

Worksheet 2.1 Nine-item ARFID screen (NIAS)[©]

Please use the scale below to complete the following items.					
Strongly disagree	Slightly disagree	Disagree	Slightly agree	Agree	Strongly agree
0	1	2	3	4	5
					Your response
1.	I am a picky eater.				
2.	I dislike most of the foods that other people eat.				
3.	The list of foods that I like and will eat is shorter than the list of foods I won't eat.				
4.	I am not very interested in eating; I seem to have a smaller appetite than other people.				
5.	I have to push myself to eat regular meals throughout the day, or to eat a large enough amount of food at meals.				
6.	Even when I am eating a food I really like, it is hard for me to eat a large enough volume at meals.				
7.	I avoid or put off eating because I am afraid of GI discomfort, choking, or vomiting.				
8.	I restrict myself to certain foods because I am afraid that other foods will cause GI discomfort, choking, or vomiting.				
9.	I eat small portions because I am afraid of GI discomfort, choking, or vomiting.				

Note: GI = Gastrointestinal. Reprinted with permission from Hana Zickgraf, PhD, who holds the copyright to the NIAS. Please cite Zickgraf, H. F. and Ellis, J. M. (2018). Initial validation of the nine-item avoidant/restrictive food intake disorder screen (NIAS): a measure of three restrictive eating patterns. *Appetite*, 123, pp. 32–42.

Worksheet 2.2 Interpreting your score on the NIAS and diagnostic criteria

NIAS score	Possible range of scores	Your score or response
Picky eating	0–15 (cut-off 10)	
Lack of appetite	0–15 (cut-off 9)	
Fear	0–15 (cut-off 7)	
Did I score above the cut-off on any of the NIAS scales?	Yes or No	
Diagnostic criteria for ARFID		
Underweight, recent weight loss, stunted growth	Yes or No	
Nutritional deficiency	Yes or No	
Dependence on supplements	Yes or No	
Difficulties in social situations, school, or work	Yes or No	
Did I say “yes” to any of the above diagnostic items?	Yes or No	
What is my score telling me?		

Worksheet 3.1 Questions you can ask yourself to create an individualized cognitive-behavioral formulation of your ARFID

Biological predisposition

Is there anything about my biology that makes me more vulnerable to picky eating?

Food-related trauma

Did I ever have a food-related trauma?

Negative feelings and predictions about the consequences of eating

How do I feel when I think about changing my eating pattern?

What do I think would happen if I ate differently?

Food avoidance/restriction (volume and/or variety)

What's the *main* problem with my eating?

Nutritional compromise

What kinds of health problems have my eating habits caused?

Limited opportunities for exposure

What kinds of situations do my eating habits make difficult?

Worksheet 3.2 How my ARFID works

Biological Predisposition

Food-Related Trauma?

**Negative Feelings and Predictions
about Consequences of Eating**

**Food Avoidance/Restriction
(Variety and/or Volume)**

Nutritional Compromise

**Limited Opportunities
for Exposure**

Worksheet 4.1 Self-monitoring record for CBT-AR

Time	Food/drink consumed	Thoughts, feelings	Physical sensations

Worksheet 4.2 Timing of regular eating: goals sheet

Time	Meal or snack
<p>Strategies you can use to keep yourself accountable to these goal times (e.g., phone or watch alarm; letting a partner, family member, or friend know your plan).</p>	

Worksheet 4.3 My energy-dense snacks or add-ons

Use this worksheet to list some ideas for food combinations that will give you an extra 500 calories per day. Feel free to borrow examples from “Why do I need to gain weight and how do I do it?” and add in your own.

