

# OCD Symptoms in Adults Checklist

<b>Patient name:</b>		<b>Date:</b>			
<b>Instructions</b>					
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.					
<b>Obsessive thoughts</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
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.					
<b>Compulsive behaviors</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
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.					
<b>Additional symptoms</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
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.					