

Behaviors Circle Y (Yes) or N (No)	Emotions Rate 1-5 (1 being least intense, 5 being Most)
Substance Abuse/ Cravings Y N	Physical Pain _____
Quit Treatment Y N	Emotional Pain _____
Eating Problems Y N	Sadness/Depression _____
Avoid Y N	Shame _____
Aggression Urges Y N	Anger _____
Negative Self Talk Y N	Anxiety/Fear _____
Self-Harm Y N	Joy/Happiness _____
Impulsiveness Y N	Others (list/rate all): _____
Suicidal Thoughts Y N	
Panic Y N	
Others: Y N	

Behaviors Circle Y (Yes) or N (No)	Emotions Rate 0-5 0 = None 5= Most intense
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Impulsiveness Y N	Others (list/rate all): _____
Suicidal Thoughts Y N	
Panic Y N	
Others: Y N	

Self Care Circle Y (Yes) if completed at all during the week, N (No) if not completed, list number of days completed	Goals List one goal you will work on this week
Went to sleep before 12 am Y N # of days _____	
Slept for 6-8 hours Y N # of days _____	
Ate healthy meals and drank water Y N # of days _____	
Completed physical activity for 20 minutes or more Y N # of days _____	

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Wise Mind	TH F S S M T W
Reduce Vulnerability	TH F S S M T W
Observe/Describe	TH F S S M T W
Non-Judgmental Stance	TH F S S M T W
Think Dialectically	TH F S S M T W
Validation	TH F S S M T W
Radical Acceptance	TH F S S M T W
DEAR MAN	TH F S S M T W
Opposite Action	TH F S S M T W
Ride the Wave	TH F S S M T W
Self Respect Effectiveness	TH F S S M T W
Build Mastery	TH F S S M T W
Distract (ACCEPTS)	TH F S S M T W
Self Soothe (FIVE SENSES)	TH F S S M T W
Improve the Moment	TH F S S M T W
Pros and Cons	TH F S S M T W

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