

Exposure Homework Sheet

Feared Situation To Confront:	Action: <i>Describe what you will do and for how long.</i>					
Day & Time	Thoughts Before <i>Describe what you think might happen? What's the worst thing about it?</i>	Anxiety Rating Before (0 – 10)	Anxiety Rating During (0 – 10)	Anxiety Rating After (0 – 10)	Duration	Comments After <i>Describe what happened: How did you cope? How did that affect your level of anxiety? Were your fears or predictions accurate? Why or not?</i>