**Exposure Practice Tracking Form**

**Complete Once in Beginning of Week:**

1. **Description:** What are you doing, how long, etc.?
2. **Values:** What is meaningful about this practice? How do you see it as benefiting you?
3. **Prediction:** What is your fear or anxiety? What does your mind predict?

**Complete Once at End of the Week:**

1. **Learning:** What did you learn? Were you surprised by anything?
2. **Next steps:** Do you want to repeat this next week? Is there a way to deepen or vary the exercise?
3. **Values:** How do you feel after doing this? How does this inform how you want to live your life?

**During practice**:

**Rate your experiences every \_\_\_\_ minutes.**

* **Time** = Frequency of rating (e.g., 5 min; 10 min)
* **SUDS** = Subjective Units of Discomfort Scale (i.e., 0 - 10)
* **Willingness** = Willingness to experience discomfort without struggle (i.e., 0 - 10)

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| **Date: 1/1/23 (Example)** |
| **Time** | **SUDS** | **Willingness**  | **Thoughts, Emotions, Physical Sensations** |
| **1:00** | **4** | **6** | **“I can’t do this”** |
| **1:05** | **6** | **6** |  |
| **1:10** | **7** | **5** | **Slight nausea, trembling in hands** |
| **1:15** | **7** | **7** | **Tiredness, “I can’t believe I’m doing this”** |
| **1:20** | **4** | **7** | **Sweaty, anxious, hopeful** |

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| **Date:**  |
| **Time** | **SUDS** | **Willingness**  | **Thoughts, Emotions, Physical Sensations** |
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**Notes and Questions for My Therapist:**