## Therapist Exposure Recording Form

Date:				
1) Exposure	practiced in	Session:	 	
	SUDS	Comments		
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				

## Therapist Exposure Recording Form (*Continued*)

2) Exposure j	practiced in Session:
;	SUDS Comments
Beginning	<u></u>
5 minutes	
10 minutes	
15 minutes	
20 minutes	
25 minutes	
30 minutes	
35 minutes	
40 minutes	
45 minutes	
50 minutes	
55 minutes	
60 minutes	
Exposure Sum	
Ritual Preven	tion
Processing (lea	ssons learned)