

Situational Record and Rating Scales for Primary Obsession

Name of client:

Date:

Primary obsession:

Instructions: In consultation with your therapist, please record the obsessional thought, image, or impulse that is most troubling for you at this time. Then list the situations, objects, or circumstances that most often trigger the primary obsession. Please complete the rating scale associated with each situation.

List of triggering Situation	Distress Rating of Situation 0= none To 100= Extreme Panic like	Likelihood Of Provoking Obsession 0= never to 100= Extreme panic like	Likelihood Of Avoiding Situation 0= never avoid To 100= always avoid
1.			
2.			
3.			
4.			

***For learning more about Cognitive Behaviour Therapy for OCD mail us for a workshop and one-on-one learning session.**

