Obsessive-Compulsive Assessment

Name: _____

Date:

The following list of symptoms will help us determine your level of OCD Please indicate the frequency of each listed symptom.

Symptom	Never	Seldom	Sometimes	Often	Always
avoid touching certain things because of					
contamination.					
I have difficulty picking up things I have dropped					
on the floor.					
I keep my home extremely clean.					
I wash my hands excessively.					
I take very long baths or showers.					
I check some things over and over.					
I count things.					
I repeat actions so much that I don't complete hings.					
I repeat actions to prevent something bad from nappening					
worry that I have or will harm someone.					
worry about mistakes – even small ones.					
"order" and "arrange" things.					
I make sure things are in their right places.					
I notice when things have changed.					
get upset when certain things are rearranged.					
I have difficulty discarding unneeded items.					
I bring home useless things.					
My home is cluttered					
I don't like people to touch my things.					
Jnpleasant thoughts come into my mind against my will.					
have doubts about even everyday and ordinary hings.					
have no control of my thoughts.					
Shameful, frightening, or violent things just "pop"					
nto my mind.					
I'm afraid that my bad thoughts will come true.					
I can't stop my worry.					
worry about things that other people would think					

If you are a "counter", what and when do you count? ______

If you are an "arranger - orderer", what do you arrange or order? ______

If you are a "washer", what do you wash excessively?______

If you are a "doubter", what are the doubts that interrupt your life? ______

This questionnaire is designed to help you and your therapist better understand your experiences. It is not designed for diagnosis. For a correct diagnosis, you must seek professional help from a licensed mental health professional. *Developed by Deborah Christensen Ph.D., M.S.C.P. (2010)*