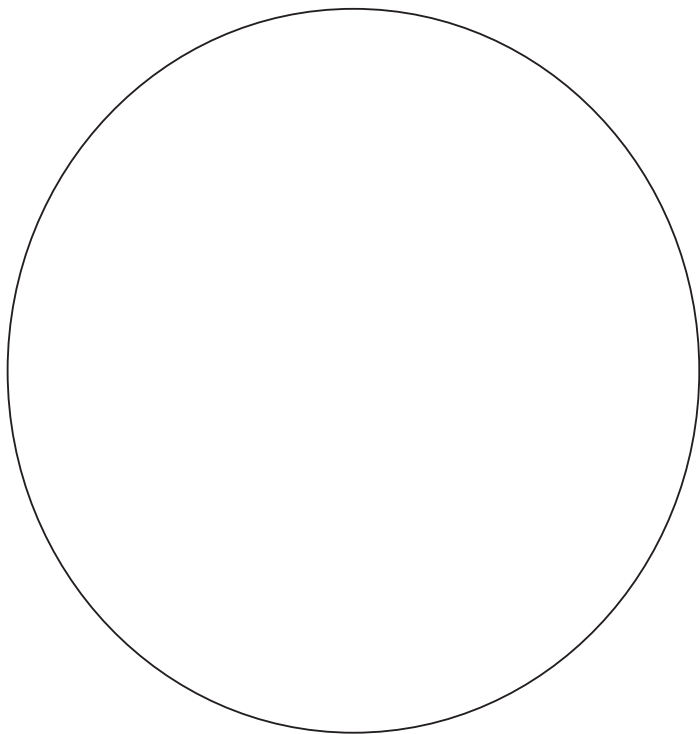
Snacks

When can I add this?

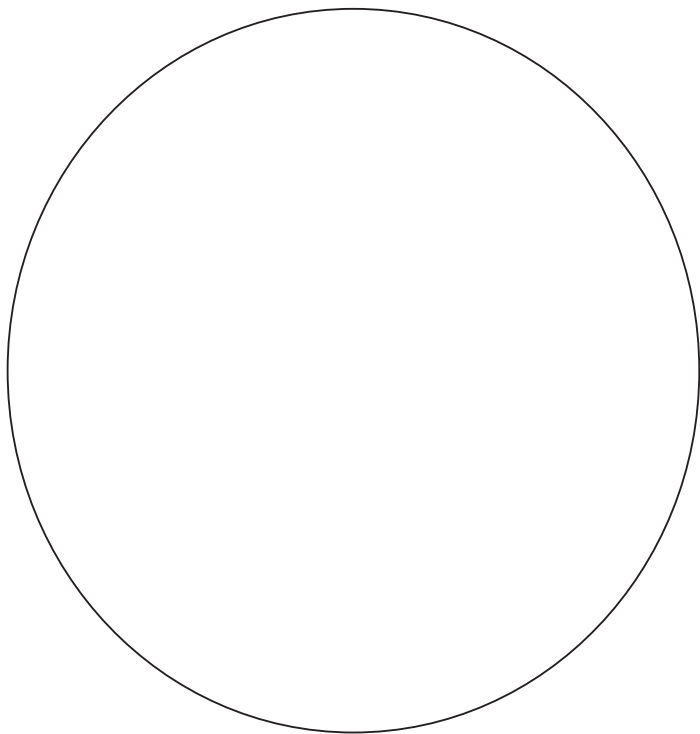
Add-ons to meals

What meal would this work with?

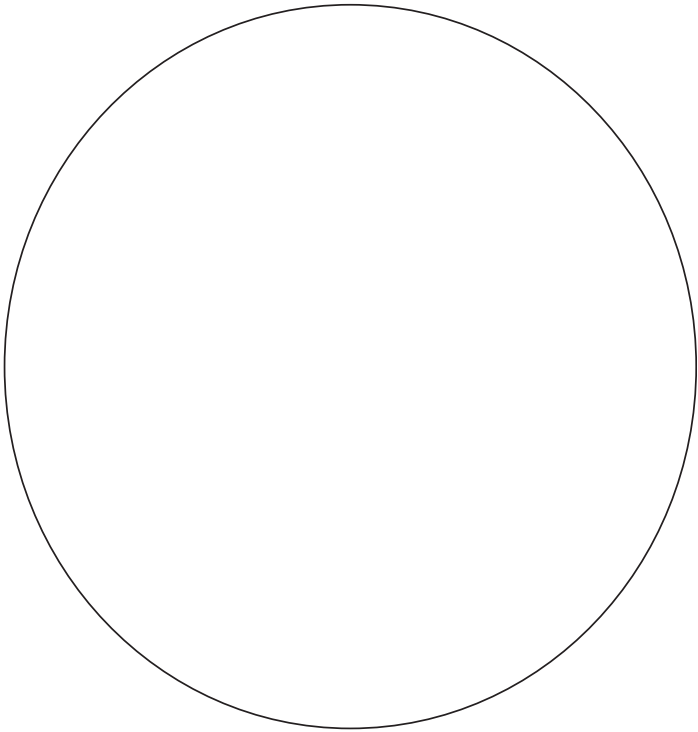
Worksheet 5.1 Use the MyPlate schematic as a reference and draw the proportion of fruits, vegetables, protein, dairy, and grains you eat during a typical breakfast



Worksheet 5.2 Use the MyPlate schematic as a reference and draw the proportion of fruits, vegetables, protein, dairy, and grains you eat during a typical lunch




Worksheet 5.3 Use the MyPlate schematic as a reference and draw the proportion of fruits, vegetables, protein, dairy, and grains you eat during a typical dinner




Worksheet 5.4 Primary food group building blocks

The first column provides a list of common fruit, vegetable, protein, dairy, and grain foods. Use the second column to place an “X” next to any foods that you are consistently eating (i.e., have eaten at least once in the past month and would readily eat if offered to you today). Use the third column to place an “X” next to any foods that you are willing to learn about.

