

Assessment of Service User's Mental Health - Anxiety O.C.D.

Service User: _____

Date of Birth: _____

A: SERVICE USER ASSESSMENT

#	Indicator	✓	X	Implications for Service User Care Plan
1	Finds it difficult to concentrate or relax	<input type="checkbox"/>	<input type="checkbox"/>	
2	Feels irritable / tearful / fearful	<input type="checkbox"/>	<input type="checkbox"/>	
3	Has trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>	
4	Prone to episodes of depression	<input type="checkbox"/>	<input type="checkbox"/>	
5	Finds it difficult to enjoy leisure time	<input type="checkbox"/>	<input type="checkbox"/>	
6	Drinks alcohol / uses drugs to cope with feelings	<input type="checkbox"/>	<input type="checkbox"/>	
7	Prone to panic attacks (episodes of extreme anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	
8	Prone to phobias (irrational fear of normal things)	<input type="checkbox"/>	<input type="checkbox"/>	
9	Exhibits O.C.D. (compelled to repeat an activity)	<input type="checkbox"/>	<input type="checkbox"/>	

B: COMMENTS & SIGNATURES

Signature of Assessor: _____

Date of Assessment: _____