**Diary of potential triggers to using unhealthy eating behaviours**

Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Every time you feel like overeating, bingeing, taking laxatives, restricting, being sick, etc., please complete this diary.**

**Then decide whether you want to use that behaviour, and make a note of the outcome.**

**Look at what you can learn, before going into your next therapy session.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Time | What did I last eat?  When? | Context/Trigger  *(Where was I? Who was about? What was I doing?)* | What eating behaviour(s) did I feel like using? | What thoughts/core beliefs can you identify that might be relevant? | What emotions are you experiencing that you might be trying to block out? | What do I want to do? (safety behaviour)  What am I going to do, having thought about why? |
|  |  |  |  |  |  |  |