

# George's Activity Log

Keep track of your progress as you work on your plan of action! How did you feel afterward? Did it get easier over time? Did you learn anything new about yourself?

| Date           | Exposure Activity   | Anxiety Intensity Scale Rating (0-10) |        |       | Did I learn anything new?  |
|----------------|---|---------------------------------------|--------|-------|--|
|                |   | Before                                | During | After |  |
| Monday 9/23    | Today in math class I gave my friend Jerry a high five after he told me he got an A on the quiz.        | 4                                     | 5      | 3     | I was a bit uncomfortable when I gave Jerry a high five because I'm not sure if he washed his hands or if he was sick. But I actually felt less anxious after a few seconds. |
| Tuesday 9/24   | This evening I touched the dirty clothes in the laundry hamper, and I tried not to wash my hands after. | 5                                     | 5      | 3     | I was really uncomfortable at first, and I did want to wash my hands after, but I didn't and it wasn't too bad!  |
| Wednesday 9/25 | I went to gaming club after school and used the shared game controllers without wiping them down first. | 7                                     | 5      | 5     | I got pretty anxious right before gaming club since I don't like touching controllers everyone is using, but we did play a cool game and I'm glad I went.                    |
| Thursday 9/26  | I touched the bathroom stall door in the restroom at school without washing my hands after.             | 8                                     | 8      | 6     | This made me really anxious and I really wanted to wash my hands. I used some coping skills and went to class. I wasn't as anxious as I thought I would be after!            |

# Plan of Action Activity Log

Keep track of your progress as you work on your plan of action! How did you feel afterward? Did it get easier over time? Did you learn anything new about yourself?

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|      |                   | Before                                | During | After |                           |
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