding Rituals

CURRENT SEVERITY PAST
RATING

- | | | | |
|--------------------------|-------|--------------------------|---|
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | I save old newspapers, notes, cans, paper towels, napkins, wrappers, or other items. |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | I pick up useless objects from the street, garbage cans, garage sales, or other places. |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | I have difficulty throwing things away for fear I may need them some day. |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | Over the years my home has become cluttered with collections (that bother others). |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | I worry excessively about saving money or food, even when I don't need to. |

Health and Illness Rituals

CURRENT SEVERITY PAST
RATING

- | | | | |
|--------------------------|-------|--------------------------|---|
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | I repeatedly take my pulse, blood pressure, or temperature, or check for injuries. |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | I worry that I have (or might get) an illness despite reassurance from doctors that I'm okay. |

Rate the Impact of Obsessions and Rituals on Your Life

1. How much distress do your obsessions/rituals cause you? (0=none; 10=intense): _____

2. How often or how much do your thoughts or rituals interfere with social or work functioning?

_____Never_____Slightly_____Somewhat_____Frequently_____Severely