

# Binge Eating Disorder

**Table 1: Client Information and Binge Eating Experience**

**Instructions:** Fill out the following information and answer the questions about your binge eating experiences.

| Client Information  |
|---------------------|
| Name:               |
| Age:                |
| Gender:             |
| Height:             |
| Weight:             |
| BMI:                |
| Contact Information |
| Email:              |
| Phone:              |
| Address:            |

| Your Binge Eating Experiences                              | Answer |
|--|--------|
| How often do you experience binge eating?                  |        |
| How do you feel before, during, and after a binge episode? |        |
| What triggers your binge-eating episodes?                  |        |
| What foods do you usually binge on?                        |        |
| How does binge eating affect your life?                    |        |
| Have you sought treatment for BED before?                  |        |

## Table 2: Personalized Recovery Plan

**Instructions:** Use the following table to create a personalized recovery plan by filling out the sections with specific goals and action steps that you can take to address your binge eating.

| Goals | Strategies | Action Steps | Timeline |
|-------|------------|--------------|----------|
|       |            |              |          |
|       |            |              |          |
|       |            |              |          |
|       |            |              |          |
|       |            |              |          |
|       |            |              |          |
|       |            |              |          |

## Table 3: Binge Eating Triggers, Coping Strategies, and Nonfood Alternatives

**Instructions:** Use the following table to identify your binge eating triggers, coping strategies, and nonfood alternatives that you can use to manage your emotions and cravings.

| Binge Eating Triggers | Coping Strategies | Nonfood Alternatives |
|-----------------------|-------------------|----------------------|
|                       |                   |                      |
|                       |                   |                      |
|                       |                   |                      |

| Binge Eating Triggers | Coping Strategies | Nonfood Alternatives |
|-----------------------|-------------------|----------------------|
|                       |                   |                      |
|                       |                   |                      |
|                       |                   |                      |
|                       |                   |                      |

#### Table 4: Self-Image Worksheet

**Instructions:** Use the following table to reflect on how you see yourself before and after the recovery plan/treatment. Fill out this worksheet before starting the plan and periodically throughout your recovery journey to track your progress.

| Self-Image Worksheet                           | Before Recovery | After Recovery |
|--|-----------------|----------------|
| How do you feel about your body?               |                 |                |
| How do you feel about your self-worth?         |                 |                |
| How do you feel about your relationships?      |                 |                |
| How do you feel about your overall well-being? |                 |                |

Remember, these tables are just tools to help you in your recovery journey. It's important to seek professional help from a qualified healthcare professional for personalized treatment and support. Good luck!