OCD Worksheet

Name	Date

Obsessive Thoughts & Distress Level

List the obsessive thoughts that occurred today, and rate the level of distress each thought caused on a scale of 1-10:

Obsessive Thoughts	Distress Level
1.	
2.	
3.	
4.	
5.	

Challenge Thoughts

Write down evidence for and against each obsessive thought

1.
2.
3.
4.
5.

Identify and challenge unhelpful or irrational beliefs related to obsessive thoughts:

1.
2.
3.
4.
5.

Name	Date
Replace obsessive thoughts with a more balanced and rational thoughts:	
1.	
2.	
3.	
4.	
5.	

ERP Practice	
List the feared situations or objects that were exposed to today, and record thoughts and feelings during and after each exposure	
Situations or Objects	**Thoughts and Feelings**
1.	
2.	
3.	
4.	
5.	

Coping Skills	
List the coping skills used today, and evaluate the effectiveness of each coping skill:	
Coping Skills	**Effectiveness Evaluation**
1.	
2.	
3.	
4.	
5.	

Name	Date

Self-Esteem and Self-Worth

Write down any negative self-talk that occurred today

Replace negative self-talk with positive affirmations and self-encouragement

Describe how you can engage in activities that bring joy and fulfillment to your life:

Additional Notes