Self-monitoring form

Please record the actual *number of minutes* or *number of times* you perform the two rituals specified on this form. Please note the situation that led to your need to do the ritual, as well as the amount of discomfort or anxiety on a scale from 0 to 100, where 0 means completely calm and 100 means extremely upset or disturbed.

Please note the following suggestions from your therapist for keeping records of rituals: _____

Example:

Ritual A: Washing Ritual B: Checking for harm

Time of day	*Situation that led to ritual*	*Discomfort*	*Minutes ritualizing* *Ritual A*	*Ritual B*
9:30 A.M.	Took out the garbage	70	4 min.	
11:30 A.M.	Bathroom—urination	80	5 min.	
1:00 P.M.	Drove car to center of town	85		10 min.
4:00 P.M.	Used iron	60		2 min.
6:30 P.M.	Cleaning up after dinner: checking stove, oven, faucet	55		15 min.

Please record your rituals below:

Time of day	*Situation that led to ritual*	*Discomfort*	*Minutes ritualizing* *Ritual A*	*Ritual B*