## **Impact of My OCD Worksheet**

Name	Date
Take some time to reflect on how OCD affects various aspects of your life. Be honest and specific about the impact it has on your daily activities, thoughts, emotions, relationships, and overall well-being. Use the following prompts to guide your reflections.	
List some of your most common obsessions (intrusive, distressing thoughts or images).	
How do these obsessions make you feel (e.g., anxious, fearful, guilty)?	
List some of your most common compulsions (repetitive behaviors or mental acts performed in response to obsessions).	
How often do you engage in these compulsions? How much time do you spend on these compulsions each day?	
How does OCD affect your daily routine (e.g., getting ready in the school, running errands, etc.)?	ne morning, going to work or
Are there specific activities that are particularly challenging due to your OCD?	
How does OCD impact your ability to concentrate and focus on tasks?	

Do obsessions frequently intrude on your thoughts, making it difficult to think about anything else?
Describe the emotions you experience as a result of your OCD (e.g., anxiety, frustration, sadness, guilt).
How does OCD affect your overall mood and emotional well-being?
How has OCD influenced your relationships with family, friends, or significant others?
Are there situations where OCD has caused conflicts or strained relationships?
Have you had to postpone or give up on certain goals or aspirations because of OCD?
How satisfied are you with your life overall, considering the impact of OCD?
Additional notes