

Compulsive Activities Tracking Form

Name: _____ Tracking Dates: _____

Under each statement in the space provided, rate each activity according to how much each activity impacts your life. Impairment can be the result of how long it takes to complete an activity, how often you repeat the activity, or how much you avoid the activity.

1 – no problem with activity, takes about the same time as most people, no desire to repeat it and/or avoid it

2 – minor problems with activity, takes a little longer than most people, may repeat it a few times, and/or sometimes avoids it

3 – moderate problems with activity, takes moderately longer than most people, often repeats it numerous times, and/or often avoids it

4 – very often has problems with activity, takes much longer than most people, frequently repeats it many times, and/or frequently avoids it

5 – almost constant problems with activity, takes very long compared to most people or unable to complete it, almost always repeats it an extreme number of times or almost always avoids it

Behavior	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Washing your hands ritually and/or excessively							
Bathing or showering ritually and/or excessively							
Disinfecting yourself							
Brushing your teeth to remove contamination							
Avoid public places							
Behavior	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Disinfecting others or having them disinfect themselves							
Disinfecting and/or cleaning your environment or your possessions							
Washing or cleaning items before they can be used or allowed in the house							
Changing or having others change clothing frequently to avoid contamination							
Discarding or destroying potentially contaminated items							
Wiping, blowing on, or shaking out items before using them							
Avoidance of certain foods which may be contaminated							
Avoid using the toilet							
Avoid eating in restaurants							
Behavior	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Having family or friends perform any actions on your behalf							
Performing, reciting, or thinking ritually to avoid or remove contamination							
Excessive questioning of others about contamination							
Avoiding touching door handles in public places							
Avoiding handling or cooking food							
Avoiding washing dishes							
Avoiding washing clothing							
Avoiding handling money							
Avoiding Handling garbage, or waste baskets							
Avoiding public restrooms							
Behavior	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Avoiding traveling on public transportation (buses, trains, taxis, etc.)							
Avoidance of specific persons, places, or objects which might be contaminated							
Using gloves, paper, etc. to touch things							
Avoiding visiting hospitals							
Other:							
Other:							
Other:							
Other:							

Note: _____
