

Obsessive Compulsive Survey

Patient Name: _____ Date Completed: _____
 Therapist Name: _____ Date Received: _____

Mood and Behaviors Over the Past 2 Weeks		Not at All	A Little	Moderately	A Lot	Extremely	Comments
1	1 can't keep myself from thinking about unpleasant things	1	2	3	4	5	
2	1 am obsessive when it comes to washing and cleanliness	1	2	3	4	5	
3	I ask people to repeat their statements several times, even when 1 understand them the first time	1	2	3	4	5	
4	1 think that if I touch other's bodily fluids (sweat, blood, etc.) mv clothes or skin will become contaminated	1	2	3	4	5	
5	1 am afraid to use public toilets, sinks or transportation because 1 think I will be contaminated	1		3	4	5	
6	1 rethink and review every interaction, conversation, statement and gesture 1 made to make sure 1 didn't do or say something wrong	1	0	3	4	5	
7	1 hoard items that I don't need and have trouble giving things away	1	2	3	4	5	
8	1 have hoarded so many things that it impedes movement or space in my home or office	1	2	J	4	5	
9	1 check doors, windows, locks, devices and drawers repeatedly	1	*>	3	4	5	
10	1 check stoves, switches, taps, lights, fans and outlets repeatedly	1	2		4	5	