

UNIVERSITY OF WASHINGTON
BEHAVIORAL RESEARCH AND THERAPY CLINICS

How to Complete the Diary Card: Instructions for Therapists and Clients

- **Initials/ID #:** The client's initials are the first letter of the first name and the first letter of the last name. The client's ID# is a unique 6-digit randomly generated number.
- **Filled out in session?:** If the client filled the card out during the session, circle Y. Otherwise, circle N.
- **How often did you fill out this side?:** In the past week, did the client fill out the card daily, 2-3 times, 4-6 times, or once?
- **Started:** Note the first date the card was started, including year (e.g., 07/01/04).
- **Urges to Commit Suicide (0-5):** The client rates the intensity with which he or she 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. The client rates the MOST INTENSE or HIGHEST urges experienced on that particular day. For example, if the client experienced several instances of urges rated 3/5, but one instance of urges rated 5/5, he or she would put a "5" in the column for Urges to Commit Suicide.
- **Urges to Use Drugs (0-5):** The client rates the intensity with which he or she 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. The client rates the MOST INTENSE or HIGHEST urges experienced on that particular day. For example, if the client experienced several instances of urges rated 3/5, but one instance of urges rated 5/5, he or she would put a "5" in the column for Urges to Use Drugs.
- **Highest Emotion of the Day (0-5):** The client rates the intensity with which he or she 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. The client's rating reflects the MOST INTENSE or HIGHEST experience of the emotion for that particular day. For example, if the client experienced several instances of the emotion rated 3/5, but one instance of the emotion rated 5/5, he or she would put a "5" in the column for that particular emotion.
- **Emotional Misery:** Emotional Misery refers to a subjective emotional state experienced by the client 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 by the client 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

Weeks since last pharmacotherapy session: _____

Change in dose? _____

Prescription Meds are okay. Or, if the client 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:** The client writes Y (Yes) or N (No) to indicate whether he or she has 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; the client intended to inflict tissue damage, illness, or death.
- **Lied, #:** The client writes the **number of times** that he or she 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.
- **HIV High Risk:** The client places a check in this column if he or she has engaged in any HIV high risk behaviors such as sharing needles, having sex with multiple sexual partners, having sex with someone with known HIV/AIDS, having unprotected sex (oral, anal, vaginal), sex with a prostitute, or having sex when you have a sexually transmitted disease (e.g. gonorrhea, Chlamydia, genital herpes, syphilis).
- **Reinforce:** The client places a check in this column to indicate that he or she actively reinforced him or herself, or successfully got others in his or her 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:** The client circles the number that best corresponds to his or her experience of using/not using skills.
- **Urge To:** Quit Therapy; Use Drugs; Commit Suicide Coming into Session. The client rates the intensity of his or her 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:** The client rates the extent to which he or she feels capable of regulating his or her 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.
- **Weeks since last pharmacotherapy session:** The client writes down how many weeks it has been since the last pharmacotherapy session.
- **Dose Changes:** The client writes down modifications in the dosage (increase or decrease) of the medications (i.e., increase from 5mg to 10mg; a decrease from 20mg to 10mg).
- **Med Changes:** The client writes down any medication stopped or the addition of a new medication.

Dialectical Behavior Therapy Skills Diary Card							Initials/Name ID #		Filled out in Session? Y N (Circle)		How often did you fill out this side Daily 2-3x 4-6x Once			Started: Date / /						
Circle Start Day Day Of Week	Highest Urge To:			Highest Rating for Each Day			Drugs/Medications						Actions							
	Commit Suicide	Self Harm	Use Drugs	Emotion Misery	Physical Misery	Joy	Alcohol		Illicit Drugs		Sub-oxone	Meds. As Prescribed	PRN/Over the Counter		Self Harm	Lied	Skills	HIV High Risk	Reinforce	
	0-5	0-5	0-5	0-5	0-5	0-5	#	What?	#	What?	mg.	Y/N	#	What.	Y/N	#	0-7	Y/N	✓	
MON																				
TUE																				
WED																				
THUR																				
FRI																				
SAT																				
SUN																				

