Anxiety Exposure Exercise Journal **Dr. Futtersak Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Week of: \_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Day/****Time**  | **Exposure Exercise****(Describe what did you do or where did you go to challenge your anxiety?)** |  **Physical and****emotional Feelings****during the exercise** | **Anxiety** **level****before the exercise****(1-10)** | **Coping Strategy****What tools did you use to manage your anxiety during this exercise?****(Breathing, rational self-talk, coping statements? grounding?)** | **Anxiety Level****After the exercise****(1-10)** |
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