

Self-Monitoring Form

Date: _____

| Time of Day | Situation/Activity/Thought that evokes the distress and urge to ritualize | SUDS (0–100) | Description of ritual | Number of minutes spent on ritual |
|--------------------|--|---------------------|------------------------------|--|
| 6 am | | | | |
| 7 am | | | | |
| 8 am | | | | |
| 9 am | | | | |
| 10 am | | | | |
| 11 am | | | | |
| Noon | | | | |
| 1 pm | | | | |
| 2 pm | | | | |
| 3 pm | | | | |

(Continued)

Self-Monitoring Form (*Continued*)

| Time of Day | Situation/Activity/Thought that evokes the distress and urge to ritualize | SUDS (0–100) | Description of ritual | Number of minutes spent on ritual |
|--------------------|--|---------------------|------------------------------|--|
| 4 pm | | | | |
| 5 pm | | | | |
| 6 pm | | | | |
| 7 pm | | | | |
| 8 pm | | | | |
| 9 pm | | | | |
| 10 pm | | | | |
| 11 pm | | | | |
| Midnight | | | | |