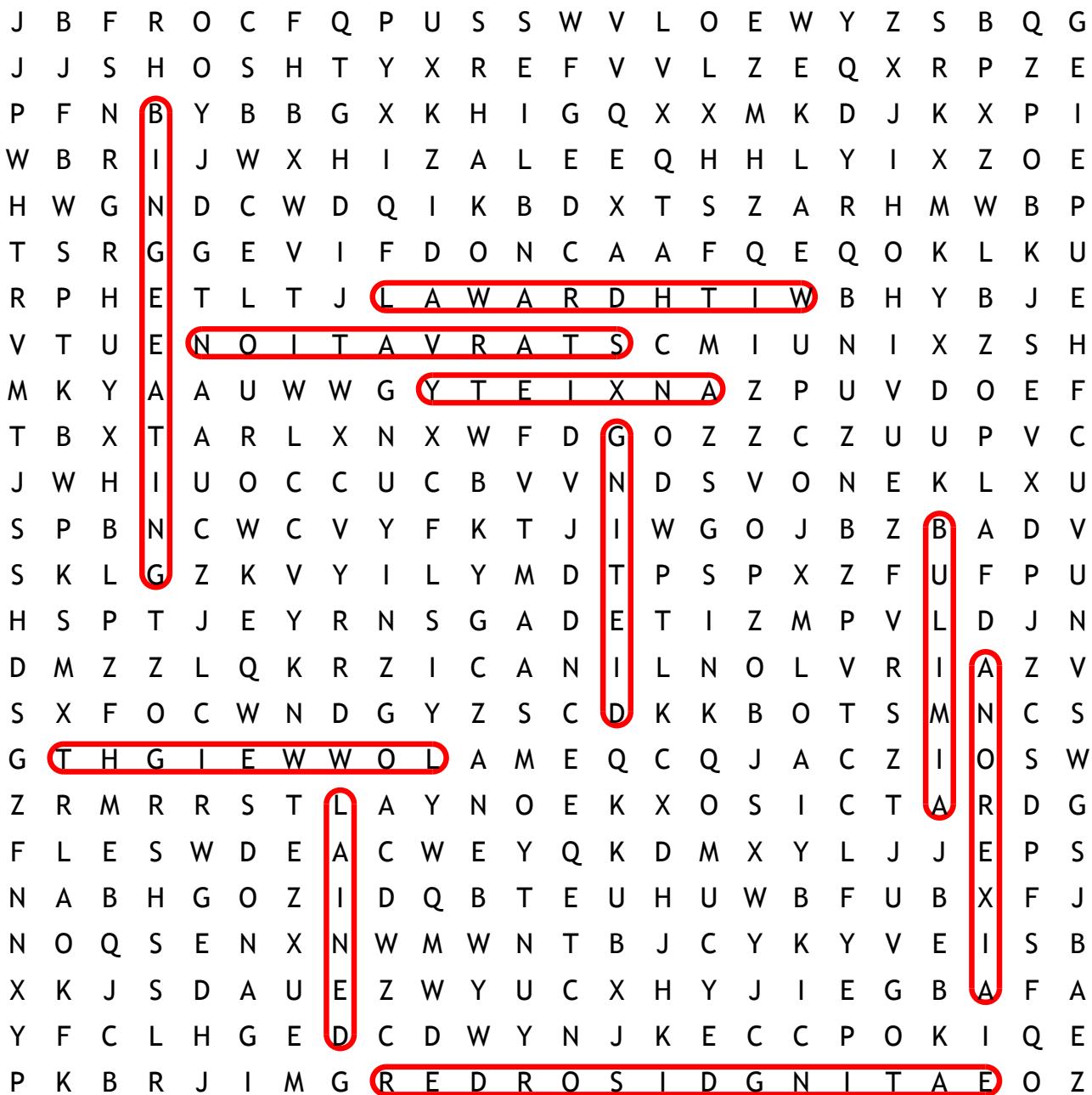


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Eating Disorders



# Eating Disorder

# Binge Eating

# Withdrawal

## Low Weight

# Starvation

## Anorexia

# Anxiety

# Bulimia

## Dieting

## Denial