



**Please circle the appropriate number for each question.**

	Does not get in the way of life	2	3	4	5	6	7
		Gets in the way some time		Gets in the way much of the time		Gets in the way a lot of the time	
15. My child worries about doing “bad” things.	1	2	3	4	5	6	7
16. My child worries a lot about doing things “just right.”	1	2	3	4	5	6	7
17. My child has trouble making up his or her mind.	1	2	3	4	5	6	7
18. My child repeats certain behaviors. Describe: _____	1	2	3	4	5	6	7
19. My child seems to move or talk in a special way.	1	2	3	4	5	6	7
20. My child says special numbers or words over and over.	1	2	3	4	5	6	7
21. Other: _____	1	2	3	4	5	6	7
22. Other: _____	1	2	3	4	5	6	7
23. Other: _____	1	2	3	4	5	6	7
24. Other: _____	1	2	3	4	5	6	7

**Please list medications taken this week:**

**Name of medication      Dosage      How many times per day?**

\* modified from the Leyton Obsessional Inventory  
(revised 1/17/01)