# OBSESSIONS: Checklist for age 2 to 4

Child's name: _____Person completing form:_____

Relationship to child: _____ Date(s) behaviour monitored/observed:_____

Please mark an "X" beside any symptoms previously noted and circle symptoms presently observed.

Note: Obsessions/thoughts are usually implied if compulsions are present.

- ☐ Being afraid of losing things ex. needing certain toys to take to preschool
- ☐ Being concerned about dirt/germs/illness ex. being upset if clothes or hands get dirty
- ☐ Being concerned with colors of special significance ex. only wanting plates or cups of a certain color; or only wanting to play with toys of a certain color
- ☐ Being concerned with symmetry, exactness or needing to have all of something in order ex. dinosaur toy or car; ex. .needing eve number of everything;
- ☐ Focusing on a movie, TV show, computer/video game, music, sounds
- ☐ Focusing on moral issues (is something 'right' or 'wrong', fairness) ex. policing the playground
- ☐ Ruminating on one idea, action, feeling ex. repeatedly needing to ask the same question over and over again.

# COMPULSIONS: Checklist for ages 2 to 4

Child's name: _____Person completing form:_____

Relationship to child: _____ Date(s) behaviour monitored/observed:_____

Please mark an "X' beside any symptoms previously noted and circle symptoms presently observed.

(Common compulsions may include washing, cleaning, checking, repeating, touching and counting rituals.)

- ☐ Adjusting/re-adjusting clothing to feel 'just right' (i.e. Socks, sleeves)
- ☐ Asking the same question(s) repeatedly
- ☐ Checking/re-checking (doors, locks, windows, lights, stoves)
- ☐ Changing clothes multiple times per day
- ☐ 'Evening-up" action (i.e. Socks, touching with one hand and then the other)
- ☐ Excessively hand washing, bathing, cleaning ex. insisting on vacuuming a soon as something on floor, insisting on wiping table constantly
- ☐ Excessively ordering/arranging objects
- ☐ Needing to finish verbalizations, if interrupted
- ☐ Needing to start over, if interrupted
- ☐ Needing to say/do what they've been told NOT to say/do
- ☐ Not being able to change to new task/activity
- ☐ Perseverating on a task
- ☐ Picking skin/sores/scabs
- ☐ Repeating actions ex. turning lights on and off, making sure doors are closed.
- ☐ Repeating movie/tv phrases
- ☐ Seeking constant reassurance

# TIC Monitoring sheet: MOTOR

Child's name: _____Person completing form:_____

Relationship to child: _____ Date(s) behaviour monitored/observed:_____

Motor Symptoms (most common are eye-blinking, head jerking, shoulder shrugging)

Please mark an "X" beside any symptoms previously noted and circle symptoms presently observed.

- ☐ Abdominal jerking Jumping
- ☐ Ankle flexing/moving Kicking
- ☐ Arm flailing/flapping Kissing — hand/others
- ☐ Arm flexing/jerking Knee, deep bending
- ☐ Blowing on hands/fingers Knee knocking
- ☐ Body jerking/tensing/posturing Knuckle cracking
- ☐ Chewing clothes/paper/hair Leg bouncing
- ☐ Clapping Leg jerking
- ☐ Eye blinking Lip licking/smacking
- ☐ Eye rolling/squinting Lip pouting
- ☐ Muscle flexing/ Un-flexing
- ☐ Muscle tensing/ Un-tensing
- ☐ Nose twitching
- ☐ Eye twitching
- ☐ Facial contortions
- ☐ Facial grimacing
- ☐ Finger tapping Picking at lint
- ☐ Finger moving Pinching
- ☐ Foot dragging Pulling clothes
- ☐ Foot shaking/tapping Scratching
- ☐ Hair - tossing/twisting Shivering
- ☐ Hair - pulling out Shoulder shrugging/rolling
- ☐ Hand -clenching/unclenching Skipping
- ☐ Head jerking/rolling Smelling fingers/objects
- ☐ Hitting - others/self Spitting
- ☐ Hopping Squatting
- ☐ Inhaling/exhaling: Stepping backwards
- ☐ Jaw / mouth moving Stomping
- ☐ Stooping
- ☐ Joint cracking
- ☐ Table banging
- ☐ Tapping objects
- ☐ Tearing books/paper
- ☐ Teeth clenching/unclenching
- ☐ Throwing things
- ☐ Toe walking
- ☐ Tongue thrusting
- ☐ Twirling in circles
- ☐ Twirling objects
- ☐ Other behaviours?

# TIC Monitoring sheet: VOCAL

Child's name: _____Person completing form:_____

Relationship to child: _____ Date(s) behaviour monitored/observed:_____

Vocal Symptoms (most common are sniffing and throat clearing)

Please mark an "X" beside any symptoms previously noted and circle symptoms presently observed.

- ☐ Barking/Shrieking
- ☐ Belching/Sniffing
- ☐ Blowing noises/Snorting
- ☐ Calling out/Squealing
- ☐ Clicking/clacking Syllables: "hmmm", "oh', "wow', "uh'
- ☐ Coughing/"yeah"
- ☐ Gasping/Talking in character voices
- ☐ Grunting/Throat clearing
- ☐ Gurgling/Uttering ex. obscene words
- ☐ Hiccupping/Unusual speech patterns
- ☐ Hissing words peculiarly/stammering
- ☐ Honking/stuttering
- ☐ Humming Using unusual vocal rhythms ('sing
- ☐ Laughing in a song pattern
- ☐ Making animal noises
- ☐ Making "tsk", "pft' noises
- ☐ Making guttural sounds
- ☐ Making motor/jet noises
- ☐ Making unintelligible noises
- ☐ Moaning
- ☐ Noisy breathing
- ☐ Repeating own words
- ☐ Repeating others' words
- ☐ Saying "hey hey', "ha ha"
- ☐ Screaming
- ☐ Screeching
- ☐ Whistling
- ☐ Yelping
- ☐ Shouting
- ☐ Other behaviours?