

# A Guide to Self-Monitoring

## Self-Monitoring

During treatment, you will be asked to keep a record of your food and fluid intake between each session. It is important that you make an honest and accurate record. This may feel uncomfortable or anxiety-provoking, however it is an essential component of effective therapy. Self-monitoring not only raises your awareness of your thoughts, feelings, and patterns of behaviours 'in the moment', it also allows you and your therapist to step back together during sessions and take a "helicopter view" of your eating disorder and the things that keep it going.



Your self-monitoring will be reviewed at each treatment session in order to help you learn how to overcome your eating disorder.

Research has shown that individuals who consistently complete accurate, real-time self-monitoring from the time they start treatment are most likely to have a good treatment outcome.

## How To Complete Your Self Monitoring

Self-monitoring details your patterns of food and fluid intake throughout the day, including what you ate, where you ate, if you considered the event to be a binge episode, and if you engaged in vomiting or laxative use. It also captures information about what you were doing, and your thoughts and feelings.

- **“Real-time” monitoring:** It is important to record as soon as you have finished eating or drinking instead of writing everything down at the end of the day. Making records in the moment will draw your attention to your thoughts and behaviours as they are happening, rather than after the event. This helps increase your awareness and provide opportunity to make helpful changes. We realise that it can be difficult to carry these records with you everywhere you go. You may want to consider taking a notebook or jotting things down in your phone if you are out during the day and then transcribing them later.
- **Be honest:** Sometimes you may feel tempted to omit some aspects of your eating behaviour due to feeling ashamed or embarrassed. Remember, your therapist will not judge you, and can help you best when they have complete, accurate information.

- **Time:** Record the time you began the meal/snack.
- **Food and liquid intake:** Record both food and liquid intake, including water, coffee or tea, or alcohol. Bracket foods together when you consider them to be part of the same meal/snack. Do not record calories.
- **Location:** Be specific about the location of your eating. If you are at home eating on the couch, write 'couch in the living room' rather than just 'home'.
- **Binge:** Place an asterisk (\*) in the binge column if you consider the event to be a binge episode.
- **V/L:** If you vomit, record a 'V' in this column. If laxatives are used, record an 'L' in this column and write down how many you took.
- **Situation/thoughts/feelings:** Record here any other relevant information about what was happening, the way you felt about your eating, and the thoughts that pop up throughout the day that are relevant to the eating disorder. You may also include behaviours such as weighing yourself, or checking your body.
- **Exercise:** If you exercise, record when, how much and what type of exercise you engage in.

Here is an example of a self-monitoring record:

Time	Food & liquid intake	Location	* (B)	V / L	Situation/thoughts/feelings
7:30	2 pieces of ) toast with ) margarine ) 1 mug of ) coffee )	Home table			7:00am: Weighed myself. 65kgs Less than last night. Pleased.
10:00	1 can of diet Pepsi	At desk			Cake in the staf- room for col- league's birthday. Pleased I didn't eat any. Only coffee for lunch, trying to make up for break- fast
12:00	Mug of coffee	At desk			
1:30	Mug of coffee	At desk			
4:30	200gm packet of chips	Home in	*		Sat in front of TV when I got home. Felt bored, tired and hungry. Start- ed eating.
4:40	1 doughnut	front	*		
4:45	1 doughnut	of the	*		
4:53	1 can of diet lemonade	TV	*		
4:59	6 chocolate biscuits		*		
8:30	1 packet choc biscuits	Bed- room	*	V	5:35pm: Weighed myself. 65.7kgs. Vomited. Felt awful, couldn't look in mirror, vomited
Exercise (time and type): None					

# Self-Monitoring Form

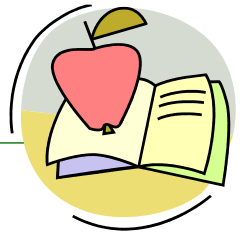


Day: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Time	Food & liquid intake	Location	* (Binge)	V/L	Situation/thoughts/feelings
Exercise (time and type):					

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# Self-Monitoring Form



Day: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time	Food & liquid intake	Location	* (Binge)	V/L	Situation/thoughts/feelings
Exercise (time and type):					

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