

Type of Phobia: _____

Client initials: _____

Use this form each time that you complete an exposure exercise in-between sessions. Date the exercise, breifly describe the exposure exercise, note the number of trails, and your peak level of anxiety in the exercise. Also, rate your anxiety level at the end of the last trial. In rating your anxiety, grade your distress between 0 to 100 (0 = no anxiety || 50 = moderate anxiety || 100 = extreme anxiety).

Date	Exposure description	Trials	Max Anxiety (0 – 100)	End Anxiety (0 – 100)
Examples 4/14	Standing in a closet, with the door closed, but light on, in 5 minute increments	3	70	40
4/15	Standing in a closet, with the door closed, light off, in 5 minute increments	1	100	55