



OCD log -

Client initials: _____

Use this form each time that you experience an obsessive concern and act out a compulsive behavior. Rate your peak level of anxiety over the experience. In rating your anxiety, grade your distress between 0 to 10 (0 = no anxiety || 5 = moderate anxiety || 10 = extreme anxiety).

Date	Trigger <small>(situation, objects, people)</small>	Obsessive thinking	Anxiety <small>(0 - 10)</small>	Compulsive behavior
<i>Mar 16</i>	<i>Used a co-worker's pen to sign an invoice</i>	<i>The pen is covered in germs? What if I contract some horrible disease? My immune system is so weak.</i>	<i>7</i>	<i>Washed my hands in scolding water, then used sanitizer, while reciting "I am safe" 3 times.</i>



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