DIALECTICAL BEHAVIORAL THERAPY DIARY

NAME: _____ DATE RANGE: _____ FREQUENCY: __daily __2-3x __weekly

RATE ON A SCALE FROM 1-5 (SEE KEY BELOW)

DAY	DATE	SADNESS	SHAME	ANGER	FEAR	ASPIRATION	JOY	S-H URGES	S-H ACTIONS	SUICIDAL ACTION	OTHER URGES	USED SKILLS	NOTES

RATING SCALE FOR EMOTIONS AND SELF-HARM URGES:
0 = none 1 = minimal 2 = mild 3 = moderate 4 = strong 5 = intense

USED:
0 = Didn't think about using
1 = Thought about using but didn't want to use
2 = Wanted to use but didn't
3 = Used skills but didn't help
4 = Used them, helped
5 = Didn't need them, practiced

Urge to quit individual therapy: ____

Urge to quit group therapy: ____

Write in your skills and check off the days that you worked on them.

	MON	TUES	WED	THUR	FRI	SAT	SUN
	MON	TUES	WED	THUR	FRI	SAT	SUN
	MON	TUES	WED	THUR	FRI	SAT	SUN
	MON	TUES	WED	THUR	FRI	SAT	SUN
	MON	TUES	WED	THUR	FRI	SAT	SUN
	MON	TUES	WED	THUR	FRI	SAT	SUN
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