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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