

OCD Checklist

Could This Be OCD?

This checklist is designed to help you notice patterns that can occur in obsessive-compulsive disorder. It cannot diagnose OCD, and ticking an item does not automatically mean you have the condition. It can, however, help you organise what you have been experiencing and decide whether speaking with a suitably qualified professional would be useful.

OCD is more than being tidy, organised or particular. It commonly involves unwanted obsessions — thoughts, images, urges, sensations or doubts — and compulsions used to reduce distress, obtain certainty, neutralise a fear or prevent something bad from happening.

Some compulsions are visible. Others happen entirely in the mind, which can make OCD harder to recognise.

How to use this checklist

Read each section and tick anything that feels familiar. Focus on patterns that are repetitive, distressing, time-consuming, difficult to resist or interfering with everyday life. You do not need to fit every example.

This is a recognition tool, not a score. There is no cut-off number that diagnoses OCD.

1. Intrusive thoughts, images, urges or doubts

- I experience unwanted thoughts or images that keep returning.
- The content feels upsetting, frightening, shameful or inconsistent with how I see myself.
- I feel driven to work out what the thought means.
- I worry that having the thought says something important about me.

2. Anxiety, uncertainty and responsibility

- I feel I need to be completely certain before I can move on.
- I worry I could be responsible if something bad happens.
- I repeatedly ask myself “what if?” even after finding an answer.
- Small uncertainty can feel unusually difficult to tolerate.

3. Checking and repeating

- I repeatedly check locks, appliances, messages, work, my body, memories or other things.
- I repeat actions until they feel safe, complete or 'right'.
- One check rarely feels enough.
- I return to something even though I remember checking it.

4. Cleaning, contamination or avoidance

- I wash, clean or avoid things because of fears about contamination, harm or feeling unclean.
- My rules go beyond ordinary hygiene or safety.
- I avoid people, places, objects or activities because they trigger distress.
- I need others to follow particular rules so I can feel safe.

5. Mental rituals

- I replay events or conversations in my mind.
- I mentally check whether I remember something correctly.
- I count, repeat words, pray, neutralise thoughts or replace a 'bad' thought with a 'good' one.
- I test my feelings, reactions, memories or intentions to gain certainty.

6. Reassurance seeking

- I repeatedly ask other people whether something is safe, okay or my fault.
- I search online for reassurance about the same fear.
- Reassurance helps briefly but the doubt returns.
- I feel tempted to ask the same question in a slightly different way.

7. Symmetry, order and 'just right' experiences

- Things may need to feel even, balanced, complete or exactly right.
- I repeat, arrange, touch or redo something because it feels unfinished or wrong.
- I experience strong discomfort when I cannot correct it.
- The urge is difficult to ignore even when I know it is taking too much time.

8. Confessing, reviewing and seeking certainty

- I feel driven to confess thoughts, mistakes or details to feel certain I am a good person.
- I repeatedly review whether I may have harmed, offended or misled someone.
- I analyse past events trying to achieve a perfect memory.
- I find it hard to accept that some questions cannot be answered with complete certainty.

Impact on Everyday Life

OCD is considered not only by the type of thought or ritual, but by the distress and impact it creates.

9. Time and interference

- My thoughts or rituals take up significant time.
- I am late, lose sleep or struggle to finish tasks because of them.
- Work, education, relationships, parenting, hobbies or self-care are affected.
- I avoid opportunities because OCD might be triggered.
- Other people have become involved in helping me complete rituals or provide reassurance.

10. Distress and feeling trapped

- I feel exhausted by the amount of thinking, checking or ritualising.
- I feel ashamed or frightened to tell anyone what goes through my mind.
- I know some behaviours are excessive but still feel unable to stop.
- I spend considerable energy trying to prevent intrusive thoughts.
- The cycle feels as though it is getting bigger or controlling more of my life.

My reflection

What I notice	My notes
Patterns that feel most familiar	
Rituals or compulsions I use	
Things I avoid	
How much time this takes	
Areas of life affected	
What I would like help with	

Could It Be OCD?

There is no single OCD theme. Symptoms can centre on contamination, harm, responsibility, morality, relationships, sexuality, religion, health, identity, mistakes, symmetry, memories, bodily sensations or many other subjects. The theme can also change over time.

The pattern matters more than the topic

A clinician will usually be interested in whether thoughts are intrusive and repetitive, whether they create significant distress or uncertainty, whether you feel driven to perform compulsions, and how much the cycle interferes with daily life.

Intrusive thoughts are not intentions

People can experience intrusive thoughts that feel disturbing precisely because they conflict with their values. An unwanted thought is not the same thing as wanting something to happen or intending to act on it. If you are unsure about the nature of your thoughts or risk, discuss them openly with an appropriate professional rather than relying on internet reassurance.

What an assessment can explore

An assessment can look at the nature of obsessions and compulsions, how much time they take, avoidance, reassurance seeking, mental rituals, the impact on everyday life, and whether another difficulty could better explain some symptoms. It also gives you an opportunity to describe symptoms you may have felt embarrassed to mention.

Treatment

OCD is treatable. CBT incorporating Exposure and Response Prevention (ERP) is an established psychological treatment for OCD. Treatment is individualised and should distinguish genuine everyday safety from compulsive attempts to obtain impossible certainty.

If you recognise yourself in this checklist, you do not need to diagnose yourself before asking for help. You can simply say: *"I am experiencing intrusive thoughts and repetitive behaviours or mental rituals, and I wonder whether OCD could be part of what is happening."*

Preparing to Ask for Support

You may find it helpful to take a few notes to an appointment.

What I want to explain

The intrusive thoughts, doubts, images or urges I experience:

The things I do physically or mentally to reduce the distress:

Things I avoid:

How much time this can take:

How it affects my everyday life:

What I am worried about telling someone:

A Message From Me

If you have recognised patterns here, try not to turn the checklist into another test you have to pass. You do not need every box ticked, and you do not need to keep checking the list until you feel certain.

The purpose is simply to help you put words around what has been happening. OCD can be difficult to talk about, particularly when intrusive thoughts feel frightening or embarrassing. Appropriate professionals who understand OCD know that intrusive thoughts and compulsions can take many forms.

Awareness can be the beginning of getting the right support.

Space to Breathe Therapy

This checklist is for psychoeducation and self-reflection only. It does not diagnose OCD or replace an individual clinical assessment.