



# Exposure Record – Everyday

**Patient Instructions:** Use this form to record everyday exposures that you completed earlier. Bring this record to your appointments to review your progress.

## Setting Up Your Exposure

What activity did you do for your everyday exposure?

What were you afraid would happen? Use expectations in My Cycle for ideas.

How afraid are you that this will happen? Use the 0 (No anxiety) to 10 (Most anxiety ever) scale.

## Learning From Your Exposure

Did your fear come true?  
 No                       Yes, but it was not bad  
 Other (if other, review your exposure to see what happened):

What happened to your anxiety?  
 It went down       It stayed high, but I handled it  
 Other (if other, review your exposure to see what happened):

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