**Diary Card Instructions**

The DBT Diary Card can be a useful tool when developing awareness and accountability to help you build a satisfying life

Fill out your Diary Card ***EVERY DAY.*** Do it mindfully and bring with you to all individual therapy sessions and Skills Training Groups.

For the Medications (RX) section, write the number of medications you took over the number you were prescribed to take in the top box (e.g. if you took three pills and were prescribed three, you would write “3/3”). If you took all of your medications, you can also write “all” in the top box.

For the Depression (DEP) Anxiety (ANX), and Anger (ANG) sections, please use a scale of 0 to 10, with 0 being the lowest intensity of that emotion for you and 10 being the highest intensity of that emotion for you. In the top box write the range of your emotions for the day by writing your lowest and highest levels (e.g., ANX 3-8). In the larger box below, please write any skills you utilized to help regulate these emotions.

For the Suicidal Ideation (SI; e.g., thoughts of self-harm or suicide, wanting to go to sleep and not wake up), Self-Injurious Behavior (SIB; e.g., hitting, cutting or burning self, binge eating), Therapy Interfering Behavior (TIB; e.g., arriving late for therapy sessions, not completing homework) and Group Interfering Behavior (e.g., arriving late or missing group, interrupting group, not completing homework) sections, use a scale of 0-10, with 0 being the lowest intensity of your urge and 10 being the highest intensity of your urge, to rate the range of your urges by noting the lowest and highest levels in the top box. Additionally, indicate yes (Y) or no (N) to note if you ***acted*** on SI, SIB, or TIB urges (e.g., 2-9/N for SIB urges). In the lower box write in any skills you used/attempted in order to manage your urges.

For the Sleep section, note the total number of hours of sleep. Place a slash mark (/) through the number if sleep was not restful or was interrupted. For the Energy section, use a scale of 0 to 10, with 0 being the lowest level of energy and 10 being the highest level of energy, to rate the range of your energy level (e.g., 4-6).

For the Build Mastery (BM) and PLEASE (PL) sections note yes (Y) or no (N) o indicate any efforts to practice these skills.

For the other Sections, track any other symptom(s), behavior(s), or issue(s) important to your treatment.

On the backside of the Diary Card, write in your feelings, positive events, and things for which you are grateful each day.