	Consistently eating?	Willing to learn about?
FRUITS 		
100% Fruit juice		
• Apple juice		
• Cranberry juice		
• Grape juice		
• Grapefruit juice		
• Mango juice		
• Orange juice		
• Papaya juice		
• Pineapple juice		
• Pomegranate juice		
• Prune juice		

	Consistently eating?	Willing to learn about?
Berries		
• Acai berries		
• Blackberries		
• Blueberries		
• Cranberries		
• Currants		
• Goji berries		
• Huckleberries		
• Lingonberries (cowberries)		
• Mulberries		
• Raspberries		
• Strawberries		
Melons		
• Cantaloupe		
• Honeydew		
• Horned melon (kiwano)		
• Watermelon		
Other fruits		
• Apples		
• Apricots		
• Bananas		
• Cherries		


	Consistently eating?	Willing to learn about?
• Dates		
• Figs		
• Fruit cocktail		
• Grapefruit		
• Grapes		
• Guava		
• Kiwi fruit		
• Lemons		
• Limes		
• Mangoes		
• Nectarines		
• Oranges		
• Papaya		
• Peaches		
• Pears		
• Persimmons		
• Pineapples		
• Plums		
• Pomegranate		
• Prunes		
• Raisins		
• Star fruit		
• Tangerines		

	Consistently eating?	Willing to learn about?
Other mixed or prepared foods with fruits?		
1.		
2.		
3.		
4.		
5.		
<p style="text-align: center;">VEGETABLES</p> 		
Dark-green vegetables		
• Arugula (rocket)		
• Bok choy		
• Broccoli		
• Broccoli rabe (rapini)		
• Broccolini		
• Collard greens		
• Dark-green leafy lettuce		

	Consistently eating?	Willing to learn about?
• Endive		
• Escarole		
• Kale		
• Mesclun		
• Mixed greens		
• Mustard greens		
• Romaine lettuce		
• Spinach		
• Swiss chard		
• Turnip greens		
• Watercress		
Red and orange vegetables		
• Acorn squash		
• Bell peppers		
• Butternut squash		
• Carrots		
• Hubbard squash		
• Pumpkin		
• Red chili peppers		
• Red peppers (sweet)		
• Sweet potatoes		
• Tomatoes		

	Consistently eating?	Willing to learn about?
• 100% vegetable juice		
Starchy vegetables		
• Cassava		
• Corn		
• Green bananas		
• Green lima beans		
• Green peas		
• Parsnips		
• Plantains		
• Potatoes, white		
• Taro		
• Water chestnuts		
• Yams		
Other vegetables		
• Alfalfa sprouts		
• Artichokes		
• Asparagus		
• Avocado		
• Bamboo shoots		
• Bean sprouts		
• Beets		
• Brussels sprouts		

	Consistently eating?	Willing to learn about?
• Cabbage		
• Cauliflower		
• Celery		
• Cucumbers		
• Eggplant		
• Garlic		
• Green beans		
• Green peppers		
• Jicama		
• Leeks		
• Lettuce, iceberg		
• Mung bean sprouts		
• Mushrooms		
• Okra		
• Onions		
• Pattypan squash		
• Radicchio		
• Radishes		
• Red cabbage		
• Scallions		
• Snow peas		
• Tomatillos		
• Turnips		


	Consistently eating?	Willing to learn about?
• Wax beans		
• Yellow squash		
• Zucchini		
Other mixed or prepared foods with vegetables?		
1.		
2.		
3.		
4.		
5.		
PROTEIN FOODS 		
Beans and peas		
• Bean burgers		
• Black beans		
• Black-eyed peas		
• Chickpeas (garbanzo beans)		
• Edamame (young soybeans)		

	Consistently eating?	Willing to learn about?
• Falafel (spiced, mashed chickpeas)		
• Hummus (chickpea spread)		
• Kidney beans		
• Lentils		
• Lima beans (mature)		
• Navy beans		
• Pinto beans		
• Soybeans		
• Split peas		
• White beans		
Eggs		
• Chicken eggs		
• Duck eggs		
Meat		
• Lean ground meats		
○ Beef		
○ Pork		
○ Sausage (beef, turkey)		
• Lean cuts		
○ Beef		
○ Ham		

