

The Endeavour Programme Diary Card				Name: _____		Filled out in Session Y/N		Tick how often did you fill out this side? <input type="checkbox"/> daily <input type="checkbox"/> 2-3 times <input type="checkbox"/> Once										Date Started									
Day & Date	Urges to ...			Emotions							V	Drugs - Misuse						Other		Other		Other		Actions			R
	Use Drugs/ Alcohol	Suicide	Self Harm	Sad	Shame	Anger	Anxiety	Fear	Joy	Felt		Illicit Drugs	Alcohol		Prescribed	over the counter meds								Did you self harm?	Did you use skills?	Used Skill	
	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5		F	Type	F	Type	Yes/No	F	Type	F	Yes/No	F	Yes/No	F	Yes/No	Yes/No	Yes/No	
Tue																											
Wed																											
Thur																											
Fri																											
Sat																											
Sun																											
Mon																											
	Urges to:			Level of Emotional Distress/Joy							Validation and Reinforcement										Used Skills						
	0 = None present			0 = None Present							V = I can understand how I have behaved/ felt v this way in the context of what I am thinking or what has happened R = I am reinforcing my efforts to chose healthier alterntaive coping skills										0 = Not thought about or used 1 = Thought about, not used, (didn't want to) 2 = Thought about, not used (did want to) 3 = Tried but could not use 4 = Tried, could use, didn't help 5 = Tried, could use, helped 6= Didn't try, Used, Didn't help 7 = Didn't try, used, helped						
	1 = Seldom/ Rarely			1 = Slightly																							
	2 = Occasionally			2 = definite																							
	3 = Quite often			3 = Marked																							
4 = Most of the time			4 = Severe/ Strong																								
5 = Always/Constant			5 = Very severe/ Strong																								
Level of Urges Individual session				Before		After		Belief In control of				Before		After													
Urge to commit suicide (0-5):								Emotions (0-5)																			
Urge to quit therapy (0-5):								Behaviours (0-5)																			
Urge to harm (0-5):								Thoughts (0-5)																			

The Endeavour Programme Diary Card		Instructions: Circle the days you worked on each skill		Filled out in session? Y N		How often did you fill out this side? _____ Daily _____ 2-3x _____ Once			
1. Wise mind		Tues	Wed	Thurs	Fri	Sat	Sun	Mon	
2. Observe (just notice)		Tues	Wed	Thurs	Fri	Sat	Sun	Mon	
3. Describe (put words on, just the facts)		Tues	Wed	Thurs	Fri	Sat	Sun	Mon	
4. Participate (enter into the experience)		Tues	Wed	Thurs	Fri	Sat	Sun	Mon	
5. Non judgemental stance		Tues	Wed	Thurs	Fri	Sat	Sun	Mon	
6. One-mindfully (in-the-moment)		Tues	Wed	Thurs	Fri	Sat	Sun	Mon	
7. Effectiveness (focus on what works)		Tues	Wed	Thurs	Fri	Sat	Sun	Mon	
8. Distract/ ACCEPTS		Tues	Wed	Thurs	Fri	Sat	Sun	Mon	
9. Self-soothe (vision, hearing, smell , taste, touch)		Tues	Wed	Thurs	Fri	Sat	Sun	Mon	
10. Improve the moment (breathing, half smile, safe place visualisation)		Tues	Wed	Thurs	Fri	Sat	Sun	Mon	
11. Pros and cons		Tues	Wed	Thurs	Fri	Sat	Sun	Mon	
12. Radical acceptance		Tues	Wed	Thurs	Fri	Sat	Sun	Mon	
13. Reduce vulnerability/ PLEASE (eating, avoid drugs, sleep, exercise)		Tues	Wed	Thurs	Fri	Sat	Sun	Mon	
14. Build/ MASTERY (cope ahead)		Tues	Wed	Thurs	Fri	Sat	Sun	Mon	
15. Build positive experience		Tues	Wed	Thurs	Fri	Sat	Sun	Mon	
16. Opposite-to-emotion action		Tues	Wed	Thurs	Fri	Sat	Sun	Mon	
17. Objective effectiveness: DEAR (describe, express, assert, reinforce) MAN (appear confident, negotiate)		Tues	Wed	Thurs	Fri	Sat	Sun	Mon	
18. Relationship effectiveness/GIVE (gentle, interested, validate , easy manner)		Tues	Wed	Thurs	Fri	Sat	Sun	Mon	
19. Self-respect effectiveness/FAST (fair, no-apologies, stick to values, truthful)		Tues	Wed	Thurs	Fri	Sat	Sun	Mon	
Urge to self harm (0-5):		Before skills training: _____ After skills training _____							
Urge to quit therapy (0-5):		Before skills training: _____ After skills training _____							
<p>Make a brief note each day to aid your recall of what triggered high emotion or led to a particular behaviour.</p> <p>Weds: _____</p> <p>Thurs: _____</p> <p>Fri: _____</p> <p>Sat: _____</p> <p>Sun: _____</p> <p>Mon: _____</p> <p>Tues: _____</p>									