

Dialectical Behavior Therapy Adolescent Diary Card	First Name _____	Filled out in session? Y/ N _____	How often did you fill out this section? ___ Daily ___ 2-3x ___ Once How often did you use phone consult? ___	Date started / /
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Day	Self Harm		Suicidal		Meds	School	Other			Emotions							Skills *	Notes:
	Urge	Actions	Thoughts	Actions	Taken as Prescribed	Cut class/ school	Risky Sex			Anger	Fear	Happy	Anxious	Sad	Shame	Lying *		
	0-5	Yes / No	0-5	Yes / No	Yes/No	Yes/No				0-5	0-5	0-5	0-5	0-5	0-5	Yes/No	0-7	

*USED SKILLS 0=Not thought about or used 1=Thought about, not used, didn't want to 2=Thought about, not used, wanted to 3=Tried but couldn't use them	4= Tried, could do them but they didn't help 5= Tried, could use them, helped 6= Didn't try, used them, didn't help 7= Didn't try, used them, helped	Rating Scale for Emotions and Urges: 0=Not at all 1=A bit 2=Somewhat 3=Rather Strong 4=Very Strong 5=Extremely Strong Urge to harm self: _____ Urge to quit therapy: _____ Misery Index: _____
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Instructions: Circle the days you worked on each skill

	Core Mindfulness									Interpersonal Effectiveness							
	1. Wise mind	2. Observe (Just notice what's going on inside)	3. Describe: (Put words on the experience)	4. Participate (Enter into the experience)	5. Don't Judge (Non-judgemental stance)	6. Stay Focused (One-mindfully: in-the-moment)	7. Do what works (Effectiveness)	8. DEAR MAN (Getting what you want)		9. GIVE (Improving the relationship)	10. FAST (Feeling effective & keeping your self-respect)	11. Cheerleading statements for worry thoughts					
	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun			
	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun			
	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun			
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	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun			
	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun			

Behaviors of Parents to Increase (0-5 rating, 5 = very thorough and effective)	MON	TUE	WED	THUR	FRI	SAT	SUN
Validation – listened carefully, asked questions, and summarized what I said							
Validation - Said "Your emotion/behavior made sense" (it is caused or is normal)							
Acknowledged something I did effectively - described exactly what behaviors they liked and showed appreciation							
Gave me a reward for my effective behaviors							
Acknowledged my progress in therapy, overall							
Showed love or affection							
Showed humor or playfulness toward me							
Behaviors of Parents to Decrease							
Argued (persist in making a point when persistence is unproductive)							
Argued (too loud or angry or irritable voice tone)							
More than one prompt per behavior per day							
Judgmental words (write down exact words below)							
Judgmental face or voice tone (Y or N)							
Negative Assumptions about things parents do not directly observe about me "You are trying to..." "You don't want..."							
"Never"/ "Always" Language							