

Handout 3A

Compulsion & Avoidance Monitoring Log

Use the “Compulsion & Avoidance Monitoring Log” form to record the following information:

- The first column lists the time in 30-minute increments.
- In the second column, note a brief description of the thought or situation that prompted you to engage in your compulsion/ritual(s) or to avoid.
- In the third column, record your level of discomfort using the SUDS ratings of zero to 100 (0 = completely calm; 100 = extremely upset/distressed), just prior to doing the compulsion (or if you had resisted the compulsion).
- In the fourth column, describe the compulsion you engaged in (for example, “mental replaying,” “reassurance seeking,” “washing,” or “repeating prayers”) or your avoidance behavior.
- In the last column, note the actual number of minutes you spent engaging in that ritual or avoiding.

For mental compulsions: Record how many minutes or seconds you spent engaging in mental repetition of special words, mental reviewing, mental undoing, etc. Record the elapsed time from the start of the activity until you finished it.

For reassurance seeking rituals: Record how many minutes or seconds you spent seeking reassurance. Record the time elapsed from when you started seeking reassurance until you stopped seeking reassurance.

For somatic checking rituals: Record how many minutes or seconds you spent evaluating your body signs. Record the elapsed time from when you started checking until you stopped checking.

For washing or cleaning compulsions: Record how many minutes or seconds you spent washing, bathing, or cleaning. Record the amount of time from the start of cleaning until you finished.

For any other excessive checking: Record how many minutes you spent checking. Record the elapsed time from the time you started checking a particular item until you finish checking that item and leave the situation. Alternately, you can list the number of times you checked, if that is easier.

For avoidance: Record the approximate amount of time you spent avoiding situations/activities/thoughts relevant to your obsessions.

Complete the form for the whole day. Complete one form per day. Contact your therapist if you need more forms before your next session.