

Exposure Recording Form

Name _____ Date: _____

Time Started: _____ Time Stopped: _____

Situation practiced _____

Exposure type (circle one): Imaginal / In vivo

Probability and Cost Estimates

What is the worst that could happen in this situation? <i>(Please be as specific as possible.)</i>	How likely is it that this will happen? (0-100)		How bad would it be if this happened? (0-100)		Did this happen?
	Before	After	Before	After	Y or N
1.					
2.					
3.					

SUDs, Urges, and Dissociation

	SUDs (0-100)	Urge to kill myself (0-5)	Urge to self-harm (0-5)	Urge to quit therapy (0-5)	Urge to use substances (0-5)	Dissociation (0-100)
Before						
Peak						
After						

Specific Emotions and Radical Acceptance

	Sadness (0-100)	Fear (0-100)	Anger (0-100)	Guilt (0-100)	Shame (0-100)	Disgust (0-100)	Joy (0-100)	Radical Acceptance (0-100)
Before								
After								

What Did You Learn During This Exposure Task?
