

# My Feelings, Behaviors, and Thoughts OCD Worksheet

Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist's : \_\_\_\_\_

## Instructions:

This worksheet is designed to help you, as a healthcare practitioner, better understand your client's experiences with Obsessive-Compulsive Disorder (OCD). Encourage your client to reflect on their feelings, behaviors, and thoughts related to OCD. This information will assist in tailoring their treatment plan effectively.

## Feelings:

Please describe the emotions and feelings you experience in relation to your OCD. Rate the intensity of each feeling on a scale of 1 (mild) to 10 (severe).

Intensity	Emotions/Feelings
	Anxiety:
	Fear:
	Frustration:
	Shame:
	Guilt:
	Sadness:
	Relief (after performing compulsions):
	Other (specify):

## Behaviors:

List the specific compulsive behaviors you engage in to alleviate their OCD-related distress. Describe the rituals, routines, or actions you perform regularly.

- **Compulsive Behavior #1:**

- **Compulsive Behavior #2:**

- **Compulsive Behavior #3:**

- **Compulsive Behavior #4:**

- **Compulsive Behavior #5:**

**Thoughts:**

Identify and describe the obsessive thoughts or mental images that occupy your mind. Provide examples of common obsessions you experience.

- **Obsession #1:**

- **Obsession #2:**

- **Obsession #3:**

- **Obsession #4:**

- **Obsession #5:**

**Additional Notes:**

Is there anything else you want to share regarding your OCD symptoms or experiences? Any triggers or situations that exacerbate your symptoms?