

DAILY SELF MONITORING OF SUCCESS FOR¹: _____ PAGE ____

DATE	TIME	EVENT (Note if scheduled practice or part of daily living)	EXPOSURE AND/OR RESPONSE PREVENTION	TIME SPENT	ANXIETY LEVEL

¹ From *Freedom from Obsessive Compulsive Disorder: A Personalized Recovery Program for Living with Uncertainty* by Jonathan Grayson. Penguin-Putnam. NYC, NY. 2014.

