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## Imaginal Exposure Homework Recording Form

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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 audiotape of the imaginal exposure.

Tape #: \_\_\_\_\_

<b>DATE &amp; TIME</b>				
<b>SUDS Pre</b>				
<b>SUDS Post</b>				
<b>Peak SUDS</b>				

<b>DATE &amp; TIME</b>				
<b>SUDS Pre</b>				
<b>SUDS Post</b>				
<b>Peak SUDS</b>				