

Interoceptive Exposure Record #2

Name: _____ Date: _____

SUDS: Subjective Units of Anxiety –
Distress Scale

0 = Totally calm, no anxiety/fear
50 = Moderate level of anxiety/fear
100 = Intolerable level of anxiety/fear

<i>Exercise</i>	<i>Describe any sensations felt</i>	<i>SUDS</i>	<i>Check if SUDS >20</i>
Tongue Depressor, 1 min.			
Pressure to chest, 1.5 min.			
Pressure to temples, 1 min.			
Holding breath, 1 min.			
Space heater, 2 min.			
Clenched jaw, 1.5 min			
Squeeze eyes shut, 1 min			
Pressure to left arm, 1.5 min			
Choking sensation, 1.5 min			
Head back, 30 seconds			
Spinning in chair, 1 min			