
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 audiotape of the imaginal exposure.

Tape #: _____

DATE & TIME				
SUDS Pre				
SUDS Post				
Peak SUDS				

DATE & TIME				
SUDS Pre				
SUDS Post				
Peak SUDS				
