

PE Homework: Session _____

Patient ID: _____

Date: _____

Check the box as you complete each item. Write any comments, questions, or problems in the space at the bottom of the form.

Listen to the recording of the imaginal exposure once a day. Use the IMAGINAL EXPOSURE RECORDING FORM to rate your SUDS.

Continue in vivo assignments. Use the exposure recording form to fill in SUDS levels before and after the exposure. Remember to stay in the situation long enough for your anxiety to come down. The target situations for this week are:

Practice calm breathing for 10 minutes, three times a day.
(Use a recording at first, then begin to practice on your own.)

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Listen to the recording of the therapy session one time.

Come early to the next session to complete self-report forms.

Other:
