

OCD Tracking Form

LOGGING OBSESSIONS, COMPULSIONS, AND RESPONSE PREVENTION

Use this form to track episodes as they happen. Noticing the trigger, the obsession, and how you responded builds awareness — and helps you and your therapist identify patterns and plan exposure practice.

NAME

WEEK OF

PRIMARY THEME THIS WEEK

DAILY LOG

Complete one entry per episode. Rate distress 0 (none) to 10 (extreme).

DATE / TIME

TRIGGER — What happened right before?

OBSESSION — What thought, image or urge came up?

COMPULSION — What did you do (or want to do)?

PEAK DISTRESS (SUDS 0–10)



WHAT I TRIED INSTEAD / WHAT I NOTICED

RESPONSE

☐ Resisted ☐ Delayed ☐ Gave in

DATE / TIME

TRIGGER — What happened right before?

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PEAK DISTRESS (SUDS 0–10)



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WHAT I TRIED INSTEAD / WHAT I NOTICED

RESPONSE

☐ Resisted ☐ Delayed ☐ Gave in

WEEKLY REFLECTION

What pattern do I notice this week?

What is one exposure I want to try next?