

Diary Card Key

	Descriptions	Ranking
RX	Take Meds?	Yes or No
DEP	Depression	1 – 10 (high)
ANG	Anger	1 – 10 (high)
ANX	Anxiety	1 – 10 (high)
SI	Suicidal Ideas (thoughts of killing yourself)	Intensity of urges (#) <hr style="width: 50%; margin: 5px auto;"/> Whether or not you acted on the urges. Yes - No
SIB	Self-injury behavior (things that could be fatal ex: cutting, purging, sexually acting out)	
TIB	Therapy-interfering behavior (ex: oversleeping, not coming to group/therapy)	
D/A	Drugs/ Alcohol	
HS	Hours of Sleep	#
Fear	Fear	1-10 (high)
SHAME	Shame	1-10 (high)
Sad	Sadness	1-10 (high)
Joy	Joy	1-10 (high)
Lying	Lying	Yes or No
EN	Energy Level	0 – 10 (high)
CA	Chain Analysis (if you had one and what it was about)	Yes, No, content
Other	Anything else you want to track	
Feelings		