

Form 1.1.  
**Identifying Your Themes and Obsessions**

Section 1: Symptom Dimensions	
<input type="checkbox"/> Disturbing Thoughts	<input type="checkbox"/> Health
<input type="checkbox"/> Negligence and Mistakes	<input type="checkbox"/> Metaphysical/Existential
<input type="checkbox"/> Contamination	<input type="checkbox"/> Relationship
<input type="checkbox"/> Symmetry, Order and Arrangement	<input type="checkbox"/> Transformation
<input type="checkbox"/> Sensorimotor	<input type="checkbox"/> Gender and Sexual Orientation
<input type="checkbox"/> OCD About OCD	<input type="checkbox"/> Hoarding
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Section 2: Obsessions	
Theme 1	Theme 2
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.

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