

Diary Card			Initials			Filled out in session? Y N			How often completed? _ Daily ___ 2-3x ___ 1x			Date started and Date Completed					
Urges			Actions			Emotions						Drug Use (Illicit, Alcohol, Prescription, and OTC)					
Use drugs	Suicide	Self harm	Self-harm	Lying	Anxiety	Sadness	Shame	Anger	Fear	Joy	Amount	Specify type of drug use and name of drug					
0-4	0-4	0-4	0-4	0-4	0-4	0-4	0-4	0-4	0-4	0-4							
Mon																	
Tues																	
Wed																	
Thur																	
Fri																	
Sat																	
Sun																	
0=Not at all, never 1= A little bit, mild, less than half of the time 2= A moderate amount, half the time 3= A lot, most of the time 4= All the time			Skill Use:			0= Not thought about or used 1= Thought about 2= Thought about, wanted to use 3= Tried but could not use 4= Tried but did not help			5= Tried, helped 6= Automatically tried, used, did not help 7= Automatically tried, used, helped								
Skill	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Skill	Mon	Tues	Wed	Thur	Fri	Sat	Sun		
1. Wise Mind								11. Reduce vulnerability: PLEASE									
2. Observe: Just notice								12. Build MASTERY									
3. Describe: Put words on								13. Build positive experiences									
4. Participate: enter into the experience								14. Opposite-to-emotion action									
5. Nonjudgmental stance								15. Distract (Adaptive Denial)									
6. One-mindfully in the moment								16. Self-soothe									
7. Effectiveness: focus on what works								17. Improve the moment									
8. Objective effectiveness: DEAR MAN								18. Pros and cons									
9. Relationship effectiveness:								19. Radical Acceptance									
10. Self-respect effectiveness: FAST																	