**Obsessive Compulsive Disorder (OCD) Self-Assessment Tool**

**Introduction**

Welcome to the Obsessive-Compulsive Disorder (OCD) Self-Assessment Worksheet—a comprehensive tool inspired by the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) that has been meticulously designed to help you identify, understand, and reflect on the patterns of obsessive thoughts and compulsive behaviors you might be experiencing. OCD is a condition that often presents itself through recurrent, intrusive thoughts—known as obsessions—that can generate considerable anxiety and distress. In response to these overwhelming internal experiences, many individuals develop repetitive behaviors or mental rituals, termed compulsions, which are performed in an attempt to alleviate their anxiety. This worksheet is crafted to guide you through a thoughtful exploration of both these elements and to help you discern the extent to which they influence your everyday life.

As you progress through this self-assessment, you will have the opportunity to evaluate the presence, frequency, and emotional impact of your symptoms. The tool prompts you to consider not just how often these thoughts and behaviors occur, but also the intensity of the distress they cause. This dual approach is designed to give you a clearer picture of the toll OCD might be taking on your emotional and psychological well-being. By systematically examining each aspect of your experiences—ranging from the specific triggers that set off obsessive thoughts to the various coping strategies you might have attempted—you are taking a proactive step toward understanding the complex interplay between your internal experiences and your external behavior.

It is important to note that while this worksheet provides a structured method for self-reflection, it is not a substitute for a professional diagnosis. Instead, it serves as an initial guide to help you identify areas where you might benefit from further support or targeted interventions. Your honest and detailed responses will not only help illuminate the severity of your symptoms but may also serve as valuable information if you choose to discuss your experiences with a mental health professional in the future. By capturing both the quantitative aspects (such as frequency) and the qualitative dimensions (such as emotional intensity and personal triggers) of your symptoms, this tool aims to offer a nuanced view of your mental health landscape.

Engaging with this self-assessment is an act of self-care and empowerment. It opens the door to a deeper understanding of your personal challenges and strengths, enabling you to better manage your symptoms through informed self-reflection and targeted strategies. Whether you use this worksheet as a standalone resource or as part of a broader conversation with a healthcare provider, every insight you gain is a step toward reclaiming a sense of control over your mental well-being. Remember, the journey toward managing OCD begins with awareness, and your willingness to explore these experiences is a courageous and commendable first step.

**Instructions**

Reflect on your experiences over the past month. For each statement below, please indicate the extent to which you have experienced the described symptom or behavior using the following scale:

* **0** – Not at all
* **1** – Rarely
* **2** – Sometimes
* **3** – Often
* **4** – Almost always

After each question, use the provided space to record any triggers you have noticed or strategies you have attempted to manage these symptoms. There are no right or wrong answers—this worksheet is for your personal exploration and understanding.

**Questions and Reflections**

1. **I experience recurrent, intrusive thoughts or images that I find distressing.**
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* What specific thoughts or images occur? Note any patterns or triggers you have observed.
2. **I feel compelled to perform certain repetitive behaviors or mental acts in response to these thoughts.**
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Describe the behaviors or rituals you engage in. How do they help (or not help) to reduce your distress?
3. **The frequency of my obsessive thoughts significantly interferes with my daily activities.**
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Provide examples of how these thoughts disrupt your work, relationships, or other daily functions.
4. **I experience significant distress or anxiety as a result of my obsessive thoughts.**
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Reflect on the emotional impact of these thoughts. Which situations intensify this distress?
5. **I find that my compulsive behaviors consume a substantial amount of time each day.**
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Estimate the amount of time spent on these behaviors. How does this affect your overall schedule and responsibilities?
6. **I have attempted strategies (such as relaxation techniques, thought-stopping, or seeking support) to manage my OCD symptoms.**
☐ 0 – Not at all  ☐ 1 – Rarely  ☐ 2 – Sometimes  ☐ 3 – Often  ☐ 4 – Consistently
*Reflection:* List any strategies you have tried. Which, if any, have helped reduce your symptoms or the distress they cause?
7. **I avoid certain situations or places because they trigger my obsessive thoughts or compulsive behaviors.**
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Identify specific triggers that lead you to avoid particular environments or activities. How does this avoidance impact your life?
8. **I find it difficult to control or stop my obsessive thoughts, even when I try.**
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Reflect on any attempts to interrupt or redirect these thoughts. What challenges do you face in trying to gain control?
9. **My compulsive behaviors or rituals have led to negative consequences (e.g., conflicts with others, reduced productivity, or emotional distress).**
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* Provide examples of how these behaviors have affected you or your relationships. What impact do they have on your overall well-being?
10. **I feel a strong sense of relief immediately after completing a compulsive behavior, even if only temporarily.**
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
*Reflection:* How does this relief influence your desire to repeat the behavior? Does it make it harder to break the cycle over time?

**Scoring Your Assessment**

Add your scores for each question to obtain your total OCD symptom score. A higher total may indicate that obsessive thoughts and compulsive behaviors are significantly affecting your daily life and emotional well-being. Reflect on which questions you scored the highest on, as these areas might be key targets for further exploration or professional support.

**Reflection:**
Review your total score along with the notes you have recorded. What patterns emerge regarding your obsessive thoughts and compulsive behaviors? Which triggers or strategies seem most central to your experience? These insights can guide your next steps in managing your symptoms.

**Next Steps and Further Resources**

Your journey to understanding and managing OCD symptoms is an important part of maintaining mental and emotional well-being. In addition to this self-assessment, we invite you to explore the breadth of resources available on our website to support your recovery. Some highly recommended resources include:

* **Coping Skills Toolbox:** Discover practical strategies to interrupt obsessive thought patterns and manage compulsive behaviors.
* **General Emotion Worksheets:** Explore how your emotional responses interact with your OCD symptoms and learn ways to build emotional balance.
* **Building Emotional Resilience:** Strengthen your capacity to manage distress and bounce back from challenging moments.
* **Releasing Emotional Baggage:** Learn techniques to let go of persistent negative patterns that may fuel obsessive thoughts.
* **Emotional Regulation Workbook:** Gain tools to regulate the intense emotions that often accompany OCD symptoms.

Beyond these specific tools, our website offers an extensive collection of self-assessments, guided practices, educational videos, and curated reading lists spanning mental, emotional, and spiritual health. Whether you are looking to better understand your symptoms, develop new coping strategies, or find a supportive community, you will find comprehensive resources designed to empower you on your journey.

**Disclaimer:**
This worksheet is intended for self-assessment and informational purposes only. It is not a substitute for professional evaluation, diagnosis, or treatment. If you are experiencing significant distress or if your symptoms interfere with your daily functioning, please consider seeking help from a qualified mental health professional.

Take your time with these reflections, and remember that every step you take toward understanding your experiences is a step toward greater self-awareness and healing. Your journey is important, and you deserve the support necessary to thrive.