

BINGE EATING LOG

Date of Purchase & Consumption: _____

What Did You Buy? (Include quantity and specific items):

Bought: _____	Price: _____	Bought: _____	Price: _____
Bought: _____	Price: _____	Bought: _____	Price: _____
Bought: _____	Price: _____	Bought: _____	Price: _____
Bought: _____	Price: _____	Bought: _____	Price: _____
Bought: _____	Price: _____	Bought: _____	Price: _____
Bought: _____	Price: _____	Bought: _____	Price: _____

Total: _____

Why Did You Buy It? (Check all that apply):

Anxiety / Boredom / Dysautonomia / Habit / Hunger / Punishment / Reward / Social Pressure / Stress

Other: _____

How Did You Feel Before Eating?

- Physically: Autonomic Arousal "Buzzing Inside" / Bloating / Discomfort / Hungry / Pain / Tense / Tired

Other: _____

- Emotionally: Angry / Anxious / Bored / Depressed / Exhausted / Happy / Hyper Focused / Sad / Scattered Thoughts

Other: _____

- Autism-ADHD: Focus / Irritability / Echolalia / Fidgeting / Hyper Focus / Meltdowns / Mental Clarity / Racing Thoughts / Sleep +/-

Other: _____

How Did You Feel After Eating? (Immediate and 1-2 hours later):

- Physically: Autonomic Arousal "Buzzing Inside" / Bloating / Discomfort / Energized / Heart Palpitations / Hungry / Indigestion / Sluggish / Tired

Other: _____

- Mentally: Anxious / Calm / Depressed / Distracted / Guilty / Sad / Scattered Thoughts

Other: _____

- Autism-ADHD: Focus / Irritability / Echolalia / Fidgeting / Hyper Focus / Meltdowns / Mental Clarity / Racing Thoughts / Sleep +/-

Other: _____

- Impact on Depression (mood swings, apathy, exhaustion):

6. What Did You Learn From This Experience?

- What was the real trigger for this binge?
- What could you do differently next time?
- How can you redirect this impulse in a healthier way?

(This resource was created by a person with lived experience for informational and personal use only. It is not a substitute for professional mental health care or medical advice. Always consult a qualified professional regarding your health and wellbeing.)

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