

**Describe your fear:**

Begin your list with the least frightening activity (or step) associated with your fear as Level 1 all the way through to level 10 (most frightening)

**Level 1:**

**Level 2:**

**Level 3:**

**Level 4:**

**Level 5:**

**Level 6:**

**Level 7:**

**Level 8:**

**Level 9:**

**Level 10:**