
Therapist Imaginal Exposure Recording Form

Name of Client: _____ Therapist: _____

Date: _____ Exposure #: _____ Session #: _____

Description of exposure in imagination: _____

_____ Start time	SUDS	Notes:
Beginning	_____	_____
5 minutes	_____	_____
10 minutes	_____	_____
15 minutes	_____	_____
20 minutes	_____	_____
25 minutes	_____	_____
30 minutes	_____	_____
35 minutes	_____	_____
40 minutes	_____	_____
45 minutes	_____	_____
50 minutes	_____	_____
55 minutes	_____	_____
60 minutes	_____	_____
