

Understand the loop.

An education and therapy-conversation sheet, not an exposure plan.

A pattern worth discussing

An unwanted thought or doubt may lead to distress, followed by a behavior or mental act meant to obtain relief or certainty. Relief can be temporary, and the urge to repeat the response may return.

Compulsions may include visible checking or less visible patterns, such as mental reviewing or repeatedly seeking reassurance. A qualified clinician can help assess what is happening.

One brief example is enough

Use broad descriptions. You do not need to record intrusive thought details, review every event, or prove what a thought means. Stop if completing the sheet becomes a ritual.

A situation or doubt I want help with:

What I feel driven to do in response:

How the pattern affects my time or functioning:

What I want to be able to do more freely:

Treatment context

Exposure and response prevention (ERP) is an established OCD treatment. A trained clinician initially helps design and guide that work. This worksheet does not prescribe exposures or replace that care.

Bring questions, not proof.

Prepare for a conversation with an OCD-informed clinician.

Questions you can bring

1. Could these patterns be compulsions, including mental rituals?
2. What is your training and experience treating OCD with ERP?
3. How would we build a treatment plan for my circumstances?
4. How can loved ones support me without repeatedly supplying certainty?
5. How can we tell if a worksheet or coping tool is becoming a ritual?

The questions I most want to ask:

A daily activity I want treatment to help me reclaim:

A support person I might involve, if I choose:

Keep this tool flexible

Complete it briefly, then bring it to your appointment. It is not a daily tracking requirement, a guarantee of safety, or a way to neutralize a thought. General anxiety tools may need adaptation for OCD.

Reference: International OCD Foundation, Exposure and Response Prevention (ERP). iocdf.org/about-ocd/treatment/erp/