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| **Day/****Time**  | **Situation****(What triggered your OCD thoughts or worries?)** |  **Physical Feelings****Emotional Feelings** | **Stress** **Level****(1-10)** | **Thought****(What was I thinking?)** | **How did I know this was OCD and how did I cope with it?** **(Did it fit your pattern of usual worry?****Did you dismiss it? Did you refocus?)** |
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 OCD Journal Dr. Futtersak Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Week of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_