



### My goals for feeling better

Goal 1: .....

.....

.....

I can do this now (Today's date \_\_/\_\_/\_\_)

(circle a number):

0    1    2    3    4    5    6  
Not at all    Occasionally    Often    Any time

One-month re-rating (date \_\_/\_\_/\_\_)

(circle a number):

0    1    2    3    4    5    6  
Not at all    Occasionally    Often    Any time

Two-month re-rating (date \_\_/\_\_/\_\_)

(circle a number):

0    1    2    3    4    5    6  
Not at all    Occasionally    Often    Any time

Three-month re-rating (date \_\_/\_\_/\_\_)

(circle a number):

0    1    2    3    4    5    6  
Not at all    Occasionally    Often    Any time

**Goal 2:** .....

.....

.....

I can do this now (Today's date \_\_/\_\_/\_\_)

(circle a number):

0    1    2    3    4    5    6  
Not at all    Occasionally    Often    Any time

One-month re-rating (date \_\_/\_\_/\_\_)

(circle a number):

0    1    2    3    4    5    6  
Not at all    Occasionally    Often    Any time

Two-month re-rating (date \_\_/\_\_/\_\_)

(circle a number):

0    1    2    3    4    5    6  
Not at all    Occasionally    Often    Any time

Three-month re-rating (date\_\_/\_\_/\_\_)

(circle a number):

0      1      2      3      4      5      6  
Not at all      Occasionally      Often      Any time

**Goal 3:** .....

.....

.....

I can do this now (Today's date\_\_/\_\_/\_\_)

(circle a number):

0      1      2      3      4      5      6  
Not at all      Occasionally      Often      Any time

One-month re-rating (date\_\_/\_\_/\_\_)

(circle a number):

0      1      2      3      4      5      6  
Not at all      Occasionally      Often      Any time

Two-month re-rating (date\_\_/\_\_/\_\_)

(circle a number):

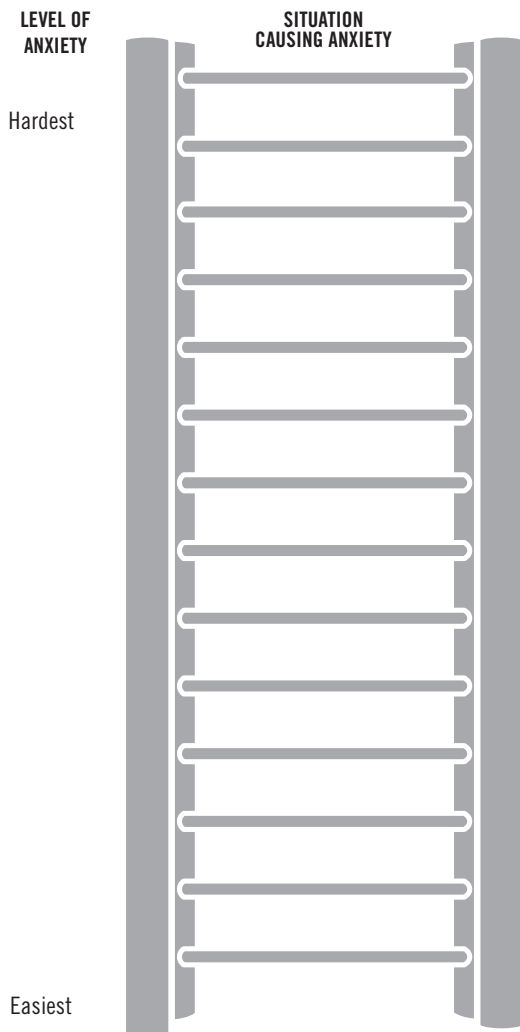
0      1      2      3      4      5      6  
Not at all      Occasionally      Often      Any time

Three-month re-rating (date \_\_\_/\_\_\_/\_\_\_)

(circle a number):

0	1	2	3	4	5	6
Not at all		Occasionally		Often		Any time

My stepladder



## My stepladder

LEVEL OF ANXIETY	SITUATION CAUSING ANXIETY
Hardest	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
_____	
Easiest	_____

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

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



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

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## My wellbeing review

Review date:

What have my symptoms been like over the past month?

Reading through my red flags list, have I had any experiences that have concerned me?

Do I need to take any action now to keep on top of my fear?

If so, what will be helpful to use in my toolkit?

What do I need to do and when am I going to do it?

The date of my next review is:

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