

Date _____

Diary of Obsessive-Compulsive Rituals

Please record the daily occurrence of rituals, make a note of the time when the ritual occurred, the situation in which it occurred, and describe the type of ritual (washing, checking oven etc). Rate your discomfort on the following scale

0 10 20 30 40 50 60 70 80 90 100

No discomfort or anxiety

extreme discomfort / anxiety (the worst I've had)

Write the number in the discomfort column. Record the length of time taken to do the ritual. At the end of each day, record the total number of rituals.

Time AM	Situation	Description of ritual	Discomfort (0-100)	Duration of ritual
Time PM	Situation	Description of ritual	Discomfort (0-100)	Duration of ritual

Total number of rituals today:

Wells 1997