

Exposure Practice Form

Date: _____ Time: _____ Place: _____ Alone Accompanied (check one)

Before you start

1. Describe the exposure (*What fears will you face and what anxiety-reduction strategies will you give up?*)
2. What do you most fear will happen when you try this exposure (*be specific*)?
3. How long do you think you can stick with this task? _____

During the Exposure

1. Every _____ minutes during the exposure note (a) your anxiety level and (b) the strength of your urge to do anxiety-reducing behaviors on a 0-100 scale.

Anxiety	Urge	Anxiety	Urge	Anxiety	Urge	Anxiety	Urge
1. _____	_____	6. _____	_____	11. _____	_____	16. _____	_____
2. _____	_____	7. _____	_____	12. _____	_____	17. _____	_____
3. _____	_____	8. _____	_____	13. _____	_____	18. _____	_____
4. _____	_____	9. _____	_____	14. _____	_____	19. _____	_____
5. _____	_____	10. _____	_____	15. _____	_____	20. _____	_____

2. Describe your feelings during the exposure (*use phrases like "I'm feeling very scared about..."*)

After the Exposure

1. Describe the outcome of the exposure in relation to your answers to questions #2 and #3 (*What happened? Did your fears come true? How did your feelings of fear and anxiety respond? How did you get through the experience? What would happen if you tried it again?*):
2. What did you learn from this experience? In what ways were you surprised by what happened?
3. What could you do to vary up this exposure?