Obsessive-Compulsive Symptoms and Life Impact Checklist

A clinical conversation guide for adults and helping professionals

Purpose: This checklist helps organize a conversation about intrusive thoughts, compulsive responses, avoidance, and effects on daily life. It is not a validated diagnostic instrument and does not establish an obsessive-compulsive disorder diagnosis.

Instructions

Complete the checklist based on the past month. Rate what actually occurs, including mental rituals and reassurance seeking that may not be visible to others.

0	1	2	3	4
Never	Rarely	Sometimes	Often	Almost always

#	Statement	0	1	2	3	4
1	Unwanted thoughts, images, impulses, or doubts repeatedly enter my mind and are difficult to dismiss.	○	○	○	○	○
2	These experiences involve themes such as contamination, harm, responsibility, morality, religion, sexuality, relationships, illness, order, or uncertainty.	○	○	○	○	○
3	I worry that having a thought may reveal something dangerous about me or increase the chance that it will happen.	○	○	○	○	○
4	I repeatedly check, wash, clean, arrange, count, repeat, review, confess, pray, compare, or perform another ritual.	○	○	○	○	○
5	I carry out mental rituals, replace thoughts, analyze memories, or seek certainty in my mind.	○	○	○	○	○
6	I ask other people for reassurance or repeatedly search for information to reduce doubt.	○	○	○	○	○
7	I avoid people, objects, places, information, decisions, or responsibilities that trigger intrusive thoughts or urges.	○	○	○	○	○
8	I follow rigid rules or require things to feel complete, exact, safe, morally right, or 'just right.'	○	○	○	○	○
9	Relief after a ritual, reassurance, or avoidance is temporary, and the doubt or distress returns.	○	○	○	○	○
10	I recognize that some fears or responses may be excessive, yet resisting them feels difficult.	○	○	○	○	○
11	Obsessions or compulsions consume substantial time or make ordinary tasks take much longer than expected.	○	○	○	○	○
12	These patterns interfere with work, education, sleep, health, relationships, finances, worship, parenting, or recreation.	○	○	○	○	○
13	Family members or others accommodate rituals, provide reassurance, change routines, or assume responsibilities because of these symptoms.	○	○	○	○	○
14	Attempts to prevent harm or achieve certainty have made my life smaller or increased the problem over time.	○	○	○	○	○
15	Symptoms involve self-harm, harm to others, inability to meet basic needs, dangerous rituals, or severe despair.	○	○	○	○	○
16	I am willing to discuss one specific pattern or next step with a clinician experienced in obsessive-compulsive symptoms.	○	○	○	○	○

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Clinical Review

Use the responses to locate patterns, functional effects, and the next clinically appropriate conversation.

1. Review by domain

Domain	Items	Clinical focus
Obsessions and compulsions	Items 1-6	Look for intrusive experiences, feared meanings, visible or mental rituals, and reassurance seeking used to reduce distress or uncertainty.
Avoidance and life impact	Items 7-14	Look for avoidance, rigid rules, temporary relief, impaired control, time consumption, functional interference, family accommodation, and a progressively smaller life.
Safety and next steps	Items 15-16	Assess actual danger and self-harm risk directly, distinguish intrusive thoughts from intent, and identify readiness for specialized evaluation.

2. Interpretation

This checklist intentionally has no diagnostic cutoff. A total score can obscure the most important information. Review which individual items were marked Often or Almost always, the amount of time consumed, the distress or impairment involved, and the cycle linking triggers, intrusive experiences, rituals, reassurance, avoidance, and short-term relief. Do not infer intent from the content of an unwanted intrusive thought.

> Clinical caution: Intrusive harm thoughts can occur without desire or intent, but safety must never be assumed. Assess intent, planning, control, psychosis, severe self-neglect, dangerous rituals, and suicidal thinking directly. Urgent or uncertain risk requires immediate professional or emergency evaluation.

3. Discussion prompts

- Which intrusive experience or ritual causes the greatest disruption?
- What feared outcome or uncertainty is the response trying to prevent?
- What relief follows the ritual, reassurance, or avoidance, and how long does it last?
- How are other people drawn into the cycle?
- What activities or choices have become restricted?
- What is one pattern to bring to a clinician experienced in OCD assessment and treatment?

4. Notes and next step

Primary concern:

Trigger-response-relief pattern:

Immediate safety consideration:

Agreed next step:

Follow-up date:

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