

OCD Inventory

Do you experience the following:	Not At All	A Bit	A Lot	Personal Notes
Excessive redecorating/rearranging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bed is a contamination safe space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Decontaminating Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ritualized showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Need for Perfect Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clothing decision paralysis (i.e. multiple clothing changes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Focus on Symmetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Repeating until "Just Right"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive Disgust with a smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive Disgust with a sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overworking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
People pleasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fear of being suicidal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fear of being a bad person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive Body Modification (tattoos, piercings, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Significant emotional dysregulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rumination that interrupts sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Over-tanning or overly careful with the sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compulsions around body image/body shape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Obsession/Compulsion	Not At All	A Bit	A Lot	Personal Notes
Checking people's location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overuse of filters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rechecking photos, analyzing your face and body OR avoiding images of self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Checking snap scores/best friends list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintaining snap streaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Possession purging or hoarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overpacking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Derealization (i.e. feeling like this isn't real life)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fearing the world is unsafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Obsession with climate change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive concern with injustice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive worry/attention wasting water or other resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compulsive checking of natural disasters: fires, hurricanes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Counting likes (<i>on your posts or others</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Liking everyone's posts OR overthinking whether to like a post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Making sure you didn't like something offensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Avoiding posting based on fear of perception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rereading your posts or comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arranging digital objects in order (apps, computer, desktop)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Obsession/Compulsion	Not At All	A Bit	A Lot	Personal Notes
Deleting addictive apps and then redownloading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compulsive scrolling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overwatching/repetitive watching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Researching symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Asking questions, answering questions compulsively (i.e. Reddit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reassurance seeking (needing to know for sure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overuse of internet/phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compulsive video gaming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rereading text messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Checking read receipts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doom Scrolling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Digital Hoarding (open tabs, saved notes, downloaded music, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Obsession with fairness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive concern with whether you are attracted to your partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive concern if your partner is the one, if you are in the right relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive concern with safety of partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Relationship perfectionism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fear of being left by partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fear of the "ick" in the relationship (disgust)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Partner FOMO (fear of missing out)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fear of being alone/unpartnered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Obsession/Compulsion	Not At All	A Bit	A Lot	Personal Notes
Asking "Are you mad at me?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Asking "Do you still love me?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compulsive validation seeking in partnerships or dating apps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Going above and beyond for your partner (showering with gifts, excessive flattery, over-accommodating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comparing current partner to past or parent's relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Over-communicating/communication avoidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overanalyzing/rumination about the relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clear browser/search history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clear caches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clearing notification bubbles (red bubbles) or other digital "clean-up"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Obsessive thoughts about your sexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Obsessive thoughts about your gender presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive concern with becoming pregnant/getting your partner pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intrusive sexual images	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intrusive thoughts of bestiality, pedophilia, or other sexual taboos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Groinal response when encountering OCD trigger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contamination fears around semen or other sexual fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fear of "moral contamination" by someone else's preference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compulsive STD checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Obsession/Compulsion	Not At All	A Bit	A Lot	Personal Notes
Compulsive sexual behavior (i.e. excessive masturbation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anxiety-induced avoidance of sexual behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compulsions around fertility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive use of Plan B or pregnancy tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall belief that you are right and everyone else is wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Controlling others (making people play by your rules)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Being overly critical of others and/or self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overachieving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive competitiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Meticulousness/over-attention to detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Judging other's moral choices, beliefs, and behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unrealistic expectations for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive concern with health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fear of eating certain foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disgust with certain textures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fear of allergic reaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Difficulty eating without overthinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compulsions around "clean" eating or "safe" foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating patterns related to body image or body/face dysmorphia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Binge Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Obsession/Compulsion	Not At All	A Bit	A Lot	Personal Notes
Purging Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food restriction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fear around eating the "wrong" thing and causing health concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Other Compulsions:

Phobia:	Not At All	A Bit	A Lot	Personal Notes
Flying/airplanes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Being Alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Snakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biking/Ebikes/Scooters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Phobia:	Not At All	A Bit	A Lot	Personal Notes
Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Natural Disasters (i.e. storms, fires, earthquakes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Guns/Knives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Active Shooter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Being Stalked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual/Physical Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water/Drowning/Deep Ocean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Needles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unhoused people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crowds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Human Differences (i.e. disabilities, racial differences)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fear of anxiety symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bodily fluids (i.e. blood, urine, saliva, semen, fecal matter, vomit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Other Phobias:

Body Focused Repetitive Behavior:

Behavior:	Not At All	A Bit	A Lot	Personal Notes
Extracting Acne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biting/Peeling Nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pulling Hair (body or head)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nose picking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compulsive Rubbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cuticle Picking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scab Picking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cutting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cracking Bones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating the removed hair/mucus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive wiping after bowel movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ear picking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lip picking/chewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cheek chewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Do these behaviors affect your ability to work, play or love?



KAIROS

WELLNESS COLLECTIVE