

If you suspect OCD as a possible diagnosis, fill out this form and bring it with you to our next session. You may either check the boxes on line and then print the form, or print the form and fill it out by hand.

- Yes No Do you have unwanted ideas, images, or impulses that seem silly, nasty, or horrible?
- Yes No Do you worry excessively about dirt, germs, or chemicals?
- Yes No Are you constantly worried that something bad will happen because you forgot something important, like locking the door or turning off appliances?
- Yes No Shortness of breath
- Yes No Are you afraid you will act or speak aggressively when you really don't want to?
- Yes No Are you always afraid you will lose something of importance:
- Yes No Are there things you feel you must do excessively or thoughts you must think repeatedly in order to feel comfortable?
- Yes No Do you wash yourself or things around you excessively?
- Yes No Do you have to check things over and over again or repeat them many times to be sure they are done properly?
- Yes No Do you avoid situations or people you worry about hurting by aggressive words or deeds?
- Yes No Do you keep many useless things because you feel that you can't throw them away?