DBT Diary Card

CLIENT INFORMATION

Name: _____ **Date:** _____ dd / mm / yyyy

Therapist: _____

Instructions: Please complete this DBT Diary Card daily. It is designed to help you track your emotions, urges, behaviors, and use of DBT skills. This will assist in identifying patterns and areas for improvement in your therapy.

DAILY MOOD AND EMOTIONS TRACKING

Daily Mood and Emotions Tracking - Rate each emotion from 0 (not at all) to 5 (extremely):

Anxiety:

○ ○ ○ ○ ○ ○
0 1 2 3 4 5

Sadness:

○ ○ ○ ○ ○ ○
0 1 2 3 4 5

Anger:

○ ○ ○ ○ ○ ○
0 1 2 3 4 5

Shame/Guilt:

○ ○ ○ ○ ○ ○
0 1 2 3 4 5

Happiness:

○ ○ ○ ○ ○ ○
0 1 2 3 4 5

Other (Specify): _____

URGES TRACKING

Urges Tracking - Rate the intensity of each urge from 0 (no urge) to 5 (strongest urge):

Self-harm:

○ ○ ○ ○ ○ ○
0 1 2 3 4 5

Substance use:

○ ○ ○ ○ ○ ○
0 1 2 3 4 5

Disordered eating:

○ ○ ○ ○ ○ ○
0 1 2 3 4 5

Other (Specify): _____

BEHAVIOR TRACKING

Behavior Tracking - Indicate if you engaged in the following behaviors (Yes/No):

Self-harm:

○ Yes ○ No

Substance use:

◯ Yes ◯ No

Disordered eating:

◯ Yes ◯ No

Other (Specify): _____

DBT SKILLS USAGE

DBT Skills Used:

- ☐ Mindfulness
- ☐ Distress Tolerance
- ☐ Emotion Regulation
- ☐ Interpersonal Effectiveness

Other (Specify): _____

EFFECTIVENESS OF DBT SKILLS

Effectiveness of DBT Skills - Rate the effectiveness of the skills used from 0 (not effective) to 5 (highly effective):

Mindfulness:

◯ ◯ ◯ ◯ ◯ ◯
0 1 2 3 4 5

Distress Tolerance:

◯ ◯ ◯ ◯ ◯ ◯
0 1 2 3 4 5

Emotion Regulation:

◯ ◯ ◯ ◯ ◯ ◯
0 1 2 3 4 5

Interpersonal Effectiveness:

◯ ◯ ◯ ◯ ◯ ◯
0 1 2 3 4 5

Other (Specify): _____

CHALLENGES AND NOTES

Challenges and Notes - Describe any challenges faced today and additional notes:

Date of Review: _____ dd / mm / yyyy

Therapist's Comments:

_____

Client's Signature

Date: _____ dd / mm / yyyy

Therapist's Signature
Date: _____ dd / mm / yyyy