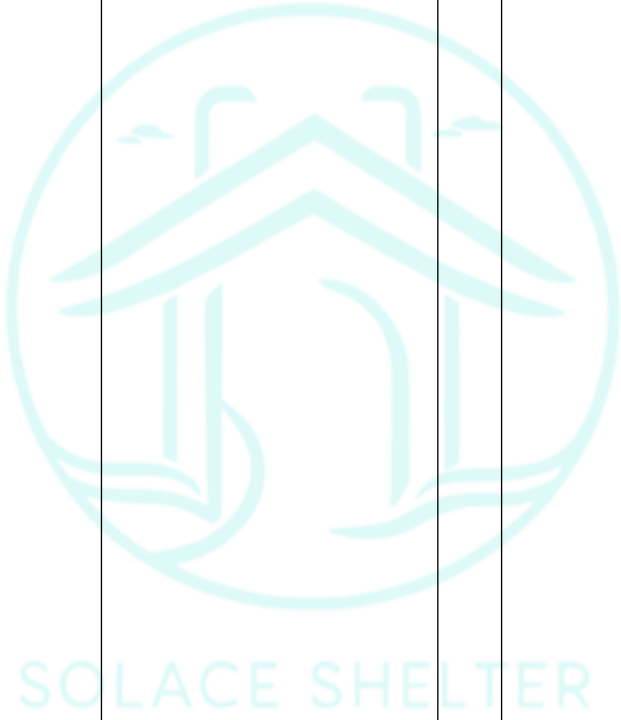


DAY:

DATE:

Time	Food and Liquid Consumed	Place	B	V/L	Circumstances
					

B= Bulimic episode, V/L= Vomiting or laxative use; *= episode of eating viewed by the patient as “excessive” should be marked in column “B”