

DIALECTICAL BEHAVIOR THERAPY DIARY CARD

NAME: _____

Date: _____

| | Urges to: | | | Emotions: | | | | | Actions: | | | | Drugs: | | | Urge | Action | Emotion |
|-------|-----------|---------|--------------------|-----------|-------|-------|-----|------|-----------|---------|--------------------|-----|--------------|---------|---------------|------|--------|---------|
| | Self Harm | Suicide | Impulsive Behavior | Pain | Anger | Shame | Sad | Fear | Self Harm | Suicide | Impulsive Behavior | Lia | Street Drugs | Alcohol | Perscriptions | | | |
| | 0-5 | 0-5 | 0-5 | 0-5 | 0-5 | 0-5 | 0-5 | 0-5 | 0-5 | 0-5 | 0-5 | | Specify | Specify | Specify | 0-7 | 0-7 | 0-7 |
| Mon | | | | | | | | | | | | | | | | | | |
| Tues | | | | | | | | | | | | | | | | | | |
| Wens | | | | | | | | | | | | | | | | | | |
| Thurs | | | | | | | | | | | | | | | | | | |
| Fri | | | | | | | | | | | | | | | | | | |
| Sat | | | | | | | | | | | | | | | | | | |
| Sun | | | | | | | | | | | | | | | | | | |

What I did well this Week: _____

Mon _____

Tues _____

Wens _____

Thurs _____

Fri _____

Sat _____

Sun _____

Intensity: 0 = not at all, 1 = A bit, 2 = Somewhat, 4 = VERY Strong, 5 = EXTREMELY STRONG

WILLS USED 0 =NOT THOUGHT ABOUT OR USED, 1= THOUGHT ABOUT, NOT USED, DIDN'T WANT TO, 2 = THOUGHT ABOUT, NOT USED INTENDED TO 3 = TRIED, BUT COULDN'T USE THEM, 4 = TRIED COULD DO THEM BUT THEY DIDN'T HELP, 5 = TRIED, COULD USE THEM, HELPED 6 = DIDN'T TRY, USED THEM, DIDN'T HELP. 7 = DIDN'T TRY, USED THEM HELPED

HOW OFTEN DID YOU USE THEM?

Fill in: DAILY _____ 2/3 TIMES WK: _____ 1TIME WK _____
