

Client Initials _____ Stop Signal _____ BLS Preference _____

Today's Date _____ **Session #** _____

Episode/Event _____

Worst Picture _____

Negative Cognition _____

Positive Cognition _____

Beginning VOC _____ Ending VOC _____

Emotions _____

Beginning SUDS _____ Ending SUDS _____

Body Sensations _____

Clear Body Scan YES NO

Today's Date _____ **Session #** _____

Beginning SUDS _____ Ending SUDS _____

Beginning VOC _____ Ending VOC _____

Clear Body Scan YES NO

Today's Date _____ **Session #** _____

Beginning SUDS _____ Ending SUDS _____

Beginning VOC _____ Ending VOC _____

Clear Body Scan YES NO

Today's Date _____ **Session #** _____

Beginning SUDS _____ Ending SUDS _____

Beginning VOC _____ Ending VOC _____

Clear Body Scan YES NO

Additional Notes

Today's Date _____ **Session #** _____

Beginning SUDS _____ Ending SUDS _____

Beginning VOC _____ Ending VOC _____

Clear Body Scan YES NO

Today's Date _____ **Session #** _____

Beginning SUDS _____ Ending SUDS _____

Beginning VOC _____ Ending VOC _____

Clear Body Scan YES NO

Today's Date _____ **Session #** _____

Beginning SUDS _____ Ending SUDS _____

Beginning VOC _____ Ending VOC _____

Clear Body Scan YES NO

Today's Date _____ **Session #** _____

Beginning SUDS _____ Ending SUDS _____

Beginning VOC _____ Ending VOC _____

Clear Body Scan YES NO

Today's Date _____ **Session #** _____

Beginning SUDS _____ Ending SUDS _____

Beginning VOC _____ Ending VOC _____

Clear Body Scan YES NO

Additional Notes
