

Dialectal Behavior Therapy Diary Card	Instructions: Circle the days you worked on each skill	Filled out in session? Y N				How often did you fill out this side? _____ Daily _____ 2-3x _____ Once			
		Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
1. Wise mind	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
2. Observe: just notice (Urge Surfing)	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
3. Describe: put words on	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
4. Participate: enter into the experience	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
5. Nonjudgmental stance	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
6. One-mindfully: in-the-moment	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
7. Effectiveness: focus on what works	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
8. Objective effectiveness: DEAR MAN	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
9. Relationship effectiveness: GIVE	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
10. Self-respect effectiveness: FAST	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
11. Reduce vulnerability: PLEASE	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
12. Build MASTERY	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
13. Build positive experiences	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
14. Opposite-to-emotion action (Alt. Rebellion)	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
15. Distract (Adaptive Denial)	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
16. Self-soothe	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
17. Improve the moment	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
18. Pros and cons	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
19. Radical Acceptance	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
20. Building Structure// Work	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
21. Building Structure// Love	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
22. Building Structure// Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
23. Building Structure// Place	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
Urge to use (0-5):	Before therapy session: _____	After therapy session: _____				BRTC Diary Card Copyright 1999 Marsha M. Linehan, Ph.D.			
Urge to quit therapy (0-5):	Before therapy session: _____	After therapy session: _____							

Dialectal Behavior Therapy Diary Card			Initials	ID#	Filled out in session? Y N	How often did you fill out this side? _____ Daily _____ 2-3x _____ Once				Date Started											
Day & Date	Use	Suicide	S-H	Pain	Sad	Shame	Anger	Fear	Illicit		ETOH		Prescrip		OTC		S-H	Lying	Joy	Skills	R
	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	#	Specify	#	Specify	#	Specify	#	Specify	Y/N	#	0-5	0-7	✓
Mon																					
Tues																					
Wed																					
Thur																					
Fri																					
Sat																					
Sun																					
									<b>*USED SKILLS</b> <b>0 = Not thought about or used</b> <b>1 = Thought about, not used, didn't want to</b> <b>2 = Thought about, not used, wanted to</b> <b>3 = Tried but couldn't use them</b>						<b>4 = Tried, could do them but they didn't help</b> <b>5 = Tried, could use them, helped</b> <b>6 = Didn't try, used them, didn't help</b> <b>7 = Didn't try, used them, helped</b>						
				Before	After	Belief in control of . . .			Before	After											
Urge to use (0-5):						Emotions:															
Urge to quit therapy (0-5):						Behaviors:					<b>BRTC Diary Card</b> <b>Copyright 1999 Marsha M. Linehan, Ph.D.</b>										
Urge to harm (0-5):						Thoughts:															