Exposure Tracking Form

Exposure task: _____

Amount of time each day and how often:_____

Safety behaviors or rituals to eliminate: _____

_____

Other guidelines:_____

Subjective Units of Distress Scale (SUDS)

0= no anxiety at all; completely calm
3= some anxiety, but manageable
5= getting tough; wouldn't want to have it all the time
7-8= severe anxiety that interferes with daily life
10 = worst anxiety you've ever felt

Day/Date	*Length of time* Start	Stop	* *SUDS (0-10)* Beginning	Middle	End	Comments

Exposure Tracking Example

Exposure task: *Performing my presentation for friends*

Day/Date	Length of time Start	Stop	SUDS (0-100) Beginning	Middle	End	Comments
4/15	10:15 am	11:15 am	5	8	4	
4/16	2:00 pm	3:00 pm	3	8	3	
4/17	5:30 pm	6:30 pm	1	9	4	Lost train of thought
4/18	5:30 pm	6:30 pm	1	5	2	
4/19	10:00 am	11:00 am	0	4	1	
4/20	6:00 pm	7:00 pm	0	3	1	
4/21	10:15 am	11:15 am	0	2	0	