

Dialectal Behavior Therapy Diary Card	Instructions: Circle the days you worked on each skill	Filled out in session? Y N			How often did you fill out this side? _____ Daily _____ 2-3x _____ Once			
		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Wise mind		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Observe: just notice (Urge Surfing)		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Describe: put words on		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Participate: enter into the experience		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Nonjudgmental stance		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. One-mindfully: in-the-moment		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Effectiveness: focus on what works		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Objective effectiveness: DEAR MAN		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Relationship effectiveness: GIVE		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Self-respect effectiveness: FAST		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Reduce vulnerability: PLEASE		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Build MASTERY		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Build positive experiences		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Opposite-to-emotion action (Alt. Rebellion)		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Distract (Adaptive Denial)		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Self-soothe		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Improve the moment		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Pros and cons		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Radical Acceptance		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Building Structure// Work		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Building Structure// Love		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Building Structure// Time		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Building Structure// Place		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Urge to use (0-5):	Before therapy session: _____	After therapy session: _____			BRTC Diary Card Copyright 1999 Marsha M. Linehan, Ph.D.			
Urge to quit therapy (0-5):	Before therapy session: _____	After therapy session: _____						

Download and modify this card for yourself at <http://www.dbtselfhelp.com/html/extras.html>

Dialectal Behavior Therapy Diary Card				Initials	ID#	Filled out in session? Y N	How often did you fill out this side? ____ Daily ____ 2-3x ____ Once				Date Started
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Day & Date	Use	Suicide	S-H	Pain	Sad	Shame	Anger	Fear	Illicit	ETOH	Prescrip	OTC	S-H	Lying	Joy	Skills	R
	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	# Specify	# Specify	# Specify	# Specify	Y/N	#	0-5	0-7	✓
	Mon																
Tues																	
Wed																	
Thur																	
Fri																	
Sat																	
Sun																	

***USED SKILLS**
0 = Not thought about or used
1 = Thought about, not used, didn't want to
2 = Thought about, not used, wanted to
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

	Before	After	Belief in control of . . .	Before	After	BRTC Diary Card Copyright 1999 Marsha M. Linehan, Ph.D.
Urge to use (0-5):			Emotions:			
Urge to quit therapy (0-5):			Behaviors:			
Urge to harm (0-5):			Thoughts:			