

DBT Emotional Regulation



Monday



Date : _____

My Focus for Today

To-Do List

How Am I Feeling?

(Check off emotions that apply)

Anger

- Frustrated
- Irritated
- Overwhelmed

Fear

- Nervous
- Απχίλους
- Insecure

Sadness

- Down
- Lonely
- Drained

Happiness

- Grateful
- Calm
- Joyful

Surprise

- Curious
- Amazed
- Inspired

Self-Care Priorities (Choose what feels right today)

- Restful sleep or naps
- Nutritious meals/snacks
- Move my body (walk, stretch, exercise)
- Quiet time or relaxation
- Creative outlet (art, writing, hobbies)
- Social connection (call/text someone)
- Deep breathing or mindfulness
- Doing something fun

Today's Strongest Emotion(s)

What Triggered These Feelings?

What Thoughts Came with These Emotions?

What Are These Emotions Telling Me?

Steps to Take Care of Myself:

Tuesday



Date : _____

My Focus for Today

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How Am I Feeling?

(Check off emotions that apply)

Anger	Fear	Sadness	Happiness	Surprise
<input type="checkbox"/> Frustrated	<input type="checkbox"/> Nervous	<input type="checkbox"/> Down	<input type="checkbox"/> Grateful	<input type="checkbox"/> Curious
<input type="checkbox"/> Irritated	<input type="checkbox"/> Απχίλους	<input type="checkbox"/> Lonely	<input type="checkbox"/> Calm	<input type="checkbox"/> Amazed
<input type="checkbox"/> Overwhelmed	<input type="checkbox"/> Insecure	<input type="checkbox"/> Drained	<input type="checkbox"/> Joyful	<input type="checkbox"/> Inspired

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Today's Strongest Emotion(s)

What Triggered These Feelings?

What Thoughts Came with These Emotions?

What Are These Emotions Telling Me?

Steps to Take Care of Myself:

Wednesday



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Today's Strongest Emotion(s)

What Triggered These Feelings?

What Thoughts Came with These Emotions?

What Are These Emotions Telling Me?

Steps to Take Care of Myself:

Thursday



Date : _____

My Focus for Today	To-Do List
_____	_____
_____	_____
_____	_____
_____	_____

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Self-Care Priorities (Choose what feels right today)

<input type="checkbox"/> Restful sleep or naps	Today's Strongest Emotion(s)	What Triggered These Feelings?
<input type="checkbox"/> Nutritious meals/snacks	_____	_____
<input type="checkbox"/> Move my body (walk, stretch, exercise)	_____	_____
<input type="checkbox"/> Quiet time or relaxation	_____	_____
<input type="checkbox"/> Creative outlet (art, writing, hobbies)	What Thoughts Came with These Emotions?	What Are These Emotions Telling Me?
<input type="checkbox"/> Social connection (call/text someone)	_____	_____
<input type="checkbox"/> Deep breathing or mindfulness	_____	_____
<input type="checkbox"/> Doing something fun	_____	_____

Steps to Take Care of Myself:

Friday



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Today's Strongest Emotion(s)

What Triggered These Feelings?

What Thoughts Came with These Emotions?

What Are These Emotions Telling Me?

Steps to Take Care of Myself:

Saturday



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My Focus for Today

To-Do List

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