CLEVELAND CENTER for Eating Disorders

DIARY CARD: Eating Disorder Program

Time	Name:			Day/Date:																	Mark (*) if you engaged in behaviour. Rate (0–5) if you had an urge but did not engage in behaviour.	
	PLAN	MEALS	ACT	**Food Intake**—Include approximate quantity and description of food **Hunger Scale**—Graph hunger level from start to end of meal										Location	Fluid Intake (cups/oz/g)	binge	purge	pills	restrict	exercise		Emotion	Skill Used
		BREAKFAST		empty	2	3	4	neutral	6	7	8	9	stuffed										
		Protein																					
		Vegetable																					
		Grain																					
		Lipid Nutr.																					
		Fruit																					
		Dairy																					
		SNACK																					
		LUNCH		empty	2	3	4	neutral	6	7	8	9	stuffed										
		Protein																					
		Vegetable																					
		Grain																					
		Lipid Nutr.																					
		Fruit																					
		Dairy																					
		SNACK																					
		DINNER		empty	2	3	4	neutral	6	7	8	9	stuffed										
		Protein																					
		Vegetable																					
		Grain																					
		Lipid Nutr.																					
		Fruit																					
		Dairy																					
		SNACK																					
		VITAMINS																					

Figure 12.1 CCED Diary Card