

EXPOSURE RECORD FORM

Exposure task Write out the date and what you actually did:	Level of discomfort 0–10 at the start and when it was at its maximum?	Duration of discomfort How long did the maximum level of anxiety last for?	Coping strategies What helpful things did you do to tolerate your anxiety? Did you use any unhelpful ways of coping (for example, any safety behaviours)?	Testing your expectations What did you learn about how your body image works? Did your experience strengthen Theory B?	Next steps How might you progress from here – for example, repeating, extending or developing this exercise, or moving on to an alternative task?
	Start: Maximum:				
	Start: Maximum:				
	Start: Maximum:				