CLIENT RATINGS

Name.................................................. Date........... initial/ rebaseline/ mid/ end/ follow up 1 2 3

1: DESCRIPTION
Brief description of the most troublesome mental thought, image or impulse, and the most troublesome physical ritual (at the start of therapy):

THOUGHT ......................................................................................................................

THOUGHT/ RITUAL .................................................................

2: SPECIFIC RATINGS
Please rate the above thought, the above ritual, and your obsessional problems as a whole, on each of the following scales, according to how they have been IN THE PAST WEEK.

(a) Discomfort experienced:

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absent</td>
<td>Slight</td>
<td>Moderate</td>
<td>Marked</td>
<td>Extreme</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thought...........
Ritual...........
All Obsessional Problems ...........

(b) Interference caused in your life:

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Slight</td>
<td>Moderate</td>
<td>Marked</td>
<td>Extreme</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thought...........
Ritual...........
All Obsessional Problems ...........

(c) Please estimate how long each day you are troubled by the obsessional problems as a whole:

......hrs ......mins

3: GENERAL ANXIETY RATINGS

a) How distressing are your anxiety problems as a whole at present?

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not distressing</td>
<td>Mildly distressing</td>
<td>Moderately distressing</td>
<td>Severely distressing</td>
<td>Very severely distressing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b) How much do your anxiety problems as a whole interfere with your life at present? (eg, in terms of daily routine, job, social activities, family life)

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>No interference</td>
<td>Mild interference</td>
<td>Moderate interference</td>
<td>Severe interference</td>
<td>Very severe interference</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4: GENERAL OCD RATINGS

Please use the following scales to rate how far the obsessional problems have impaired other areas of your life IN THE PAST WEEK, taking all your obsessional problems into account:

(a) Because of the problems, my ability to WORK is impaired (Note: Please rate this even if you are not currently working; we want to know about your ability to work):

Not at all  Slightly  Moderately  Markedly  Very severely; cannot work

(b) Because of the problems, HOME MANAGEMENT (cleaning, tidying, shopping, cooking, looking after home or children, paying bills etc.) is impaired:

Not at all  Slightly  Moderately  Markedly  Very severely, I cannot do it

(c) Because of the problems, my SOCIAL LEISURE ACTIVITIES (with other people, e.g. parties, pubs, clubs, outings, visits, dating, home entertainment etc.) are impaired:

Not at all  Slightly  Moderately  Markedly  Very severely, I cannot do it

(d) Because of the problems, my PRIVATE LEISURE ACTIVITIES (done alone, e.g. reading, gardening, collecting, sewing, walking alone etc.) are impaired:

Not at all  Slightly  Moderately  Markedly  Very severely, I cannot do it

(e) Because of the problems, my GENERAL RELATIONSHIP WITH MY PARTNER (e.g. number of arguments, affectionate feelings, enjoying activities together etc.) is impaired:

Not at all  Slightly  Moderately  Markedly  Very severely, I cannot enjoy it at all

(f) Because of the problems, my SEXUAL RELATIONSHIP (enjoyment of sex, frequency of sexual activity etc.) is impaired:

Not at all  Slightly  Moderately  Markedly  Very severely, I cannot enjoy it at all