

Patient initials: _____

Exposure Homework Recording Form

1) Exposure exercise that you practiced _____

Date & Time Spent	SUDS			Date & Time Spent	SUDS		
	Pre	Post	Peak		Pre	Post	Peak

2) Exposure exercise that you practiced _____

Date & Time Spent	SUDS			Date & Time Spent	SUDS		
	Pre	Post	Peak		Pre	Post	Peak

3) Exposure exercise that you practiced _____

Date & Time Spent	SUDS			Date & Time Spent	SUDS		
	Pre	Post	Peak		Pre	Post	Peak