

OCD Obsessions & Compulsions Thought Record

Notice thoughts. Understand patterns. Choose a different response.

OCD can create intrusive thoughts, images, sensations, doubts or urges that feel important, threatening or in need of an immediate answer. Compulsions may then be used to reduce distress, prevent a feared outcome or obtain certainty.

This thought record is different from a traditional worksheet that tries to prove a frightening thought wrong. With OCD, repeatedly analysing whether an obsession is true can itself become a compulsion. The aim here is to recognise the OCD process, notice what you feel driven to do and create more choice about your response.

Obsessions

Obsessions are unwanted and recurring thoughts, images, urges, sensations or doubts that cause distress or uncertainty. Their content varies widely. Having an intrusive thought does not by itself tell you what you want, who you are, or what you will do.

Compulsions

Compulsions are behaviours or mental acts performed to reduce distress, gain certainty, neutralise a thought or prevent something feared. They can include checking, washing, repeating, arranging, reassurance seeking, confessing, avoidance, mental review, counting, testing feelings or trying to replace a thought.

A useful shift

Instead of asking *“How can I be completely certain this thought is not true?”*, the record encourages questions such as *“What is OCD asking me to solve? What compulsion am I being pulled towards? Can I allow some uncertainty and choose what I want to do next?”*

My OCD Thought Record

Date: _____ Time: _____ Situation: _____

1. What happened?

Briefly describe the situation or trigger:

2. What thought, image, sensation, urge or doubt appeared?

Record it briefly without trying to analyse or prove it:

3. How did I feel?

Emotion(s): _____

Distress / uncertainty: 0 1 2 3 4 5 6 7 8 9 10

4. What did I feel driven to do?

- ☐ Check ☐ Wash/clean ☐ Repeat ☐ Seek reassurance
☐ Avoid ☐ Confess/explain ☐ Mental review ☐ Count
☐ Test memory/feelings ☐ Neutralise thought ☐ Other: _____

5. What did I do?

Looking at the OCD Process

6. What happened after the compulsion or response?

Did distress reduce temporarily? ☐ Yes ☐ A little ☐ No

Did certainty last? ☐ Yes ☐ No ☐ The doubt changed

Did I want to repeat the ritual/check/reassurance? ☐ Yes ☐ No

What did I notice?

7. What could I try instead next time?

The goal is not to find a perfect reassuring thought. Consider a response that makes less room for the compulsion and more room for uncertainty.

- ☐ Pause before responding
- ☐ Delay the compulsion
- ☐ Reduce repetition
- ☐ Refrain from asking for reassurance
- ☐ Notice a mental ritual and return attention to the present
- ☐ Allow the question to remain unanswered
- ☐ Continue with a valued or ordinary activity
- ☐ Follow my agreed ERP plan
- ☐ Other: _____

8. What have I learned?

What does this tell me about the OCD cycle rather than about the literal content of the obsession?

One small step for next time:

Thought Record: Pattern Tracker

Use this page to look across several episodes. You do not need to record every intrusive thought. If recording becomes repetitive, rigid or reassurance-seeking, step away from the worksheet.

Trigger	Obsession / doubt	Urge	Compulsion	Distress	Different response
_____	_____	_____	_____	____/10	_____
_____	_____	_____	_____	____/10	_____
_____	_____	_____	_____	____/10	_____
_____	_____	_____	_____	____/10	_____
_____	_____	_____	_____	____/10	_____
_____	_____	_____	_____	____/10	_____
_____	_____	_____	_____	____/10	_____

Patterns I notice

Which obsessions repeatedly pull me into analysis? _____

Which compulsions give short-term relief but keep returning? _____

Where have I managed to pause, delay or choose differently? _____

What would be a realistic next step? _____

Responding Without Reassuring OCD

OCD often asks for an answer that feels completely certain. Unfortunately, the more you try to obtain perfect certainty, the more important the question can begin to feel.

Be careful with 'challenging the thought'

In some difficulties, examining evidence for and against a thought can be useful. With OCD, repeated evidence gathering can turn into checking or reassurance. If you find yourself completing the same analysis repeatedly, searching for the perfect answer or asking whether you are 'really safe', the exercise may be feeding the cycle rather than loosening it.

Try process-focused questions

- Is this a familiar OCD pattern?
- What is my mind demanding certainty about?
- What ritual or mental act am I being pulled towards?
- What happens when I complete that compulsion?
- Could I make room for some uncertainty?
- What would I choose to do if I did not have to solve this question first?

ERP and response prevention

CBT incorporating Exposure and Response Prevention (ERP) is an established psychological treatment for OCD. ERP involves approaching appropriate triggers in a planned way while reducing compulsive responses. It should not be confused with taking genuine risks or ignoring normal safety. When symptoms are severe, complex or highly impairing, work with a suitably trained professional.

Progress can be small

Progress might mean recognising an obsession sooner, delaying a ritual, checking once rather than repeatedly, allowing something to feel 'not quite right', reducing reassurance seeking, or returning to your day while a doubt remains unresolved.

A Message From Me

Intrusive thoughts can feel incredibly convincing when OCD has attached importance to them. You may feel as though you cannot move on until you have worked out exactly what the thought means or achieved complete certainty.

This record is here to help you look at the process rather than become trapped inside the content.

Notice what appeared. Notice the distress. Notice what OCD asked you to do. Then see whether there is a small space in which you can choose a response that does not give the ritual quite as much control.

You do not have to argue with every thought. You do not have to replace it with a perfectly positive one. Sometimes progress is being able to say, *"I notice the doubt is here, and I am going to continue without solving it right now."*

If this worksheet itself starts to become something you repeatedly complete for reassurance, certainty or to make things feel 'just right', put it down. The resource should support you in stepping away from compulsions, not become another one.

OCD is treatable. If obsessions, compulsions or avoidance are significantly affecting your life, consider professional support from someone with appropriate OCD and ERP knowledge.

Space to Breathe Therapy

This is a psychoeducational self-help resource and is not a diagnostic tool or a substitute for individual assessment or treatment.