

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	I can't keep myself from thinking about unpleasant things	1	2	3	4	5	
2	I 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 I understand them the first time	1	2	3	4	5	
4	I think that if I touch other's bodily fluids (sweat, blood, etc.) my clothes or skin will become contaminated	1	2	3	4	5	
5	I am afraid to use public toilets, sinks or transportation because I think I will be contaminated	1	2	3	4	5	
6	I rethink and review every interaction, conversation, statement and gesture I made to make sure I didn't do or say something wrong	1	2	3	4	5	
7	I hoard items that I don't need and have trouble giving things away	1	2	3	4	5	
8	I have hoarded so many things that it impedes movement or space in my home or office	1	2	3	4	5	
9	I check doors, windows, locks, devices and drawers repeatedly	1	2	3	4	5	
10	I check stoves, switches, taps, lights, fans and outlets repeatedly	1	2	3	4	5	