	Consistently eating?	Willing to learn about?
○ Lamb		
○ Pork		
• Lean luncheon/deli meats		
○ Beef		
○ Chicken		
○ Ham		
○ Pork		
○ Turkey		
• Game meats		
○ Bison		
○ Rabbit		
○ Venison		
• Organ meats		
○ Giblet		
○ Liver		
Nuts and seeds		
• Almonds		
• Almond butter		
• Cashews		
• Chia seeds		
• Hazelnuts (filberts)		
• Mixed nuts		
• Peanuts		


	Consistently eating?	Willing to learn about?
• Peanut butter		
• Pecans		
• Pistachios		
• Pumpkin seeds		
• Sesame seeds		
• Sunflower seeds		
• Walnuts		
Poultry		
• Chicken		
• Duck		
• Goose		
• Turkey		
Seafoods		
• Canned fish		
○ Anchovies		
○ Sardines		
○ Tuna		
• Finfish		
○ Catfish		
○ Cod		
○ Flounder		
○ Haddock		
○ Halibut		

	Consistently eating?	Willing to learn about?
○ Herring		
○ Mackerel		
○ Pollock		
○ Porgy		
○ Salmon		
○ Sea bass		
○ Snapper		
○ Sushi		
○ Swordfish		
○ Tilapia		
○ Trout		
○ Tuna		
• Shellfish		
○ Clams		
○ Crab		
○ Crayfish		
○ Lobster		
○ Mussels		
○ Octopus		
○ Oysters		
○ Scallops		
○ Shrimp		
○ Squid (Calamari)		

	Consistently eating?	Willing to learn about?
Soy products		
• Tempeh		
• Texturized vegetable protein (TVP)		
• Tofu (made from soybeans)		
• Veggie burgers		
Other mixed or prepared foods with protein?		
1.		
2.		
3.		
4.		
5.		
DAIRY AND DAIRY SUBSTITUTES 		
CHEESE		
• Hard natural cheeses		

	Consistently eating?	Willing to learn about?
○ Cheddar		
○ Gouda		
○ Mozzarella		
○ Muenster		
○ Parmesan		
○ Provolone		
○ Romano		
○ Swiss		
• Soft cheeses		
○ Brie		
○ Camembert		
○ Cottage cheese		
○ Feta		
○ Ricotta		
• Processed cheeses		
○ American		
○ Cheese spreads		
Milk		
• All fluid milk		
○ Fat-free (skim) milk		
○ Flavored milks		
○ Lactose-free milks		

	Consistently eating?	Willing to learn about?
○ Low-fat milk (1%)		
○ Reduced-fat milk (2%)		
○ Whole milk		
Milk-based desserts		
○ Frozen yogurt		
○ Ice cream		
○ Ice milk		
○ Lassi		
○ Pudding		
○ Sherbet		
○ Smoothies		
Non-dairy calcium alternatives		
• Almond milk		
• Coconut milk		
• Rice milk		
• Soymilk		
Yogurt		
• All milk-based yogurt (fat-free, low-fat, reduced-fat, whole-milk)		
• Almond-milk yogurt		

	Consistently eating?	Willing to learn about?
• Coconut-milk yogurt		
• Soy yogurt		
Other mixed or prepared foods with dairy or substitutes?		
1.		
2.		
3.		
4.		
5.		
GRAINS 		
Whole grains		
• Amaranth		
• Brown rice		
• Buckwheat		
• Bulgur (cracked wheat)		
• Kamut		
• Millet		

	Consistently eating?	Willing to learn about?
• Muesli		
• Oatmeal		
• Popcorn		
• Quinoa		
• Rolled oats		
• Sorghum		
• Spelt		
• Teff		
• Whole-grain barley		
• Whole-grain cornmeal		
• Whole-grain sorghum		
• Whole rye		
• Whole-wheat bread		
• Whole-wheat cereal flakes		
• Whole-wheat crackers		
• Whole-wheat pasta		
• Whole-wheat sandwich buns and rolls		
• Whole-wheat tortillas		
• Wild rice		

	Consistently eating?	Willing to learn about?
Refined grains		
• Bagels		
• Biscuits		
• Breadcrumbs		
• Cakes		
• Challah bread		
• Cookies		
• Cornbread		
• Cornflakes		
• Corn tortillas		
• Couscous		
• Crackers, saltine		
• English muffins		
• Flour tortilla		
• French bread		
• Grits		
• Hominy		
• Matzo		
• Naan		
• Noodles		
• Pancakes		
• Pasta (spaghetti, macaroni)		
• Pie/pastry crusts		

	Consistently eating?	Willing to learn about?
• Pita bread		
• Pizza crust		
• Polenta		
• Pretzels		
• Ramen noodles		
• Rice cakes		
• Rice paper (spring roll wrappers)		
• Rice vermicelli		
• Waffles		
• White bread		
• White rice		
• White sandwich buns and rolls		
Other mixed or prepared foods with grains?		
1.		
2.		
3.		
4.		
5.		

