**Activity 1**

It may be helpful to take a moment and highlight, by ticking, which of the symptoms you currently have or have had in the past and to write down any others that you think are relevant that are not on the list.

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| **Symptoms of starvation or food deprivation** | |
| **Physical** | **Psychological** |
| ( ) Food remaining for longer in your stomach after eating which produces bloating and constipation  ( ) Feeling full easily  ( ) Tiredness / loss of energy  ( ) Sleeping problems  ( ) Feeling cold  ( ) Feeling dizzy / faint  ( ) Irregular periods or no periods  ( ) Hair loss and skin problems, e.g., dryness  ( ) Headaches and other aches and pains  ( ) Swelling of feet, hands or face  ( ) OTHER:  …………………………………………………………..  ……………………………………………………………  ……………………………………………………………… | ( ) Thinking about food all the time (pre-occupation may include enjoying cooking for others / hoarding food)  ( ) Overeating at times / loss of control with eating  ( )Eating slowly / unusual ways of eating  ( ) Mood changes: depressed mood, anxiety and irritability  ( ) Poor concentration  ( ) Restlessness / inability to sit and do nothing  ( ) Social withdrawal  ( ) Apathy / hard to feel bothered  ( ) Loss of humour  ( ) Loss in previous interests, including sex  ( ) OTHER:  …………………………………………………………….  ………………………………………………………………. |