

## How OCD AFFECTS MY LIFE

*To be completed by the child*

**Directions:** Fill out the boxes below. You may ask your parents or therapist to help you.

**My Name:**

**Date:**

What I like to do	What OCD makes me do
What I'm good at	How OCD gets in the way
How I usually get along with my family	How OCD makes me get along with my family
What I usually like to do with my friends	How OCD gets in the way with my friends
What I usually like at school	How OCD gets in my way at school
How I usually feel	How OCD makes me feel