Note: Adapted from the USDA Center for Nutrition Policy and Promotion's ChooseMyPlate.gov website.

Worksheet 6.1 The Five Steps: a weekly worksheet to complete for each food tasted during the five-food tasting session

Which food am I learning about?									
Indicate the date each time I am tasting this food.									
Step 1. What does it look like (e.g., green, round)?									
Step 2. What does it feel like (e.g., smooth, rough)?									
Step 3. What does it smell like (e.g., strong, bitter)?									
Step 4. What does it taste like (e.g., sweet, salty)?									
Step 5. What is the texture like (e.g., chewy, soft)?									
After 10+ tastes, indicate with an 'X' your plans for moving forward with this food.									
I don't want to continue learning about this food now.			I want to keep learning about this food but I'm not ready to try incorporating it yet.				I want to try to incorporate this food into my diet.		

Note: You will use this same sheet for *practice tastings* to indicate the days you practice the food and elaborate on your answers as you gain experience with the food.

Worksheet 6.2 Planning daily food practices

Week beginning on date:							
Foods tasted this week in five-foods tasting session	Indicate with an 'X' which day(s) you will try each food. Note when you plan to practice (am/pm) and at meal (M) or snack (S) time. Aim to practice one to three foods per day.						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
1.							
2.							
3.							
4.							
5.							
Other:							
Other:							
Other:							
Other:							

Note: You should include in the list the foods you tasted in the five-foods tasting session as well as any other foods you want to work on during the week.

**Worksheet 6.3 My incorporation strategy plans:
brainstorm strategies for incorporation of new foods
that you can use to move from tastes to incorporations
at home**

My incorporation strategy plans:

1 Fade it in
 >>> 

2 Add some
spice
   

3 Chain to a
goal
  

4 switch it
up
 

5 Deconstruct


Worksheet 7.1 Hierarchy for food exposure in ARFID with fear of aversive consequences

Subjective units of distress (SUDS) score	Food or eating situation to be tried
100	
90	
80	
70	
60	
50	
40	
30	
20	
10	
0	

**Worksheet 7.2 Exposure planning worksheet
and results log**

Exposure scenario:

What is my worst fear?

Safety behaviors to avoid during this exposure:

Starting
SUDS
rating
(0–100)

Starting
certainty
(%)

Ending
SUDS rating
(0–100)

Ending
certainty
(%)

Did my worst fear come true? How do I know?

What can I learn from this exposure?

Worksheet 8.1 Planning your interoceptive exposures

1.	Generate your SUDS ratings based on the scale below	
Subjective units of distress scale (SUDS)		
100	Keywords for SUDS rating of 100:	
50	Keywords for SUDS rating of 50:	
0	Keywords for SUDS rating of 0:	
2.	Pushing your belly out	
	SUDS prior to starting the exposure	
	SUDS as soon as you notice you are feeling a little bloated	
	SUDS after you push your belly out for 30 more seconds	
	Did this practice experience feel similar to when I feel bloated after eating?	YES NO
	Practice this exposure again?	YES NO
3.	Gulping water	
	SUDS prior to starting the exposure	
	SUDS as soon as you notice you are feeling a little full	
	SUDS after you drink another glass or drink for 30 more seconds	
	Did this experience feel similar to when I eat a lot and feel full?	YES NO
	Practice this exposure again?	YES NO

4.	Spinning in a chair	
	SUDS prior to starting the exposure	
	SUDS as soon as you notice you are feeling a little nauseous	
	SUDS after you spin for 30 more seconds	
	Did this experience feel similar to when I feel nauseous after eating?	YES NO
	Practice this exposure again?	YES NO
5.	When will I practice?	
	Monday:	
	At what time?	
	I will push my belly out for how many seconds?	
	I will chug how many glasses of water?	
	I will spin in a chair for how many seconds?	
	Tuesday:	
	At what time?	
	I will push my belly out for how many seconds?	
	I will chug how many glasses of water?	
	I will spin in a chair for how many seconds?	

	Wednesday:	
	At what time?	
	I will push my belly out for how many seconds?	
	I will chug how many glasses of water?	
	I will spin in a chair for how many seconds?	
	Thursday:	
	At what time?	
	I will push my belly out for how many seconds?	
	I will chug how many glasses of water?	
	I will spin in a chair for how many seconds?	
	Friday:	
	At what time?	
	I will push my belly out for how many seconds?	
	I will chug how many glasses of water?	
	I will spin in a chair for how many seconds?	
	Saturday:	
	At what time?	
	I will push my belly out for how many seconds?	

	I will chug how many glasses of water?	
	I will spin in a chair for how many seconds?	
	Sunday:	
	At what time?	
	I will push my belly out for how many seconds?	
	I will chug how many glasses of water?	
	I will spin in a chair for how many seconds?	

Worksheet 8.2 Self-monitoring record with hunger and fullness ratings

Time	Food/ drink consumed	Thoughts, feelings	Physical sensations (including 1–7 hunger/ fullness rating)

Worksheet 8.3 What I love about my favorite foods

Five of my favorite foods are:	1. 2. 3. 4. 5.	
With this worksheet, I am tasting:		
Questions from the Five Steps:	Two neutral words that describe the food:	
• What does it look like?	1.	2.
• What does it feel like?	1.	2.
• What does it smell like?	1.	2.
• What does it taste like?	1.	2.
• What is the texture like?	1.	2.
New questions expanding upon the Five Steps:		
What do I like about the food's appearance?		
What do I like about the way this food feels?		
What do I like about how this food smells?		
What do I like about how this food tastes?		

What do I like about the texture of this food?	
When was the last time I had this food?	
What memories do I have of eating this food?	
When will I add this food to my meals or snacks this week?	

Worksheet 9.1 Eating Pathology Symptoms Inventory (EPSI)©

Below is a list of experiences and problems that people sometimes have. Read each item to determine how well it describes your recent experiences. Then select the option that best describes **how frequently** each statement applied to you **during the past four weeks, including today**. Use this scale when answering:

0	1	2	3	4
Never	Rarely	Sometimes	Often	Very Often
1.	I did not like how clothes fit the shape of my body			
2.	I tried to exclude “unhealthy” foods from my diet			
3.	I ate when I was not hungry			
4.	People told me that I do not eat very much			
5.	I felt that I needed to exercise nearly every day			
6.	People would be surprised if they knew how little I ate			
7.	I used muscle building supplements			
8.	I pushed myself extremely hard when I exercised			
9.	I snacked throughout the evening without realizing it			
10.	I got full more easily than most people			
11.	I considered taking diuretics to lose weight			

12.	I tried on different outfits, because I did not like how I looked	
13.	I thought laxatives are a good way to lose weight	
14.	I thought that obese people lack self-control	
15.	I thought about taking steroids as a way to get more muscular	
16.	I used diet teas or cleansing teas to lose weight	
17.	I used diet pills	
18.	I did not like how my body looked	
19.	I ate until I was uncomfortably full	
20.	I felt that overweight people are lazy	
21.	I counted the calories of foods I ate	
22.	I planned my days around exercising	
23.	I thought my butt was too big	
24.	I did not like the size of my thighs	
25.	I wished the shape of my body was different	
26.	I was disgusted by the sight of an overweight person wearing tight clothes	
27.	I made myself vomit in order to lose weight	

28.	I did not notice how much I ate until after I had finished eating	
29.	I considered taking a muscle building supplement	
30.	I felt that overweight people are unattractive	
31.	I engaged in strenuous exercise at least five days per week	
32.	I thought my muscles were too small	
33.	I got full after eating what most people would consider a small amount of food	
34.	I was not satisfied with the size of my hips	
35.	I used protein supplements	
36.	People encouraged me to eat more	
37.	If someone offered me food, I felt that I could not resist eating it	
38.	I was disgusted by the sight of obese people	
39.	I stuffed myself with food to the point of feeling sick	
40.	I tried to avoid foods with high calorie content	
41.	I exercised to the point of exhaustion	
42.	I used diuretics in order to lose weight	

43.	I skipped two meals in a row	
44.	I ate as if I was on auto-pilot	
45.	I ate a very large amount of food in a short period of time (e.g., within 2 hours)	

Calculating your scores: Sum the scores for individual items for each scale (see below):

EPSI Scale	Items to sum	My score
Body Dissatisfaction	1, 12, 18, 23, 24, 25, 34	
Binge Eating	3, 9, 19, 28, 37, 39, 44, 45	
Cognitive Restraint	2, 21, 40	
Purging	11, 13, 16, 17, 27, 42	
Restricting	4, 6, 10, 33, 36, 43	
Excessive Exercise	5, 8, 22, 31, 41	
Negative Attitudes toward Obesity	14, 20, 26, 30, 38	
Muscle Building	7, 15, 29, 32, 35	

