

My Obsessions and Compulsions OCD Worksheet

Name: _____ Date: _____

List the thoughts, images, or urges that frequently intrude upon your mind. Be specific.

On a scale of 0 to 10, with 0 being not intense and 10 being extremely intense, rate the intensity of each obsession.

Identify situations or circumstances that tend to trigger your obsessions.

List the behaviors or mental acts you perform in response to your obsessions. Be specific.

On a scale of 0 to 10, with 0 being not urgent and 10 being extremely urgent, rate the urgency you feel to perform each compulsion.

Are there situations or places you avoid to prevent experiencing your obsessions or compulsions?

Describe how your obsessions and compulsions affect your daily life, relationships, work, and overall well-being.

On a scale of 0 to 10, rate the level of distress or anxiety you experience due to your obsessions and compulsions.

List some small, achievable steps you can take to reduce the impact of your OCD on your daily life.

Additional notes