

How are things?

Date: / / **20**

Time: h m

Please put a circle around the word that shows how often each of these things happen to your child. There are no right or wrong answers.

		0	1	2	3
1	My child is bothered by bad or silly thoughts or pictures in his/her mind	Never	Sometimes	Often	Always
2	My child has to keep checking that he/she has done things right (like the switch is off, or the door is locked)	Never	Sometimes	Often	Always
3	My child can't seem to get bad or silly thoughts out of his/her head	Never	Sometimes	Often	Always
4	My child has to think of special thoughts (like numbers or words) to stop bad things from happening	Never	Sometimes	Often	Always
5	My child has to do some things over and over again (like washing hands, cleaning, or putting things in a certain order)	Never	Sometimes	Often	Always
6	My child has to do some things in just the right way to stop bad things from happening	Never	Sometimes	Often	Always

Relationship to child/ young person (tick below):

Mother

Father

Other (please specify):

.....

NHS ID:

.....

Service allocated
case ID

.....

SUM:

