

External Trigger Questionnaire

Place a check mark next to activities or situations in which you frequently engage in eating disorder behavior. Place a zero next to activities or situations in which you have never experienced any eating disorder behavior.

- | | |
|---|--|
| <input type="checkbox"/> Home alone | <input type="checkbox"/> Before work |
| <input type="checkbox"/> Home with friends | <input type="checkbox"/> When carrying money |
| <input type="checkbox"/> Friend's home | <input type="checkbox"/> After going past dealer's residence |
| <input type="checkbox"/> Parties | <input type="checkbox"/> With drug or alcohol using friends |
| <input type="checkbox"/> Sporting events | <input type="checkbox"/> Liquor store |
| <input type="checkbox"/> Movies | <input type="checkbox"/> After payday |
| <input type="checkbox"/> Bars/Clubs | <input type="checkbox"/> Before going out to dinner |
| <input type="checkbox"/> Beach | <input type="checkbox"/> Before breakfast |
| <input type="checkbox"/> Concerts | <input type="checkbox"/> At a lunch break |
| <input type="checkbox"/> The park | <input type="checkbox"/> While at dinner |
| <input type="checkbox"/> When I gain weight | <input type="checkbox"/> After work |
| <input type="checkbox"/> Before a date | <input type="checkbox"/> After passing a particular freeway exit |
| <input type="checkbox"/> During a date | <input type="checkbox"/> School |
| <input type="checkbox"/> Before sexual activities | <input type="checkbox"/> Driving |
| <input type="checkbox"/> During sexual activities | <input type="checkbox"/> In the neighborhood |

List any other settings or activities where you frequently use eating disorder behavior.

List activities or situations in which you would engage in eating disorder behavior.

List people you could be with and not engage in eating disorder behavior.