Daily Exposure Practice Form

Task					
Ditual	nrovention				
Riluai	prevention _				

Expected Initial Distress rating % (before starting Exposure)

Goal: Distress level % (after Exposure) _____

Frequency of Exposures	times per	(day/week)
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Day/Date	Start time	Stop time	Distress % start	Distress % end	Comments
Distres	s Rating				
0 1	0 20	30	40	50	60 70 80 90 100

No or minimal di	Moderate	Moderate			Severe distress		
			_		(====)		

Use this form when undertaking Exposure & Response Prevention (ERP), e.g. when NOT responding to the urge to perform a ritual or compulsion. It is normal to feel very anxious and distressed at the thought of not being able to do the ritual.