

Self-Monitoring of Rituals

Name _____

Date _____

Time of Day	Situation/Activity/Thought which evokes the ritual	SUDS (0-100)	Description of ritual	Number of minutes spent on ritual
6:00 – 6:30 A.M.				
6:30 – 7:00				
7:00 – 7:30				
7:30 – 8:00				
8:00 – 8:30				
8:30 – 9:00				
9:00 – 9:30				
9:30 – 10:00				
10:00 – 10:30				
10:30 – 11:00				
11:00 – 11:30				
11:30 – 12:00 P.M.				
12:00 – 12:30				
12:30 – 1:00				
1:00 – 1:30				
1:30 – 2:00				
2:00 – 2:30				
2:30 – 3:00				
3:00 – 3:30				

Time of Day	Situation/Activity/Thought which evokes the ritual	SUDS (0-100)	Description of ritual	Number of minutes spent on ritual
3:30 – 4:00				
4:00 – 4:30				
4:30 – 5:00				
5:00 – 5:30				
5:30 – 6:00				
6:00 – 6:30				
6:30 – 7:00				
7:00 – 7:30				
7:30 – 8:00				
8:00 – 8:30				
8:30 – 9:00				
9:00 – 9:30				
9:30 – 10:00				
10:00 – 10:30				
10:30 – 11:00				
11:00 – 11:30				
11:30 – 12:00 A.M.				
12:00 – 6:00				