

Record of Anticipated Consequences of Primary Obsession

Name of client:

Date:

Primary obsession:

Instructions: In consultation with your therapist, please record the obsessional thought, image, or impulse that is most troubling for you at this time. Then list the anticipated or feared consequences or outcomes that you are concerned may occur if you continue to have the obsession in your mind. Please complete the rating scales associated with each outcome.

List of possible negative consequences or outcomes associated with obsession	Distress Rating of Outcome 0= none To 100= Extreme Panic like	Likelihood That outcome will occur 0= never to 100= Most certainly will happen	Importance of preventing outcome 0= not at all important To 100= critical to survival
1.			
2.			
3.			
4.			

***For learning more about Cognitive Behaviour Therapy for OCD mail us for a workshop and one-on-one learning session.**