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**Worksheet 9.2 Understanding your scores on the
EPSI subscales**

EPSI subscale	Lower boundary in patients with eating disorders	My score	Above the lower boundary? (Yes or No)
Body dissatisfaction	21		
Binge eating	8		
Cognitive restraint	9		
Purging	5		
Restricting	16		
Excessive exercise	8		
Negative attitudes toward obesity	9		
Muscle building	5		

Note: Clinical ranges are taken from Forbush, K. T., Wildes, J. E. and Hunt, T. K. (2014). Gender norms, psychometric properties, and validity for the Eating Pathology Symptoms Inventory. *International Journal of Eating Disorders*, 47(1), pp. 85–91.

Worksheet 9.3 How to design a successful body-image experiment

What am I afraid will happen to my body shape or weight or what am I afraid others will say about my body shape or weight?

How would I know for sure if this happened? What specific outcomes would confirm my fear?

How sure am I that this would happen (0–100%)?

How will I test this fear? How long does my experiment need to run?

When I think about doing this experiment, do I feel pretty anxious? On a Subjective Units of Distress Scale (SUDS) from 0 to 100, do I think I am at least at a 50?

What safety behaviors do I think I might be tempted to do during this experiment?

How can I reduce the temptation to use safety behaviors? What steps can I put in place to help myself resist them?

What happened? Did the outcome I predicted happen?

How much do I believe my previous predictions if I were to do this experiment again?

What did I learn and do I need to do another experiment?

Worksheet 9.4 How are body-image comparisons working for you?

	How many times did I compare my body to others?	How many times did I compare my current body to what my body looked like in the past?	At the end of the day how do I feel about my body?	At the end of the day how do I feel about myself?
Day 1: Making as many comparisons as possible				
Day 2: Making as many comparisons as possible				
Day 1: Abstaining from comparison making				
Day 2: Abstaining from comparison making				
<p>Ideas to help me resist comparison making (e.g., not getting on social media sites, distract myself with a hobby I like, listen to music):</p>				

Worksheet 10.1 Questions you can ask yourself to update your ARFID formulation

Predictions about eating and foods

What was difficult about changing my eating patterns?

Is it still as difficult as it was at the beginning of CBT-AR to eat differently (e.g., try new foods, face my feared foods and/or fears of eating, eat more)?

How do I feel now about changing my eating patterns?

Food avoidance/restriction (volume and/or variety)

What did I change about my eating?

How did it feel to change my eating?

Nutritional improvements

Am I underweight now and/or do I have nutritional deficiencies?

Opportunities for exposure

What kinds of situations am I no longer avoiding?

Worksheet 10.2 How does my ARFID look now?

Biological Predisposition

Food-Related Trauma?

