

OCD in Children Symptoms Checklist

Child's full name:

Reporter's full name:

Reporter's relationship with the child:

Date or dates of observation:

Instructions:

Since you suspect that the child you're reporting potentially has Obsessive-Compulsive Disorder, we'd like you to use this checklist and observe them for signs and symptoms commonly associated with the disorder. Trust your gut.

Once you've observed them enough, please return this list to us (fully accomplished!) so we can discuss things further and see if the child needs further examination.

Here are the common symptoms of OCD in children:

- The child is afraid of germs and dirt
- The child refuses to be touched out of fear of getting germs and dirt on them
- They tend to wash their hands a lot
- They often have repeated doubts, so they constantly check things repeatedly
- They are obsessed with symmetry and go out of their way to make things symmetrical
- They have a standard of perfection, often unreasonable and sometimes unrealistic, so they keep repeating specific tasks until they feel perfect to them
- They often ask for reassurance from others
- They often ask the same questions over and over, even if they've been answered
- They pay too much attention to detail
- They often express the need to know something even if they don't have to
- They often remember things like minute details or irrelevant information, or facts glossed over by most people
- They wash their hands a lot
- They have repeated thoughts of harming other people
- They have repeated thoughts of self-harm
- They have repeated thoughts of doing offensive sexual acts
- They have repeated thoughts of doing things considered forbidden

- They are bothered too much by thoughts that run counter to their beliefs and values
- They excessively worry about something bad happening, in general, to them, or to others
- They have established rules of order for themselves, and they follow them to a T daily
- They like to arrange things in a certain order
- They like hoarding things, especially if they fall under their interests
- They like parroting themselves or others

ADDITIONAL OBSERVATIONS

Please indicate other observations not listed above.

Healthcare provider's full name: _____

Signature of healthcare provider: _____

Date of reporter submission: _____