

Exposure Homework Sheet

Feared situation			Exercise: <i>What will I do? How long for?</i>			
Day / Time	Thoughts <i>What might happen? What's the worst thing about it? How likely is this to happen?</i>	Anxiety rating <i>0 - 10</i> Before	Anxiety rating <i>0 - 10</i> During	Anxiety rating <i>0 - 10</i> After	Duration	Comments <i>What happened? What did you do? How was your anxiety affected? What helped? What didn't help? What could you do differently next time?</i>