

Recording Your Obsessive-Compulsive Patterns OCD Worksheet

Name:

Guidelines for Recording:

- **Day/Time:** Note the day and time you experience the obsessive thought or engage in compulsive behavior.
- **Obsessional Thought and/or Compulsive Behaviour:** Describe the obsessive thought you had or the compulsive behavior you engaged in.
- **Highest Level of Anxiety (1 - 10):** On a scale of 1-10, rate the highest level of anxiety you felt during the obsessive thought or compulsive behavior.

Day/Time	Obsessional Thought and/or Compulsive Behaviour	Highest Level of Anxiety (1 - 10)

By consistently filling out this chart, you can:

- Recognize patterns in your obsessive thoughts and compulsive behaviors.
- Identify triggers or specific times when your symptoms are worse.
- Discuss your findings with your healthcare provider to optimize treatment plans.

Remember, this tool should be used with guidance from a qualified mental health professional for diagnosis and treatment of OCD.

Source: MANAGING OBSESSIVE-COMPULSIVE DISORDER Dr. Simon Enright. Department of Clinical Psychology Berkshire Healthcare NHS Trust.