Code \# $\qquad$
Name: $\qquad$
Date: $\qquad$

## Parent checklist for Obsessive-Compulsive Disorder (OCD)

Please circle the appropriate number for each question.

|  | Does get in way |  |  |  |  | in <br> way <br> ch of |  | Gets in the way a lot of the tim |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1. My child engages in senseless behaviors. | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 |
| 2. My child seems to get "stuck" on certain words. | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 |
| 3. My child checks things over and over. | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 |
| 4. My child hates dirt and dirty things. | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 |
| 5. My child will not touch something that someone else has handled. | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 |
| 6. My child needs to have things clean and neat. | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 |
| 7. My child frequently washes hands and/or makes trips to bathroom. | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 |
| 8. My child puts books and personal items away in a certain order or until they are "just right." | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 |
| 9. My child gets angry if other people mess up his or her desk or things. | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 |
| 10. My child spends a lot of time checking homework to make sure it is just right. | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 |
| 11. My child repeats certain things over and over. | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 |
| 12. My child counts things over and over. | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 |
| 13. My child has trouble finishing schoolwork. | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 |
| 14. My child has a favorite number that he or she uses to do things that number of times. | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 |

Please circle the appropriate number for each question.

|  | Does get in way |  | Gets the w some |  | Gets in the way much of the time |  |  | Gets in the way a lot of the time |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 15. My child worries about doing "bad" things. | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 |
| 16. My child worries a lot about doing things "just right." | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 |
| 17. My child has trouble making up his or her mind. | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 |
| 18. My child repeats certain behaviors. Describe: $\qquad$ | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 |
| 19. My child seems to move or talk in a special way. | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 |
| 20. My child says special numbers or words over and over. | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 |
| 21. Other: | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 |
| 22. Other: | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 |
| 23. Other: | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 |
| 24. Other: | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 |

Please list medications taken this week:
Name of medication Dosage How many times per day?

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[^0]:    * modified from the Leyton Obsessional Inventory (revised 1/17/01)

