



DIARY CARD

Name: _____ Date Range: _____ How often did you fill out? daily 2-3x Once

Day & Date	Sadness 0-5	Shame 0-5	Anger 0-5	Fear 0-5	Agitation 0-5	Joy 0-5	S-H Urge 0-5	S-H Action Y/N	SI 0-5	Suicide Action Y/N	Additional Target:	Additional Target:	Used Skills 0-5	Notes:

RATING SCALE: 0 = none 1 = minimal 2 = mild 3 = moderate 4 = strong 5 = intense **URGE TO QUIT:** Individual therapy (0-5) _____ Group therapy (0-5) _____

USED SKILLS: 0 = Didn't think about using 2 = Thought about using, wanted to use, but didn't 4 = Used them, helped
 1 = Thought about using, but didn't want to use 3 = Used them, but didn't help 5 = Didn't need them, but practiced

Instructions: Circle the days you worked on each skill **How often did you use phone consult? daily 2-3x Once None**

		Mon	Tue	Wed	Thu	Fri	Sat	Sun
CORE MINDFULNESS	1. Wise Mind: balance mind states							
	2. Observe: just notice							
	3. Describe: put words on							
	4. Participate: enter into experience							
	5. Non-judgemental stance							
	6. One-mindfully: in-the-moment							
	7. Effectiveness: focus on what works							
DISTRESS TOLERANCE	8. Distract: ACCEPTS							
	9. Self-soothe with the senses							
	10. IMPROVE the moment							
	11. Pros and cons							
	12. TIPP							
	13. Accepting reality (e.g., half-smile; breathing)							
EMOTIONAL REG.	14. Reduce vulnerability: PLEASE							
	15. Accumulate positives							
	16. Build mastery, cope ahead							
	17. Mindfulness to positives							
	18. Opposite-to-emotion action							
INTERNAL EFFECTIVENESS	19. Objective effectiveness: DEAR MAN							
	20. Relationship effectiveness: GIVE							
	21. Attend to relationships							
	22. Self-respect effectiveness: FAST							
	23. Mindfulness to others							
	24. Dialectical thinking							
	25. Self-management							