

Information-Gathering Form

Name of Therapist _____ Date _____

Name of Patient _____

Address _____

Telephone Number _____

Age of Patient _____

Marital Status _____

Number of Children and Ages

Living Arrangement

Current Work Situation

Obsessions (Anxiety/Discomfort-Evoking Material)

External Cues: Sources of anxiety/discomfort (e.g., feces, urine, parents, hometown)

Internal Cues:

Thoughts, images, impulses, doubts (e.g., “God is bad”)

Internal Cues:

Bodily sensations (e.g., heart palpitations, sweat)

Consequences

Harm from external sources (e.g., V.D. from using public toilets)

Harm from internal cues (e.g., “I will go crazy”)

Harm from experiencing long-term high anxiety

Avoidance Patterns

Passive Avoidance

Avoidance of Activities that Produce Rituals

Relationship between Avoidance and Fear Cues

Events Surrounding Onset of Problem

Historical Course of Problem

History of Psychiatric Treatment for Obsessive-Compulsive Problems
and Other Problems

General History

Medical History

Educational History

Employment History

Financial History

Previous and Current Relationship with Parents

Previous and Current Relationship with Siblings

Previous and Current Relationships with Friends

Dating/Sexual History

Previous and Current Relationship with Spouse

Self-Monitoring Form

Date: _____

Time of Day	Situation/Activity/Thought that evokes the distress and urge to ritualize	SUDS (0-100)	Description of ritual	Number of minutes spent on ritual
6 am				
7 am				
8 am				
9 am				
10 am				
11 am				
Noon				
1 pm				
2 pm				
3 pm				

Self-Monitoring Form (Continued)

Time of Day	Situation/Activity/Thought that evokes the distress and urge to ritualize	SUDS (0-100)	Description of ritual	Number of minutes spent on ritual
4 pm				
5 pm				
6 pm				
7 pm				
8 pm				
9 pm				
10 pm				
11 pm				
Midnight				

Appointment Schedule

Wk	Monday	Tuesday	Wednesday	Thursday	Friday
1	—	—	—	—	—
2	—	—	—	—	—
3	—	—	—	—	—
4	—	—	—	—	—
5	—	—	—	—	—
6	—	—	—	—	—
7	—	—	—	—	—

Telephone Contact Notes

Patient _____ Phone number: _____

Date & Time	Notes

Treatment Planning Form

Name of Therapist _____ Date _____

Name of Patient _____

Comments about Patient’s Self-Monitoring:

Obsessions (Anxiety/Discomfort-Evoking Material)

External Cues: specific situations, circumstances, and/or objects:

Situation SUDS

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.

Internal Cues: thoughts, images, or impulses (e.g., “God is bad,” “I feel an urge to stab my daughter”), or bodily sensations that cause fear:

Cue

SUDS

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Consequences: harm from external sources (e.g., “I will get an STD if I use public toilets in restaurants”), from internal cues, or from long-term anxiety:

Type of Harm

SUDS

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Avoidance Behavior

Passive Avoidance (specific situations):

Situations

SUDS
(if situation NOT avoided)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Rituals:

Ritual (description in detail)

SUDS
(if ritual NOT done
or interrupted)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Ritual (description in detail)

SUDS
(if ritual NOT done
or interrupted)

- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.

Hierarchy Form

Exposure to Be Practiced	SUDS	Suggested Treatment Session

Therapist Exposure Recording Form

Date: _____

1) Exposure practiced in Session: _____

	SUDS	Comments
Beginning	_____	
5 minutes	_____	
10 minutes	_____	
15 minutes	_____	
20 minutes	_____	
25 minutes	_____	
30 minutes	_____	
35 minutes	_____	
40 minutes	_____	
45 minutes	_____	
50 minutes	_____	
55 minutes	_____	
60 minutes	_____	

Therapist Exposure Recording Form (Continued)

2) Exposure practiced in Session: _____

	SUDS	Comments
Beginning	_____	
5 minutes	_____	
10 minutes	_____	
15 minutes	_____	
20 minutes	_____	
25 minutes	_____	
30 minutes	_____	
35 minutes	_____	
40 minutes	_____	
45 minutes	_____	
50 minutes	_____	
55 minutes	_____	
60 minutes	_____	

Exposure Summary Notes:

Ritual Prevention _____

Processing (lessons learned) _____

Exposure Homework Recording Form

1) Situation to practice: _____

Date: _____	Date: _____	Date: _____
SUDS	SUDS	SUDS
Beginning _____	Beginning _____	Beginning _____
10 minutes _____	10 minutes _____	10 minutes _____
20 minutes _____	20 minutes _____	20 minutes _____
30 minutes _____	30 minutes _____	30 minutes _____
40 minutes _____	40 minutes _____	40 minutes _____
50 minutes _____	50 minutes _____	50 minutes _____
60 minutes _____	60 minutes _____	60 minutes _____

Comments or Difficulties:

Exposure Homework Recording Form (Continued)

2) Situation to practice: _____

Date: _____	Date: _____	Date: _____
SUDS	SUDS	SUDS
Beginning ____	Beginning ____	Beginning ____
10 minutes ____	10 minutes ____	10 minutes ____
20 minutes ____	20 minutes ____	20 minutes ____
30 minutes ____	30 minutes ____	30 minutes ____
40 minutes ____	40 minutes ____	40 minutes ____
50 minutes ____	50 minutes ____	50 minutes ____
60 minutes ____	60 minutes ____	60 minutes ____

Comments or Difficulties:

Imaginal Exposure Homework Recording Form

1) Exposure exercise that you practiced _____

Date & Time Spent	SUDS			Date & Time Spent	SUDS		
	Pre	Post	Peak		Pre	Post	Peak

Comments or Difficulties:

Imaginal Exposure Homework Recording Form (*Continued*)

2) Exposure exercise that you practiced _____

Date & Time Spent	SUDS			Date & Time Spent	SUDS		
	Pre	Post	Peak		Pre	Post	Peak

Comments or Difficulties: