Day/Date_____

Food Dialy					Day/Date	
When & where? Time & location	What was I doing, who was I with?	What I ate & drank	Binge? Y or N	Vomit or laxatives? V or L	Triggers - what started it? Reason for binge? Thoughts - what went through my mind? Feelings - physical sensations & emotions	

Exercise? What did I do? How long for? When?