

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:

0 1 2 3 4 5 6 7 8
Absent Slight Moderate Marked Extreme

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

(b) Interference caused in your life:

0 1 2 3 4 5 6 7 8
Not at all Slight Moderate Marked Extreme

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

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

.....hrsmins

3: GENERAL ANXIETY RATINGS

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

0	1	2	3	4	5	6	7	8
Not distressing		Mildly distressing		Moderately distressing		Severely distressing		Very severely distressing

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)

0	1	2	3	4	5	6	7	8
No interference		Mild interference		Moderate interference		Severe interference		Very severe interference

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):
0 1 2 3 4 5 6 7 8
- Not at all Slightly Moderately Markedly Very severely, I cannot work
- (b) Because of the problems, HOME MANAGEMENT (cleaning, tidying, shopping, cooking, looking after home or children, paying bills etc.) is impaired:
0 1 2 3 4 5 6 7 8
- 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:
0 1 2 3 4 5 6 7 8
- 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:
0 1 2 3 4 5 6 7 8
- 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:
0 1 2 3 4 5 6 7 8
- 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:
0 1 2 3 4 5 6 7 8
- Not at all Slightly Moderately Markedly Very severely, I cannot enjoy it at all