

Handout 7

Imaginal Exposure Homework Recording Form

Name: _____ Date: _____

Instructions: Please record your SUDS ratings on a 0–100 scale (where 0 = no discomfort and 100 = maximal discomfort, anxiety, and panic) before and after you listen to the recording of the imaginal exposure.

Session #: _____

Date & Time				
SUDS Pre				
SUDS Post				
Peak SUDS				

Date & Time				
SUDS Pre				
SUDS Post				
Peak SUDS				