

## Obsessive-Compulsive Checklist

**Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex: M F**

**Directions:** Please rate the frequency or severity of the following items by placing an “x” in appropriate category

	Yes	No
Do you have unwanted ideas, images or impulses that seem silly, nasty, or horrible?		
Do you worry excessively about dirt, germs or chemicals?		
Are you constantly worried that something bad will happen because you forgot something important—like locking the door or turning off appliances?		
Are you afraid you will act or speak aggressively when you really don't want to?		
Are you always afraid you will lose something of importance?		
Are there things you feel you must do excessively or thoughts you must think repeatedly, in order to feel comfortable?		
Do you wash yourself, take baths or showers or clean things around you excessively?		
Do you have to check things over and over again or repeat things many times to be sure they are done properly?		
Do you avoid situations or people you worry about hurting by aggressive words or deeds?		
Do you keep many useless things because you feel that you can't safely throw them away?		
Do you constantly re-organize things to make them neat and orderly?		
Are you or have you been told that you are a perfectionist?		
Do you have rather rigid routines or rituals for doing things a certain way or in a certain order?		
Did you come from a family with rather demanding parents or parents who had extremely high expectations for you?		

Reviewed By: \_\_\_\_\_ (clinician)

Date: \_\_\_\_\_