Chain Analysis Notes	* <u>USED</u>		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	
	Urge to:	Coming into Session (0-5)	Ability to self-regulate/self-control:	Coming into Session (0-5)
Weeks since last pharmacotherapy session _____	Quit Therapy		Emotions:	
Change in dose? _____	Use Drugs		Action:	
Change in meds? _____	Commit Suicide		Thoughts:	

© Behavioral Research and Therapy Clinics, University of Washington: NIDA5 2004-

DBT Skills Diary Card	Filled out this side? ___ Daily ___ 2-3x ___ 4-6x ___ Once ___ In session						Check skills; circle days skill was practiced
MON	TUE	WED	THUR	FRI	SAT	SUN	1. Wise mind
MON	TUE	WED	THUR	FRI	SAT	SUN	2. Observe (just notice)
MON	TUE	WED	THUR	FRI	SAT	SUN	3. Describe (put words on, just the facts)
MON	TUE	WED	THUR	FRI	SAT	SUN	4. Participate (enter into the experience)
MON	TUE	WED	THUR	FRI	SAT	SUN	5. Non-judgmental (present moment)
MON	TUE	WED	THUR	FRI	SAT	SUN	6. One-mindfully (focus on what works)
MON	TUE	WED	THUR	FRI	SAT	SUN	7. Effectiveness
MON	TUE	WED	THUR	FRI	SAT	SUN	8. Figure out interpersonal goals
MON	TUE	WED	THUR	FRI	SAT	SUN	9. DEAR (Describe, Express, Assert, Reinforce)
MON	TUE	WED	THUR	FRI	SAT	SUN	10. MAN -Mindful (Broken Record, Ignore Attacks)
MON	TUE	WED	THUR	FRI	SAT	SUN	11. MAN (Appear confident, Negotiate)
MON	TUE	WED	THUR	FRI	SAT	SUN	12. GIVE (Gentle, Interested, Validate, Easy manner)
MON	TUE	WED	THUR	FRI	SAT	SUN	13. FAST (Fair, no-Apologies, Stick to values, Truthful)
MON	TUE	WED	THUR	FRI	SAT	SUN	14. Attend to relationships
MON	TUE	WED	THUR	FRI	SAT	SUN	15. Describing emotions
MON	TUE	WED	THUR	FRI	SAT	SUN	16. Opposite-to-emotion action
MON	TUE	WED	THUR	FRI	SAT	SUN	17. Problem solving
MON	TUE	WED	THUR	FRI	SAT	SUN	18., Accumulate positives (Positive events or Valued Actions)
MON	TUE	WED	THUR	FRI	SAT	SUN	19. Build mastery, Cope ahead
MON	TUE	WED	THUR	FRI	SAT	SUN	20. PLEASE (Physical ills, Eating, Avoid drugs, Sleep, Exercise)
MON	TUE	WED	THUR	FRI	SAT	SUN	21. Mindfulness of Current Emotion
MON	TUE	WED	THUR	FRI	SAT	SUN	22. TIP (Temperature, ice or heat/ Intense exercise/Progressive relax)
MON	TUE	WED	THUR	FRI	SAT	SUN	23. Pros and Cons
MON	TUE	WED	THUR	FRI	SAT	SUN	24. Distract /Self-soothe/ Improve the moment
MON	TUE	WED	THUR	FRI	SAT	SUN	25. Radical Acceptance
MON	TUE	WED	THUR	FRI	SAT	SUN	26. Willingness
MON	TUE	WED	THUR	FRI	SAT	SUN	27. Mindfulness of current thoughts
MON	TUE	WED	THUR	FRI	SAT	SUN	28. Half-smiling

Mindfulness

Interpersonal Effectiveness

Survival & Acceptance Emotion Regulation

Daily Events & Notes

Monday /	Tuesday /	Wednesday /	Thursday /	Friday /	Saturday /	Sunday /

Homework for Week Starting ____/____/____