

Therapist Imaginal Exposure Recording Form

Name of Therapist _____ Date _____

Client _____

Exposure # _____

Session # _____

Description of exposure in imagination: _____

_____ start time

SUDS

Notes:

beginning _____

5 minutes _____

10 minutes _____

15 minutes _____

20 minutes _____

25 minutes _____

30 minutes _____

35 minutes _____

40 minutes _____

45 minutes _____

50 minutes _____

55 minutes _____

60 minutes _____

Form 10 Record Sheet for In-session imaginal exposures

Imaginal Exposure Homework Recording Form

Client _____

Date _____

Instructions: Please record your SUDS ratings on a 0 to 100 scale (where 0 = no discomfort and 100 = maximal discomfort, anxiety, and panic) before and after you listen to the audiotape of the imaginal exposure. You will also rate the exposure for vividness: how real it seemed to you when you listened to it (0 = couldn't get into it, not at all real; 100 = almost like it was happening again).

Tape #: _____

DATE & TIME				
SUDS Pre				
SUDS Post				
Peak SUDS				

DATE & TIME				
SUDS Pre				
SUDS Post				
Peak SUDS				

Form 11 Record Sheet for homework imaginal exposures