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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_