

Checking the Facts DBT Worksheet

Checking the Facts DBT Worksheet

Work through the prompts in order. Write as much or as little as you find useful, and bring the completed worksheet to your next session.

Name: _____

Date completed: _____ dd / mm / yyyy

Date of birth: _____ dd / mm / yyyy

Record / MRN number: _____

Name: _____

Date: _____ dd / mm / yyyy

Work through the prompts in order. There is no right answer - write what is true for you.

1. What brought you to work on checking the facts dbt?

2. What happens now - describe a recent example in as much detail as you can.

3. What did you notice in your body, your thoughts and your behavior at the time?

4. What have you already tried, and what happened?

5. What would you like to be different by the time of your next session?

6. What is the smallest step you could take this week?

7. What might get in the way, and how will you handle it?

8. Who could support you with this?

Anything you want to bring to your next session