

Appendix

Treating Bulimia



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WEEKLY BINGE DIARY

Name_____		Week No._____		
	TIME	WHAT I ATE	FEELINGS AND THOUGHTS PRIOR TO EATING	ALTERNATIVE COPING SKILLS
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Total number of binges this week _____

Total number of purges this week _____