## **CBT For OCD Worksheet (Response Log)**

Name	Date
Use this Response Log CBT for OCD Worksheet to track and monitor your progress in implementing response prevention techniques.	
1. Obsessive Thought/Trigger:	
Obsessive Thought/Trigger Description: Describe the specific obsessive thoughting trigger that occurred.	ht or
Compulsive Behavior/Response: Identify the compulsive behavior or response typically engage in as a result of the obsessive thought or trigger.	that you
Intensity/Urge Rating (0-10 scale): Rate the intensity or urge you felt to engage compulsive behavior or response, with 0 being no urge at all and 10 being the strourge imaginable.	
Outcome of Compulsive Behavior/Response: Describe what typically happens engage in the compulsive behavior or response. Does it provide temporary relief, anxiety, or have any other effects?	
<b>Response Prevention Strategy:</b> Identify the response prevention strategy you we resist the compulsive behavior or response. This may involve delaying the behavior modifying the behavior, or finding an alternative response.	

Anticipated Anxiety/Discomfort Level (0-10 scale): Estimate the level of anxiety or discomfort you expect to experience when resisting the compulsive behavior or response, with 0 being none at all and 10 being extremely high.
Actual Anxiety/Discomfort Level (0-10 scale): After resisting the compulsive behavior or response, rate the level of anxiety or discomfort you experienced, with 0 being none at all and 10 being extremely high.
<b>Duration of Anxiety/Discomfort:</b> Note how long the anxiety or discomfort lasted after resisting the compulsive behavior or response.
<b>Coping Strategies:</b> Describe any coping strategies or techniques you used to manage the anxiety or discomfort experienced during response prevention.
Overall Observations/Comments: Write down any additional observations or comments about the experience of implementing response prevention techniques.
Additional notes

2. Obsessive Thought/Trigger:
Obsessive Thought/Trigger Description: Describe the specific obsessive thought or trigger that occurred.
Compulsive Behavior/Response: Identify the compulsive behavior or response that you typically engage in as a result of the obsessive thought or trigger.
Intensity/Urge Rating (0-10 scale): Rate the intensity or urge you felt to engage in the compulsive behavior or response, with 0 being no urge at all and 10 being the strongest urge imaginable.
Outcome of Compulsive Behavior/Response: Describe what typically happens when you engage in the compulsive behavior or response. Does it provide temporary relief, increase anxiety, or have any other effects?
Response Prevention Strategy: Identify the response prevention strategy you will use to resist the compulsive behavior or response. This may involve delaying the behavior, modifying the behavior, or finding an alternative response.
Anticipated Anxiety/Discomfort Level (0-10 scale): Estimate the level of anxiety or discomfort you expect to experience when resisting the compulsive behavior or response, with 0 being none at all and 10 being extremely high.

3. Obsessive Thought/Trigger:
Obsessive Thought/Trigger Description: Describe the specific obsessive thought or trigger that occurred.
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Response Prevention Strategy: Identify the response prevention strategy you will use to resist the compulsive behavior or response. This may involve delaying the behavior, modifying the behavior, or finding an alternative response.
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Actual Anxiety/Discomfort Level (0-10 scale): After resisting the compulsive behavior or response, rate the level of anxiety or discomfort you experienced, with 0 being none at all and 10 being extremely high.
<b>Duration of Anxiety/Discomfort:</b> Note how long the anxiety or discomfort lasted after resisting the compulsive behavior or response.
<b>Coping Strategies:</b> Describe any coping strategies or techniques you used to manage the anxiety or discomfort experienced during response prevention.
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