






DBT Diary Card #_____

Name:		The urge to quit this week:	Rating Scale						
Date:	_____ to _____	Individual Therapy	0 1 2 3 4 5	0 None	1 Minimal	2 Mild	3 Moderate	4 Intense	5 Strong
How many days did you fill out this card?		Group Therapy	0 1 2 3 4 5	Skillfulness Rating Scale					
0 1 2 3 4 5 6 7				0 Didn't think about skills	1 thought about skills, didn't want to use them	2 thought about and wanted to use skills but didn't	3 Used skills, they didn't help	4 Used skills, they were helpful	5 Didn't need skills but practiced using them
Filled out In-Session?		Medications	0 1 2 3 4 5						
Y N									

	Joy	Sadness	Anger	Fear/Anxiety	Shame/Guilt	Self-Harm Urge/Action	Suicidal Thoughts Urge/Action	Alcohol Urge/Action		Drugs Urge/Action		Physical Pain	Other Target Behavior to Increase	Other Target Behavior to Decrease	Skillfulness
								#	Type	#	Type				
Mon.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	U A 0 1 2 3 4 5	U A 0 1 2 3 4 5		U A		U A	0 1 2 3 4 5			0 1 2 3 4 5
Tues.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	U A 0 1 2 3 4 5	U A 0 1 2 3 4 5		U A		U A	0 1 2 3 4 5			0 1 2 3 4 5
Wed.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	U A 0 1 2 3 4 5	U A 0 1 2 3 4 5		U A		U A	0 1 2 3 4 5			0 1 2 3 4 5
Thurs.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	U A 0 1 2 3 4 5	U A 0 1 2 3 4 5		U A		U A	0 1 2 3 4 5			0 1 2 3 4 5
Fri.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	U A 0 1 2 3 4 5	U A 0 1 2 3 4 5		U A		U A	0 1 2 3 4 5			0 1 2 3 4 5
Sat.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	U A 0 1 2 3 4 5	U A 0 1 2 3 4 5		U A		U A	0 1 2 3 4 5			0 1 2 3 4 5
Sun.	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	U A 0 1 2 3 4 5	U A 0 1 2 3 4 5		U A		U A	0 1 2 3 4 5			0 1 2 3 4 5

To discuss in therapy:

Notes:

