Obsessive Compulsive Disorder (OCD) Self-Assessment

Applicant Details
Full Name:
Date of Birth:
Contact Number:
Email Address:
Date:

Disclaimer: This questionnaire is intended for self-assessment purposes only and is not a substitute for professional diagnosis or treatment. If you believe you may have OCD or any other mental health condition, please consult a licensed mental health professional.

For each statement, please indicate how often you have experienced the described feeling or behavior in the past month:

1 = Not at all
2 = Rarely
3 = Sometimes
4 = Often
5 = Very often

Obsessions (Unwanted and intrusive thoughts)

Statement	Answer
1. I have repetitive and unwanted thoughts that cause me distress.	
2. I worry excessively about contamination. Check any that apply: ☐ Germs ☐ Dirt ☐ Chemicals ☐ Other: ________________	

3. I have fears of harming: ☐ Myself ☐ Others Even if I don’t want to.	
4. I am bothered by thoughts of things not being: ☐ Symmetrical ☐ In perfect order	
5. I experience unwanted: ☐ Sexual thoughts ☐ Religious thoughts That cause me distress	

Compulsions (Repetitive behaviors or mental acts)

Statement	Answer
1. I feel compelled to: ☐ Wash my hands ☐ Clean things Excessively.	
2. I check things repeatedly to prevent potential harm or danger. Check any that apply: ☐ Doors ☐ Stove ☐ Locks ☐ Other: ________________	
3. I repeat certain actions to reduce anxiety. Check any that apply: ☐ Touching ☐ Counting	

☐ Other: ________________	
4. I mentally: ☐ Pray ☐ Count ☐ Repeat words To prevent bad things from happening.	
5. I arrange things until they feel "just right."	

Impact on Daily Life

Statement	Answer
1. My daily routine is disrupted by these thoughts or behaviors.	
2. I avoid certain places, people, or activities because of my obsessions or compulsions.	

Additional Notes/Comments

Once you've completed this questionnaire, please review your answers and consider discussing them with a mental health professional to gain a better understanding of your experiences.

Remember, this is a self-assessment tool and not a diagnostic instrument. Only a licensed psychologist or psychiatrist can provide a definitive diagnosis of OCD or any other mental health condition.