

## Facing Fears

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

Exposure Exercise (What fear am I facing?): \_\_\_\_\_

\_\_\_\_\_

Fear Rating: \_\_\_\_\_

1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10  
No Fear                      Moderate Fear                      Extreme Fear

Start: \_\_\_\_\_

End: \_\_\_\_\_

Length of Time of Exposure: \_\_\_\_\_

What did I learn?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_