

Child OCD Inventory

Name: _____ Date: _____

Please answer the following 20 questions as best you can, on the basis of the way you usually are, or the way you usually feel. Answer yes or no. If you answer yes, circle the appropriate number indicating the degree of your problem:
 0 – NO. I do not do this or feel this way
 1 – YES. This stops me a little or wastes a little of my time.
 2 – YES. This stops me from doing other things or wastes some of my time
 3 – YES. This stops me from doing a lot of things and wastes a lot of my time

1. Do you have a special number that you like to count to?	0	1	2	3
2. Do you feel bad because you think you've done something wrong?	0	1	2	3
3. Do you feel you have to do things that you don't really have to?	0	1	2	3
4. Do thoughts or words keep going over and over in your mind?	0	1	2	3
5. Do you ever worry that your parents or brothers or sisters might have an accident or die?	0	1	2	3
6. Do you have bad thoughts that you just can't get rid of?	0	1	2	3
7. Are you careful to keep your room or desk very neat?	0	1	2	3
8. Do you think about hurting yourself or hurting people in your family?	0	1	2	3
9. Do you have to check things over and over?	0	1	2	3
10. Do you hate dirt or dirty things?	0	1	2	3
11. Do you dislike being touched by anyone?	0	1	2	3
12. Do you hate it if someone eats off your plate?	0	1	2	3
13. Does it worry you if sharp things are left lying around?	0	1	2	3
14. Do you collect things that you don't really need?	0	1	2	3
15. Are you careful to have neat papers or neat handwriting?	0	1	2	3
16. Do you wash your hands a lot or take showers a lot?	0	1	2	3
17. Do you have to arrange things or put them away in a certain way?	0	1	2	3
18. Do you keep a lot of things in your room that you don't really need?	0	1	2	3
19. Do you have special games, or things you do, to avoid bad luck?	0	1	2	3
20. Do you do school work over and over just to make sure it is perfect?	0	1	2	3

MEAN ITEM SCORE		TOTAL SCORE	
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