

Name	Session #	Date
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Weight                      kgs                      Change since last session:                      kgs

No. of meals eaten per day \_\_\_\_\_

No. of days of regular eating

## Exercise

Vomiting \_\_\_\_\_

Laxatives \_\_\_\_\_

Other Compensatory Behaviours \_\_\_\_\_

Menstruation Y/N

Other target symptoms.

[illegible]

**Figure 5.2** Target symptom checklist. For easy printing, this figure can also be found on the publisher's website <[www.ipcommunications.com.au](http://www.ipcommunications.com.au)>.