

OCD Symptoms in Adults Checklist

Patient name:		Date:			
Instructions					
Please read each statement carefully and check the box that best describes how often you experience each symptom. Be honest and accurate in your responses.					
Obsessive thoughts	Never	Rarely	Sometimes	Often	Always
I have unwanted, intrusive thoughts that are repetitive and disturbing.					
I worry excessively about things being clean, orderly, or perfect.					
I have persistent thoughts of harm or danger happening to myself or others.					
I have unwanted sexual thoughts or impulses.					
I experience superstitious thoughts or beliefs.					
Compulsive behaviors	Never	Rarely	Sometimes	Often	Always
I wash my hands excessively or clean things more than necessary.					
I need things to be arranged in a specific order or symmetry.					
I repeat actions or behaviors, such as checking locks or light switches, multiple times.					
I hoard items and have difficulty discarding them.					
I engage in mental rituals or compulsions to relieve anxiety.					
Additional symptoms	Never	Rarely	Sometimes	Often	Always
I spend a significant amount of time (more than an hour per day) engaged in obsessions and compulsions.					
My obsessions and compulsions cause me significant distress or interfere with my daily life.					
I avoid situations or activities that trigger my obsessions or compulsions.					
I feel shame or guilt about my obsessions and compulsions.					
I have difficulty concentrating or completing tasks due to my obsessions and compulsions.					