**Negative Feelings and Predictions
about Consequences of Eating**

**Food Avoidance/Restriction
(Variety and/or Volume)**

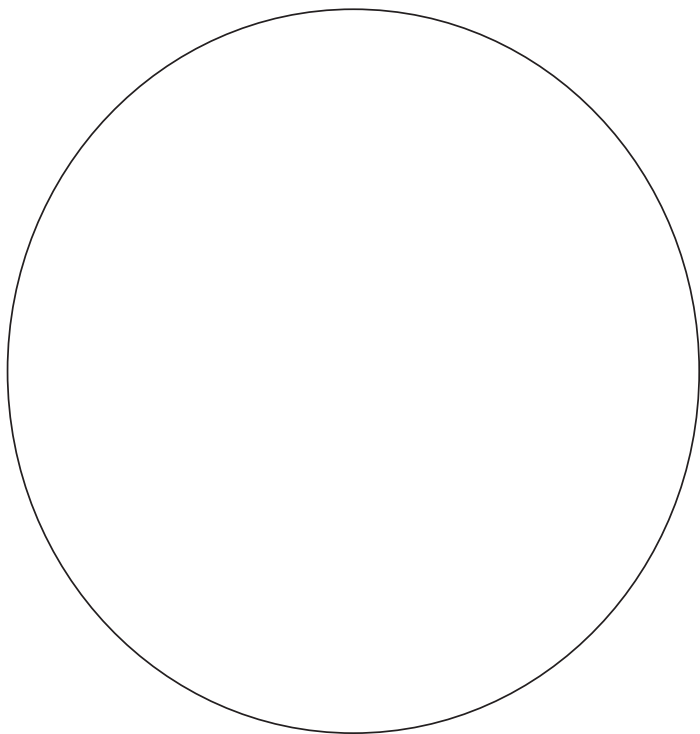
Nutritional Compromise

**Limited Opportunities
for Exposure**

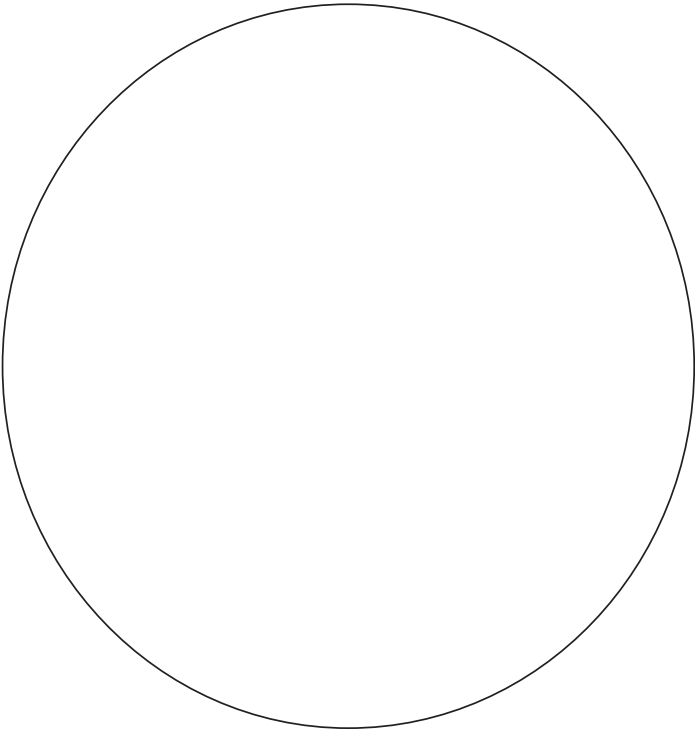
Worksheet 10.3 Foods incorporated in treatment

Incorporated food	How did I last have this food (e.g., cooked, raw, at a restaurant?)	How could I have this food in the future (at a new restaurant, with friends, as part of a new dish)?
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

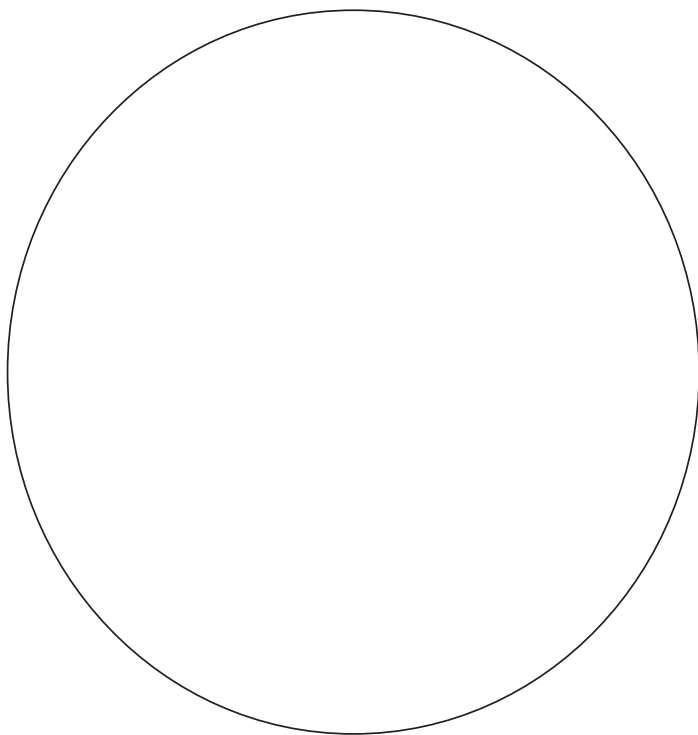
Worksheet 10.4 What does my breakfast MyPlate look like now?



Worksheet 10.5 What does my lunch MyPlate schematic look like now?



Worksheet 10.6 What does my dinner MyPlate schematic look like now?



Worksheet 10.7 Food tasting tracker

Foods	Number of times practiced	Move toward incorporation (yes/no)?	Next steps for incorporation/reincorporation
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Worksheet 10.8 My personalized ARFID relapse prevention plan

Ways that my eating has improved since the start of treatment:

Possible future triggers for relapse:

Red flags that I might be starting to relapse:

CBT-AR techniques to continue or try on my own after treatment is completed:

Ways I'd like to continue to change my eating post-treatment: