



Name: \_\_\_\_\_

Date: \_\_\_\_\_

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### EXPOSURE GOAL SETTING FORM

Current SUDs:

0	1	2	3	4	5	6	7	8	9	10
No distress				Some distress						Highest distress

Vulnerability Factors: \_\_\_\_\_

\_\_\_\_\_

Values exposure is moving you toward: \_\_\_\_\_

\_\_\_\_\_

### TODAY'S EXPOSURE PLAN

Exposure description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Focus Area (circle one):

mood / anxiety	body image	pre-binge	pre-purge	other: _____
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What are we targeting? Why? : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Projected SUDs:

0	1	2	3	4	5	6	7	8	9	10
No distress				Some distress						Highest distress

Willingness: \_\_\_\_\_/10

Ways of avoiding during the exposure and re-engagement plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Predictions/Automatic thoughts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What safety behaviors have I used in the past when in similar situations: \_\_\_\_\_

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Long term goals for this area: \_\_\_\_\_

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Objective goals for exposure (How will I know I completed my exposure): \_\_\_\_\_

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### CHECK OUT

What were your SUDs at the

Beginning: \_\_\_\_\_ Middle: \_\_\_\_\_ End: \_\_\_\_\_ Peak: \_\_\_\_\_

Did you achieve your goals for the exposure? Explain: \_\_\_\_\_

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Did my unhelpful thoughts/predictions come true? Alternative thoughts: \_\_\_\_\_

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What valued activity will you engage in? For how long will you do it? When? \_\_\_\_\_

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What is the take away and how can I use this in my life? \_\_\_\_\_

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How will you continue to build mastery in this focus area? \_\_\_\_\_

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