**Exposure Practice**

**About the practice:**

1. Describe the exposure practice:
2. What is meaningful to you about this practice? What is it a step towards doing?
3. What is your fear about this practice? What does your mind tell you will happen as a result?
4. How long will I practice?

**During practice**: \_\_\_ Alone \_\_\_ Accompanied (*mark X*)

**Rate your experiences every \_\_\_\_ minutes. (Or circle N/A)**

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

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**Describe your thoughts, feelings, and bodily sensations during the exposure.**

**After the practice:**

1. What did I learn from this practice?
2. What might I do to improve or vary practice? (Ex., Could I combine this with another fear?)
3. What is important to me about this practice? How will this help me live the life I want?

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