

Code # _____

Name: _____

Date: _____

Parent checklist for Obsessive-Compulsive Disorder (OCD)

Please circle the appropriate number for each question.

	Does not get in the way of life	1	2	3	4	5	6	7	Gets in the way some time	Gets in the way much of the time	Gets in the way a lot of 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	1	2	3	4	5	6	7
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?

* modified from the Leyton Obsessional Inventory
(revised 1/17/01)