

# Exposure Hierarchy

CLIENT NAME

DATE

THERAPIST / REFERRING CLINICIAN

Rate each feared situation from 0 (no distress) to 100 (maximum distress). List what you avoid, then add any notes that help clarify the situation.

#	SITUATION / FEARED SCENARIO	SUDS (0-100)	AVOIDANCE BEHAVIORS	NOTES
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				