

Obsessive-compulsive disorder (OCD)

A Brief Preparation Page for OCD Care

Adults | 10 to 15 minutes

Obsessive-compulsive disorder can involve unwanted thoughts and repetitive actions or mental routines. A thought's presence does not by itself establish a diagnosis or its meaning. Complete this page briefly if useful, then bring it to a qualified clinician rather than revising it until it feels certain.

Use one brief pass if helpful. Broad descriptions are enough. Leave uncertainty in your answers and discuss concerns with an OCD-qualified clinician.

Describe the loop broadly

Name the situation, the urge to obtain certainty or reduce distress, and what you repeatedly do. Graphic thought details are unnecessary. Describe what the pattern costs in time, participation, or relationships.

Ask about specialized treatment

Ask about assessment and evidence-informed options, including exposure and response prevention when appropriate. A clinician should explain the rationale, collaboration, and adaptation. This page contains no instructions to conduct exposure or abruptly stop rituals alone.

1. What broad obsession or compulsion pattern do you want help with?**2. What do you repeatedly do, mentally or physically, and what does it interrupt?****3. How might completing or revising worksheets itself become part of the loop?****4. What question about assessment or OCD-specific treatment will you bring to a clinician?****Clinical use and adaptation**

Avoid reassuring the feared outcome away, evaluating moral character, or using repeated evidence checks as neutralization. Use limited completion rather than perfection. Assess actual risk and differential diagnosis separately; unwanted intrusive thoughts should not automatically be equated with intent.