

DBT Diary Card

Client Information

Name: _____

Date: _____

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

- Rate each emotion from 0 (not at all) to 5 (extremely):
 - Anxiety: _____
 - Sadness: _____
 - Anger: _____
 - Shame/Guilt: _____
 - Happiness: _____
 - Other (Specify): _____ Rating: _____

Urges Tracking

- Rate the intensity of each urge from 0 (no urge) to 5 (strongest urge):
 - Self-harm: _____
 - Substance use: _____
 - Disordered eating: _____
 - Other (Specify): _____ Rating: _____

Behavior Tracking

- Indicate if you engaged in the following behaviors (Yes/No):
 - Self-harm: _____
 - Substance use: _____
 - Disordered eating: _____
 - Other (Specify): _____ (Yes/No): _____

DBT Skills Usage

- Indicate which DBT skills you used today (Check all that apply):

- Mindfulness:
- Distress Tolerance:
- Emotion Regulation:
- Interpersonal Effectiveness:
- Other (Specify): _____

Effectiveness of DBT Skills

- Rate the effectiveness of the skills used from 0 (not effective) to 5 (highly effective):
 - Mindfulness: _____
 - Distress Tolerance: _____
 - Emotion Regulation: _____
 - Interpersonal Effectiveness: _____
 - Other (Specify): _____ Rating: _____

Challenges and Notes

Describe any challenges faced today and additional notes:

Therapist's Review and Comments

Date of Review: _____

Therapist's Comments:

Client's Signature

_____ Date: _____

Therapist's Signature

_____ Date: _____