Patient ID:_____   Date:_____

Imaginal Exposure Worksheet

Description: _____
_____
_____
_____

Full Narrative / Hotspots
(circle one)

Time (minutes)	**SUDs**	
0	☐	← *Ask for SUDS before starting imaginal exposure*
5		_____
10		_____
15		_____
20		_____
25		_____
30		_____
35		_____
40		_____
45		_____
50		_____
55		_____
60		_____

*Take note of possible **avoidance,** evidence of **distorted thinking,** and other **details** that may be useful to monitor or process*

*Identify potential **hotspots** for later discussion*

Processing notes: _____
_____
_____
_____