

DBT PLEASE WORKSHEET

Quick Check-in to
Manage Emotional
Vulnerability

PLEASE

P



PHYSICAL ILLNESS

Am I sick or in pain? ☐ Yes ☐ No

Untreated symptoms? ☐ Yes ☐ No

Notes _____

E



EATING

Skipped a meal? ☐

Eaten regularly? ☐

Last Meal Time ____ / ____



A



AVOID DRUGS

☐ Caffeine overload?

☐ Substances making
emotions harder?



S



SLEEP

☐ Enough rest? ☐

☐ Woke up tired? ☐

Last Night Hours ☐ ☐



E



EXERCISE

☐ Body movement? ☐

☐ Take a quick walk? ☐

Today's Activity _____

