

UNIVERSITY OF WASHINGTON
BEHAVIORAL RESEARCH AND THERAPY CLINICS
How to Complete the Diary Card: Instructions for Therapists and Clients

- **Initials/ID #:** Please put either your initial or your id in this location. Your initial are the first letter of your first name and the first letter of your last name. Your ID# is a unique 6-digit randomly generated number.
- **Filled out in session?:** If you fill out the card during the session, circle Y. Otherwise, circle N.
- **How often did you fill out this side?:** In the past week, In the past week did you fill out the card once, two to three times daily. Check the appropriate spot.
- **Started:** Note the first date the card was started, including year (e.g., 07/01/04).
- **Urges to Commit Suicide (0-5):** Rate the intensity with which you experienced urges to commit suicide on a scale from 0 (no urges at all) to 5 (the strongest, most intense urges possible). High scores may indicate either an intense or a pervasive occurrence of urges to commit suicide. Rate the MOST INTENSE or HIGHEST urges experienced on that particular day. For example, if you experienced several instances of urges rated 3/5, but one instance of urges rated 5/5, you would put a “5” in the column for Urges to Commit Suicide.
- **Urges to Use Drugs (0-5):** Rate the intensity with which you experienced urges to use drugs (this includes Alcohol, Over-the-Counter Meds, Prescription Meds, and Street/Illicit Drugs) on a scale from 0 (no urges at all) to 5 (the strongest, most intense urges possible). High scores may indicate either an intense or a pervasive occurrence of urges to use drugs. Please rate the MOST INTENSE or HIGHEST urges experienced on that particular day. For example, if you experienced several instances of urges rated 3/5, but one instance of urges rated 5/5, you would put a “5” in the column for Urges to Use Drugs.
- **Highest Emotion of the Day (0-5):** Rate the intensity with which you experienced particular emotions on a scale from 0 (no experience of the emotion at all) to 5 (the strongest, most intense experience of the emotion possible). High scores may indicate either an intense or a pervasive occurrence of the emotion. Your rating reflects the MOST INTENSE or HIGHEST experience of the emotion for that particular day. For example, if you experienced several instances of the emotion rated 3/5, but one instance of the emotion rated 5/5, you would put a “5” in the column for that particular emotion.
- **Emotional Misery:** Emotional Misery refers to a subjective emotional state experienced as misery. Emotional Misery may involve a conglomeration of several different unpleasant emotional experiences, such as sadness, despair, depression, fear, etc.
- **Physical Misery:** Physical Misery refers to a physical state experienced as misery. Physical Misery may involve intense or prolonged pain, aches, cramps, symptoms of short-or-long-term physical illnesses (i.e., a cold, the flu), acute injuries, etc.
- **Drugs/Medications:**
 - **“#”:** The number of drugs (as described in the specify column) used on this date (e.g., “3” for 3 beers).
 - **What?:** For **Alcohol**, specify the type of drink (i.e., Beer, Cocktails, Mixed-Drinks, Whiskey, Wine, etc.). For **Illicit Drugs**, specify the type of illicit drug (Valiums, Marijuana, Heroin, Methadone, Methamphetamine, Cocaine, etc.). In the case of prescription drugs, it’s acceptable to write “ditto” in subsequent specify boxes, to indicate daily use.
 - **Suboxone:** Specify the number of milligrams of Suboxone taken on that particular day.
 - **Meds as Prescribed.** Write Y (Yes) or N (No) to indicate whether prescribed medications were taken as prescribed.
 - **PRN/Over-The-Counter.** Under the # column, write down the number of prn drugs that were taken on that particular day. Under the **What** column, write down the name of the prn drug(s) that was/were taken on that day.
 - You can use horizontal lines through rows and vertical lines through columns to indicate no use (i.e. if the client didn’t use any prescription meds this week, lines down the #, specify, and 0 columns under

Prescription Meds are okay. Or, if you didn't use alcohol, over-the-counter meds, or prescription meds on Wednesday, then a horizontal line may be drawn through the corresponding boxes for Wednesday).

- **Actions**

- **Self-Harm:** Writes Y (Yes) or N (No) to indicate whether you engaged in any self-harm behavior. Self-harm here is the same as “parasuicidal behavior”, or any overt, acute, self-injurious act that, without outside intervention, would result in tissue damage, illness, or death. The act of self-harm must be INTENTIONAL; meaning you intended to inflict tissue damage, illness, or death.
- **Lied, #:** Write down the **number of times** you lied on that particular day. Lying consists of misleading others or knowingly conveying false information on purpose. Lying refers to all overt and covert behaviors that mask telling the truth. It's important to assume a non-judgmental stance in completing this—lying is simply a behavior; people who lie are not “bad” people. Place an * in this column to signify a lie has been told somewhere on the card for that day.
- **Reinforce:** Place a check in this column to indicate that you actively reinforced yourself, or successfully got others in your social environment to provide reinforcement. The reinforcement should be for effective behavior (i.e., skillful behavior, not using drugs, not self-harming, etc.).
- **Blank Column:** This column may be used to keep a record of any additional behavior.
- **Used Skills:** Circle the number that best corresponds to your experience of using/not using skills.
- **Urge To:** Quit Therapy; Use Drugs; Commit Suicide Coming into Session. Rate the intensity of CURRENT urges to engage in these behaviors, at the beginning of the session, on a scale from 0 (no urges at all) to 5 (the strongest, most intense urges possible).
- **Ability to Self-Regulate/Self-Control: Emotions, Actions, Thoughts:** Rate the extent to which you feel capable of regulating your emotions, behaviors (actions), or thoughts at the beginning of the session, on a scale from 0 (no ability to regulate at all; absolutely no control over thoughts, behaviors, or emotions) to 5 (totally and completely able to regulate thoughts, behaviors, or emotions).
- **Chain Analysis Notes:** In this section, the therapist jots down any important notes based on a chain analysis conducted during the session.
- **Med Changes/Other:** Write down any changes in prescribed medications. These changes may consist of modifications in the dosage (increase or decrease) of the medications (i.e., increase from 5mg to 10mg; a decrease from 20mg to 10mg), the dropping of a medication, or the addition of a new medication.