

## MOTIVATIONAL RATING SCALE FOR OCD TREATMENT

Please enter a number from 1-10 for each of scales below.

1. How **IMPORTANT** is getting treatment to better manage your OCD?

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**1** **5** **10**  
*Not Important* *Somewhat Important* *Very Important*

2. How **WILLING** are you to deal with distress related to your OCD?

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**1** **5** **10**  
*Not willing* *Somewhat willing* *Very willing*

3. How **COURAGEOUS** are you about dealing with fears and risks related to your OCD?

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**1** **5** **10**  
*Not courageous* *Somewhat courageous* *Very courageous*

4. How **COMMITTED** are you to do what it takes to effectively treat your OCD?

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**1** **5** **10**  
*Not committed* *Somewhat committed* *Very committed*

5. How **READY** are you to start the treatment process today?

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**1** **5** **10**  
*Not ready* *Somewhat ready* *Very ready*