

Facing your Agoraphobia Record Sheet					
Exposure Step	Details of your feared situation for this practice:				
	Exposure Anxiety Ratings (0-100)				
Date and time of planned exposure practice	Start of exposure practice	Highest level	End of exposure practice	Duration of exposure practice	
	Practice 1				

	Practice 2					
	Practice 3					
	Practice 4					
	Practice 5					
	Practice 6					
	Practice 7					
	Practice 8					