

R-TEP Tracking Forms:

Client Initials _____ Client DOB _____ Event _____

Today's Date _____ Clinician _____

Story Summary: _____

Was able to complete story in 1st appointment (circle) yes__ no__

EVENT SUDS: START _____ END _____

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

Worst Picture:

Negative Cognition:

Positive Cognition:

Start VOC: _____

End VOC: _____

Emotions:

Start SUDs: _____

End SUDs: _____

Body Sensations:

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

Worst Picture:

Negative Cognition:

Positive Cognition:

Start VOC: _____

End VOC: _____

Emotions:

Start SUDs: _____

End SUDs: _____

Body Sensations:

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

Worst Picture:

Negative Cognition:

Positive Cognition:

Start VOC: _____

End VOC: _____

Emotions:

Start SUDs: _____

End SUDs: _____

Body Sensations:

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

Worst Picture:

Negative Cognition:

Positive Cognition:

Start VOC: _____

End VOC: _____

Emotions:

Start SUDs: _____

End SUDs: _____

Body Sensations:

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

Worst Picture:

Negative Cognition:

Positive Cognition:

Start VOC: _____

End VOC: _____

Emotions:

Start SUDs: _____

End SUDs: _____

Body Sensations: