

DBT Diary Card

For the week of (start date): _____

(Y)es of (N)o	D1	D2	D3	D4	D5	D6	D7	Notes or Comments
Attended individual therapy								
Attended group therapy								
Slept well last night								
Exercised								
Engaged in relaxation activity								
Socialized with others								
Used supports								
Did a pleasure activity								
URGES	Drugs or alcohol							
	Self-harm							
	Suicidal thoughts							
	Overmedicating							
	Lashing out with words							
	Spending \$ to feel better							
	Procrastinate							
	Over/Under eat food							
	Isolate myself							
	Dissociate (zone/check out)							
0 – 5 Intensity	Splitting							
	Pushing limits							
	Triggered							
EMOTIONS	Stress							
	Anxiety							
	Fear							
	Insecurity							
	Angry							
	Ashamed							
	Guilty							
	Pain							
	Sadness							
	Wounded							
	Unfocused							
	Peaceful							
0 – 5 Intensity	Accepting							
	Joy or Joyful							
	Strong							
SOCIAL	Reluctant to do things							
	Regretting							
	Fearful							
	Masking real emotions							
	Shame							
	Confusion							
	Being in Wise Mind							
0 – 5 Intensity	Forgiving							
	Aware							