

# Child's Compulsions Checklist

## General Information (optional)

Doctor/Therapist: \_\_\_\_\_

Parent: \_\_\_\_\_ Patient/Child: \_\_\_\_\_

E-mail: \_\_\_\_\_

**CY-BOCS Obsessions Checklist.** Check all symptoms that apply. (Items marked with an \* may not be OCD.)

Current	Past	Washing/Cleaning Compulsions
		Excessive or ritualized handwashing
		Excessive or ritualized showering, bathing, toothbrushing, grooming, toilet routine
		Excessive concern with environmental contaminants (e.g., asbestos, radiation, toxic waste)
		Excessive cleaning of items (such as personal clothes or important objects)
		Other measures to prevent or remove contact with contaminants
		Other (Describe)
Current	Past	Checking Compulsions
		Checking locks, toys, school book/items, etc.
		Checking associated with getting washed, dressed, or undressed
		Checking that did not/will not harm others
		Checking that did not/will not harm self
		Checking that nothing terrible did/will happen
		Checking that did not make a mistake
		Checking tied to somatic obsessions
		Other (Describe)
Current	Past	Repeating Rituals
		Rereading, erasing, or rewriting
		Need to repeat routine activities (e.g. in/ut of doorway, up/down from chair)
		Other (Describe)
Current	Past	Counting Compulsions
		Objects, certain numbers, words, etc.
		Other (Describe)
Current	Past	Ordering/Arranging
		Need for symmetry/evening up (e.g. lining items up a certain way of arranging personal items in specific patterns)
		Other (Describe)

Current	Past	Hoarding/Saving Compulsions
		Distinguish from hobbies and concern with objects of monetary or sentimental value.
		Difficulty throwing things away, saving bits of paper, string , etc.
		Other (Describe)
Current	Past	Excessive Games/Superstitious Behaviors
		Distinguish from age appropriate magical games (e.g. , array of behavior, such as stepping over certain spots on a floor, touching an object/self certain number of times as a routine game to avoid something bad from happening. )
		Other (Describe)
Current	Past	Rituals Involving Other Persons
		The need to involve another person (usually a parent) in ritual (e.g., asking parent to repeatedly answer the same question, making mother perform meal time rituals with specific utensils.)
		Other (Describe)
Current	Past	Miscellaneous Compulsions
		Mental rituals (other than checking/counting)
		The need to tell, ask, or confess
		Measures (not checking ) to prevent harm to self, harm to others or terrible consequences.
		Ritualized eating behaviors
		Excessive list making
		Need to touch, tap, rub
		Need to do things (e.g., touch or arrange) until it <u>feels</u> just right
		Rituals involving blinking or staring
		Trichotillomania ( hair pulling)
		Other self-damaging or self-mutilating behaviors
		Other( Describe)

### Target symptom list for Obsessions

Please list the four most severe obsessions, in order of severity (with # 1 being the most severe, etc.)

1.
2.
3.
4.

Source: Children's Yale-Brown Obsessive Compulsive Scale, W.K. Goodman et al, second revision, 5/1/91