DBT DIARY CARD

NAME: DATE: _____

Targets											Emotions 0-5							
Date	Suicide		Self-harm		Alternate substitute coping (i.e. Substances, eating, complaining)		Judgments		Reactions to anger 1. Yell/raise voice 2. Hit objects/wall 3. Hurtful words 4. Throw things 5. Eye gestures/body language 6. Passive/sarcastic comments 7. Other: _____		Misery	Self-Acceptance	Compassion	Anger	Joy	Shame	Sadness	Fear
	intensity 0-5	Action Y or N	intensity 0-5	Action Y or N	intensity 0-5	Action Y or N	Self 0-5	Others 0-5	List behavior from legend	List any skills used								

Intensity ratings → 0 = No thoughts 1 = Fleeting thoughts 2 = More intense 3 = Very Intense 4 = Developing specific plan 5 = Intend to act on plan

INTENSITY: 0 = not at all 1= A bit 2= Somewhat 3=Rather Strong 4 = VERY Strong 5= EXTREMELY STRONG

How often did you fill in your diary card?:_____ DAILY _____ 2 / 3 X'S WK _____ 1X WK Urge to quit therapy? _____