

Diary Card Key

| | Descriptions | Ranking |
|-----------------|---|---|
| RX | Take Meds? | Yes or No |
| DEP | Depression | 1 – 10 (high) |
| ANG | Anger | 1 – 10 (high) |
| ANX | Anxiety | 1 – 10 (high) |
| SI | Suicidal Ideas (thoughts of killing yourself) | Intensity of urges (#) <hr style="width: 50%; margin: 0 auto;"/> Whether or not you acted on the urges. Yes - No |
| SIB | Self-injury behavior (things that could be fatal ex: cutting, purging, sexually acting out) | |
| TIB | Therapy-interfering behavior (ex: oversleeping, not coming to group/therapy) | |
| D/A | Drugs/ Alcohol | |
| HS | Hours of Sleep | # |
| Fear | Fear | 1-10 (high) |
| SHAME | Shame | 1-10 (high) |
| Sad | Sadness | 1-10 (high) |
| Joy | Joy | 1-10 (high) |
| Lying | Lying | Yes or No |
| EN | Energy Level | 0 – 10 (high) |
| CA | Chain Analysis (if you had one and what it was about) | Yes, No, content |
| Other | Anything else you want to track | |
| Feelings | | |