

DBT DIARY CARD		Instructions: Put a check in the days you work on each skill	How often did you fill out this side? _____ Daily; _____ 4-6x's; _____ 2-3x's; _____ Once; _____ In Session				DATE STARTED:
Day of the Week							
Core Mindfulness	Noticing Reasonable Mind						
	Noticing Emotion Mind						
	Wise Mind						
	Observe: Just notice (Urge Surfing)						
	Describe: Put words on						
	Participate: Enter the experience						
	Non-judgmental: Just the facts						
	One-Mindfully: In the moment						
	Effectiveness: Focus on what works						
	Formal Mindfulness Practice						
Interpersonal Effectiveness	Prioritize Among Goals						
	Consider Options for Intensity						
	Objective Effectiveness: DEAR						
	Objective Effectiveness: MAN						
	Relationship Effectiveness: GIVE						
	Self-Respect Effectiveness: FAST						
	Attend to Relationships						
Emotion Regulation	Describing Emotions						
	Opposite-to-Emotion Action						
	Problem Solving						
	Check the Facts						
	Accumulate Positives: Short Term						
	Accumulate Positives: Valued Action						
	Build Mastery						
	Cope Ahead						
	Reduce Vulnerability: PLEASE						
	Mindfulness of Current Emotion						
Survival & Acceptance	TIP: Temp, Int. Exercise, Prog. Relax						
	Pros and Cons						
	Self Soothe						
	IMPROVE the Moment						
	Distract: ACCEPTS (Adaptive Denial)						
	Turning The Mind						
	Radical / Reality Acceptance						
	Willingness						
	Half Smile						
	Observing Breath						
Other Skills	Mindfulness of Current Thoughts						
	Self Validation						
	Self Compassion						
	Building Structure						

Weekly Target/ Skills Practice:

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Day of the Week								
<i>Emotions (highest rating for each day 0-5)</i>	Anger							
	Anxiety/ Agitation							
	Disgust							
	Envy							
	Fear							
	Jealousy							
	Joy							
	Love							
	Sadness							
	Shame							
	Guilt							
0-5	Physical Pain							
0-5	Emotional Misery							
<i>Ineffective Urges (0-5)</i>	Self Harm							
	Suicide							
<i>Ineffective Actions</i>	Self Harm (Y or N)							
	Suicide Attempts (Y or N)							
	Lying (# of times)							
	Keeping Doors Open (Y or N)							
<i>Effective Actions</i>	Hours of Sleep							
	Took Meds as Prescribed (Y or N)							
	Skill Use (0 to 7) *							
	Reinforced Self for Skill Use (Y or N)							

Skill Use Scale:

0 = Not thought about or used	3 = Tried, but couldn't use them	6 = Didn't try, used them, didn't help
1 = Thought about, not used, didn't want to	4 = Tried, could use them didn't help	7 = Didn't try, used them, helped
2 = Thought about, not used, wanted to	5 = Tried, could use them, helped	

Urges to . . . (0-5)			Belief in Ability to Self-Regulate/ Self-Control . . . (0-5)		
	Before Therapy	After Therapy		Before Therapy	After Therapy
Self Harm			Emotions		
Commit Suicide			Actions		
Quit Therapy			Thoughts		
Other:					