

FORM 7: PRACTICE TOLERATING SENSATIONS	
Date:	Exercise:
Intended Length:	5. Actual Length:*
PRE-EXERCISE	Once you notice the uncomfortable sensations...
1. WHAT OUTCOME DO YOU FEAR?	2. HOW LIKELY?*
3. WHAT IS THE BEST OUTCOME?	4. HOW LIKELY?*
POST-EXERCISE	6. DISCOMFORT LEVEL* 7. FEAR LEVEL*
8. WHAT DID YOU NOTICE?	

* rate as "L" (Low), "M" (Medium), or "H" (High)

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