

EXPOSURE TASK RECORD SHEET

Exposure task carried out	Level of discomfort	Duration of discomfort	How did you cope?	Testing your expectations	Next steps
Please write out the date and describe what you actually did.	What was your level of anxiety or discomfort on a scale of 0–10 at the start and when it was at its maximum?	How long did the maximum level of discomfort last for?	What helpful things did you do to tolerate your anxiety? Did you use any unhelpful ways of coping (e.g. any checking, reassurance)?	What did you learn about how your problem works? Did your experience strengthen Theory B?	How might you progress from here, e.g. by repeating, extending or developing this exercise, or moving on to an alternative task?
	Start: Maximum:				

Start: Maximum:	Start: Maximum:	Start: Maximum: