

DBT Diary Card	How often did you fill out this card? 1 2 3 4 5 6 7	Target Behaviors:
Date Finished _____		1
Name _____	Filled out in Session? Y / N	2

SI/SIB/TIB Behavior	Emotions	Target Behaviors	Hs	Rx
Suicidal Ideation Self-injurious Behavior Therapy Interfering Beh. Urge to quit DBT	Rate how intense your emotion was each day	How strong was your urge to use (or avoid) your target behavior? Did you act on target?	yes /no	Yes /no

(0=least intense and 10=most intense)

Day	Urge/action		Urge/action		Pain	Depressed /Sad	Shame /Guilt	Irritable /Anger	Anxiety /Fear	Joy Content	Urge/action	Urge/action	Hs	Rx
	SI	SIB	TIB	Quit										

____ day _____

- USED SKILLS:**
- 0 = Not thought about or used
 - 1 = Thought about, not used, didn't want to
 - 2 = Thought about, not used, wanted
 - 3 = Tried, but couldn't use them
 - 4 = Tried, could do them but they didn't help
 - 5 = Tried, could use them, helped
 - 6 = Didn't try, used them, didn't help
 - 7 = Didn't try, used them, helped

