Self-Monitoring of Obsessions and Rituals

Please complete this form after you experience your obsession. This form need not be completed after every obsession. The form only needs to be completed a couple times. Please bring your response to the following session.

Date	Time	What was the experience? What were your feelings, thoughts, or bodily sensations while it was happening?	What did you do to in response to your feelings, thoughts, or bodily sensations?	What was the result of that response on the obsession and your life?

Reference:

Twohig, M.P., Abramowitz, J.S., Smith, B.M., Fabricant, L.E., Jacoby, R.J., Morrison, K.L., Bluett, E.J., Reuman, L., Blakey, S.M., & Ledermann, T. (2018). Adding acceptance and commitment therapy to exposure and response prevention for obsessive-compulsive disorder: A randomized controlled trial. *BehaviourResearch and Therapy*, 108, 1–9.

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