



**Instant
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DBT DIARY CARD

(Dialectical Behavioral Therapy)

DBT DIARY CARD

Name:	How often did you fill out DC?	Start date:
	__Daily __2-3× __4-6× __1×	End date:

Date of Week	Highest Urge To:			Highest Rating:			Actions			Drugs/Medications								Emotion		Actions	
	Kill myself	Hurt myself	Use Drugs	Emotion Misery	Physical Misery	Joy	Hurt Myself	Skills		Drugs/Alcohol		Marijuana		Meds as prescribed	OTC						
	0-5	0-5	0-5	0-5	0-5	0-5	Y/N	0-7		#	What	#	What	Y/N	#	What	0-5	0-5	Y/N #	Y/N #	
Coming Into Session										Used Skills											
Urge To:				0-5	Belief I can change,and make things better				0-5	0=not thought or about used					4=tried, could do them, but they didn't help						
Quit Therapy					Emotion					1=thought about, not used, didn't want to					5=tried, could use them, helped						
Use Drugs					Actions					2=thought about, not used, wanted to					6=automatically used them, didn't help						
Kill myself					Thoughts					3=tried but couldn't use them					7=automatically used them, helped						

MON	TUES	WED	THUR	FRI	SAT	SUN	Wise Mind	Core Mindfulness Skills
MON	TUES	WED	THUR	FRI	SAT	SUN	Observe: Just notice	
MON	TUES	WED	THUR	FRI	SAT	SUN	Describe: put words on , just the facts	
MON	TUES	WED	THUR	FRI	SAT	SUN	Participate: enter into the experience	
MON	TUES	WED	THUR	FRI	SAT	SUN	Non-judgemental stance	