

Chain Analysis Worksheet

Name: _____ Date: _____ Week Of: _____

1 Problem Behavior Identify the behavior you want to understand.

2 Prompting Event What happened right before the chain started?

3 Vulnerability Factors Check any factors that may have made you more vulnerable.

Lack of Sleep Illness Conflict Hunger Substance Use Other: _____

4 Links in the Chain List the thoughts, feelings, body sensations, urges, and actions that led to the problem behavior.

- 1 **First Link:** What was the first thought, feeling, body sensation, urge, or action?

- 2 **Next Link:** What happened next?

- 3 **Next Link:** What happened next?

- 4 **Next Link:** What happened next?

- 5 **Next Link:** What happened next?

- 6 **Problem Behavior:** What did you do?

5 Consequences What happened immediately after the behavior? What were the short-term and long-term effects?

6 Solution Analysis What skills could you use? What could you do differently next time?

Interpersonal Effectiveness Worksheet

Name: _____ Date: _____ Week Of: _____

1 Clarify Your Goal Identify what you most want to achieve in this interaction.

Objective What do you want to get? _____ _____ _____	Relationship How do you want to affect the other person? _____ _____ _____	Self-Respect How do you want to respect yourself? _____ _____ _____
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2 DEAR MAN Planner Plan what you will say or do to achieve your goal while staying effective.

Describe Stick to the facts.	
Express Share how you feel.	
Assert Clearly ask for what you want or say no.	
Reinforce Explain the benefits.	
Mindful Stay focused on your goal. Avoid distractions.	
Appear Confident Use confident body language and tone.	
Negotiate Be willing to find mutually satisfying solutions.	

3 GIVE Maintain the relationship.

Gentle
 Interested
 Validate
 Easy Manner

4 FAST Maintain self-respect.

Fair
 Apologies (no unnecessary apologies)
 Stick to Values
 Truthful

Emotion Regulation Worksheet

Name: _____ Date: _____ Week Of: _____

1 Situation Describe the situation. Include who, what, where, when, and why.

2 Emotion and Intensity

Emotion: _____

Intensity (0–5): Rate how intense this emotion is right now.

0
Not at all intense

1

2

3

4

5
Extremely intense

3 Check the Facts Examine the situation objectively.

What happened? _____

What assumptions am I making? _____

What facts support my emotion? _____

What facts do not support it? _____

4 Opposite Action Plan

What does my emotion urge me to do? _____

What healthy opposite action can I take? _____

5 PLEASE Reminder Take care of your body to support your ability to regulate emotions.

- Physical health
- Balanced eating
- Avoid mood-altering substances
- Sleep
- Exercise

Distress Tolerance Worksheet

Name: _____ Date: _____ Week Of: _____

1 The STOP Skill Use these steps to pause and respond instead of react.

<p>Stop Pause what you are doing.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Take a Step Back Create space between you and the situation.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Observe Notice your thoughts, feelings, body, and surroundings.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Proceed Mindfully Choose what works based on your goals and values.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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2 TIPP Plan Use these tools to quickly change your body chemistry.

<p>Temperature How will you use temperature to shift your state?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Intense Exercise What will you do for intense movement?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Paced Breathing How will you use breath to calm down?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Paired Muscle Relaxation How will you relax your body?</p> <p>_____</p> <p>_____</p> <p>_____</p>
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3 Self-Soothe With the Five Senses List things that comfort or ground you.

<p>See Things I can...</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Hear Things I can...</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Smell Things I can...</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Taste Things I can...</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Touch Things I can...</p> <p>_____</p> <p>_____</p> <p>_____</p>
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4 My Crisis Coping Plan Write steps you can take when you feel overwhelmed or in crisis.

Mindfulness Worksheet

Name: _____ Date: _____ Week Of: _____

1 Pause and Notice

Take a moment to slow down and notice.

What am I noticing in my body? _____

What thoughts are showing up? _____

What emotions are present? _____

What do I notice around me? _____

2 Wise Mind Check-In

Jot down what each part of your mind might be saying about today's situation.

Emotion Mind	Reasonable Mind	Wise Mind

3 Observe • Describe • Participate

Practice each mindfulness skill.

Observe Notice your experience without judgment.

Describe Put your experience into words.

Participate Engage fully in what you are doing right now.

4 One Mindful Action I Will Practice Today

Choose one small, specific action.

DBT Diary Card

Name: _____ Date: _____ Week Of: _____

1 Emotion Ratings (0-5) Rate how strong each emotion was today.

Anxiety	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Sadness	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Anger	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Shame	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Joy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Loneliness	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

2 Urges / Behaviors Rate how strong each urge or behavior was today.

Avoidance	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Conflict	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Self-Criticism	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Isolation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Substance Use Urges	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Self-Harm Urges	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

3 Skills Used Today Check all that you used today.

<input type="checkbox"/> Mindfulness	<input type="checkbox"/> Wise Mind	<input type="checkbox"/> STOP	<input type="checkbox"/> TIPP	<input type="checkbox"/> Self-Soothe
<input type="checkbox"/> Check the Facts	<input type="checkbox"/> Opposite Action	<input type="checkbox"/> DEAR MAN	<input type="checkbox"/> Radical Acceptance	<input type="checkbox"/> PLEASE

4 What Happened Today? Use this space to briefly describe key events, situations, or triggers.

5 One Skillful Goal for Tomorrow Choose one skill to focus on or one intention for tomorrow.

DBT Worksheets

A Practical Printable Workbook

Name: _____

Date: _____

Welcome to your DBT Worksheets. These pages are designed to help you practice core DBT skills in your daily life.

You'll find activities and reflections to support mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness.

Use these worksheets at your own pace and return to them often.

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