

Behavior Tracking Sheet

Name: _____

Week of: _____

Mon.	Emotions	How strong? 0-----5	Urges	How strong? 0-----5	Behaviors (number)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0-----5 0-----5 0-----5 0-----5	<input type="checkbox"/> suicide <input type="checkbox"/> self-harm <input type="checkbox"/> <input type="checkbox"/>	0-----5 0-----5 0-----5 0-----5	<input type="checkbox"/> suicide attempt _____ <input type="checkbox"/> self-harm _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Did you use a skill? Yes No If yes, which one(s)? _____ Did it help? Yes No If you didn't, why not? _____					
Tues.	Emotions	How strong? 0-----5	Urges	How strong? 0-----5	Behaviors (number)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0-----5 0-----5 0-----5 0-----5	<input type="checkbox"/> suicide <input type="checkbox"/> self-harm <input type="checkbox"/> <input type="checkbox"/>	0-----5 0-----5 0-----5 0-----5	<input type="checkbox"/> suicide attempt _____ <input type="checkbox"/> self-harm _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Did you use a skill? Yes No If yes, which one(s)? _____ Did it help? Yes No If you didn't, why not? _____					
Wed.	Emotions	How strong? 0-----5	Urges	How strong? 0-----5	Behaviors (number)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0-----5 0-----5 0-----5 0-----5	<input type="checkbox"/> suicide <input type="checkbox"/> self-harm <input type="checkbox"/> <input type="checkbox"/>	0-----5 0-----5 0-----5 0-----5	<input type="checkbox"/> suicide attempt _____ <input type="checkbox"/> self-harm _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Did you use a skill? Yes No If yes, which one(s)? _____ Did it help? Yes No If you didn't, why not? _____					
Thurs.	Emotions	How strong? 0-----5	Urges	How strong? 0-----5	Behaviors (number)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0-----5 0-----5 0-----5 0-----5	<input type="checkbox"/> suicide <input type="checkbox"/> self-harm <input type="checkbox"/> <input type="checkbox"/>	0-----5 0-----5 0-----5 0-----5	<input type="checkbox"/> suicide attempt _____ <input type="checkbox"/> self-harm _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Did you use a skill? Yes No If yes, which one(s)? _____ Did it help? Yes No If you didn't, why not? _____					
Fri.	Emotions	How strong? 0-----5	Urges	How strong? 0-----5	Behaviors (number)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0-----5 0-----5 0-----5 0-----5	<input type="checkbox"/> suicide <input type="checkbox"/> self-harm <input type="checkbox"/> <input type="checkbox"/>	0-----5 0-----5 0-----5 0-----5	<input type="checkbox"/> suicide attempt _____ <input type="checkbox"/> self-harm _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Did you use a skill? Yes No If yes, which one(s)? _____ Did it help? Yes No If you didn't, why not? _____					
Sat.	Emotions	How strong? 0-----5	Urges	How strong? 0-----5	Behaviors (number)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0-----5 0-----5 0-----5 0-----5	<input type="checkbox"/> suicide <input type="checkbox"/> self-harm <input type="checkbox"/> <input type="checkbox"/>	0-----5 0-----5 0-----5 0-----5	<input type="checkbox"/> suicide attempt _____ <input type="checkbox"/> self-harm _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Did you use a skill? Yes No If yes, which one(s)? _____ Did it help? Yes No If you didn't, why not? _____					
Sun.	Emotions	How strong? 0-----5	Urges	How strong? 0-----5	Behaviors (number)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0-----5 0-----5 0-----5 0-----5	<input type="checkbox"/> suicide <input type="checkbox"/> self-harm <input type="checkbox"/> <input type="checkbox"/>	0-----5 0-----5 0-----5 0-----5	<input type="checkbox"/> suicide attempt _____ <input type="checkbox"/> self-harm _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Did you use a skill? Yes No If yes, which one(s)? _____ Did it help? Yes No If you didn't, why not? _____					

Behavior Tracking Sheet

Notes for the Week

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday