|         |  | Code # |
|---------|--|--------|
| Name: _ |  |        |
|         |  |        |

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

## Please circle the appropriate number for each question.

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

|   | Does not<br>get in the<br>way of life |   | Gets in<br>the way<br>some time |   | Gets in<br>the way<br>much of t<br>time | he | Gets in<br>the way<br>a lot of<br>the time |
|---|---------------------------------------|---|---------------------------------|---|---|----|--|
| 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 not get in the way of life |   | Gets in<br>the way<br>some time |   | Gets in<br>the way<br>much of the<br>time |   | Gets in<br>the way<br>a lot of<br>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:          | 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?

<sup>\*</sup> modified from the Leyton Obsessional Inventory (revised 1/17/01)