

## HOW OCD AFFECTS OUR FAMILY

*To be completed by the parents*

**My Name:**

**Date:**

**Directions:** Each parent fills out this form separately.

What I think of my child:	How OCD affects what I think of my child:
Our day-to-day family life is:	How OCD affects our family life:
How my child gets along with siblings:	How OCD affects how my child gets along with siblings:
How I get along with my spouse/partner:	How OCD affects our relationship:
My parenting skills are usually:	How OCD affects my parenting skills:
How I usually feel:	How OCD makes me feel: