

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?