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## Exposure Plus Ritual Prevention – Record Form

**Day / Date:**

Trial #	Time <small>(Write the time that you started the trial)</small>	Anxiety Level <small>(1-7)</small>	How Long Until Half <small>(LOOK AT THE CLOCK. Write the # of minutes it took until anxiety dropped by ½)</small>	Wait Until <small>1 or 0?</small>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				