

## Impact of OCD Rating Form

How much does your loved one's OCD lead to the following?

Type of problem	Not at all	A little	Somewhat	A lot	Extremely
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*Relational problems*

Arguments with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arguments with spouse/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arguments among siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced attention to others at home due to focus on OCD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced positive experiences with your loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Problems with work or school*

Lateness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems performing at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment or job loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Problems with social or leisure time*

Avoidance of certain places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced interactions with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(continued)*

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**Impact of OCD Rating Form** *(continued)*

Type of problem    Not at all    A little    Somewhat    A lot    Extremely

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*Problems with social or leisure time (continued)*

Time wasted on OCD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disruption of activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble planning activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced interest in social activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Problems around the house*

Chores don't get done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routines are disrupted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There's lots of wasted time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Problems with personal self-care*

Personal hygiene is neglected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You feel tired/fatigued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## Identifying Accommodation Worksheet

1. Providing help with rituals:
2. Giving reassurance:
3. Helping with avoidance:
4. Assisting with minor tasks and decisions:
5. Taking on responsibilities:
6. Allowing or helping with unacceptable or extreme behavior:

## Daily Accommodation Log

Day and date: \_\_\_\_\_

Time period	Accommodation behavior	Situation
<p><i>Morning</i></p> <ul style="list-style-type: none"> <li>• Getting up</li> <li>• Getting dressed</li> <li>• Breakfast</li> <li>• Going to school/ work</li> <li>• Chores</li> </ul>		
<p><i>Afternoon</i></p> <ul style="list-style-type: none"> <li>• During school/work</li> <li>• At home</li> <li>• Lunch</li> <li>• Homework</li> <li>• Extracurricular activities</li> <li>• Social activities</li> </ul>		
<p><i>Evening</i></p> <ul style="list-style-type: none"> <li>• Dinner</li> <li>• Social activities</li> <li>• Family/couple time</li> <li>• Chores</li> </ul>		

*(continued)*

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Daily Accommodation Log (continued)

Time period	Accommodation behavior	Situation
<p><i>Bedtime/Overnight</i></p> <ul style="list-style-type: none"><li>• Washing up/ showering</li><li>• Going to bed</li><li>• Sleeping</li><li>• Sex/intimacy</li></ul>		
<p><i>Weekend</i></p> <ul style="list-style-type: none"><li>• Errands</li><li>• Religious services</li><li>• Social activities</li><li>• Around the house</li><li>• Family/couple activities</li></ul>		
<p><i>Other</i></p> <ul style="list-style-type: none"><li>• Travel/vacation</li><li>• Holidays</li></ul>		

## Healthy Boundaries I Want to Establish

Time:

Personal space:

Activities:

Behavioral:

Emotional:



