

# QUESTIONS FOR ASSESSMENT OF AN EATING DISORDER

(Please check all that apply)

- I am a person who always wants to be in control
- I am an overachiever
- I think that no matter what I do it is never enough.
- I am always questioning my own judgments and/or actions.
- I scrutinize myself over small faults.
- I desire acceptance and/or approval from people.
- I have a hard time saying “no”.
- I think I am not good enough, stupid and/or worthless.
- I feel that people are always judging me in a negative way.
- I hide my feelings and/or opinions from people for fear of being judged negatively.
- I feel like I am a burden to others and my problems.
- Within my family and friends, I am considered the “strong one” who everyone will come to with problems.
- I never seem to talk much about my own problems.
- I think life would be better if I were thinner.
- I think people would like me more if I were thinner.
- I find myself often comparing my appearance and weight to others and wishing to be as “nice looking” or as “thin” as they are.
- I continuously feel that I am overweight even though others have told me that I am not.

## **Do any of these food related statements describe your experience?**

- I eat meal portions larger than necessary.
- I eat privately before eating publicly to disguise how much I eat.
- I'm a "grazer", eating throughout the day and evening.
- I eat alone after being with friends and coworkers.
- I crowd my mind with thoughts about food.
- I starve myself for hours or days to create guilt free eating time.
- I binge.
- I vomit or use laxatives to rid myself of food I've eaten.
- I exercise regularly and specifically to burn up calories from what I think it too much food.
- I have some private rituals regarding certain foods.
- I obsess about food.
- I feel ashamed about my present body size and weight.
- I start a new diet every morning.
- I spend increasingly more time in the bathroom.
- I avoid discussing my food problem.
- I weigh myself daily or more than one time a day.
- I avoid social activities or mandatory functions such as school or work in order to maintain my daily regimen of diet and exercise.
- I eat before I go out to avoid looking like I eat a lot.
- I am on a diet
- I eat more food when I am feeling bad
- I exercise more when I am feeling bad.
- I feel guilty after eating.
- I throw up after eating.

**When eating, I feel:**

- In control
- Out of control
- Fearful I am unable to stop
- Relief
- Guilt
- Happy
- Depressed
- Other

**When I do not eat, I feel:**

- In control
- Out of control
- Fearful I am unable to stop
- Relief
- Guilt
- Happy
- Depressed
- Other

**When I purge, I feel:**

- In control
- Out of control
- Fearful I am unable to stop
- Relief
- Guilt
- Happy
- Depressed
- Other

**I feel like after a snack or a meal that:**

- I have almost instantly gained weight
- I am a failure
- I have sabotaged myself

**To lose weight I have:**

- Refused to eat
- Purged
- Used diet pills
- Used laxatives
- Used diuretics
- Obsessive exercise
- Drink a lot of water, tea or coffee
- Chew a lot of gum
- Smoke
- Take caffeine pills

**To feel more energetic, I have:**

- Refused to eat
- Purged
- Used diet pills
- Used laxatives
- Used diuretics
- Obsessive exercise
- Drink a lot of water, tea or coffee
- Chew a lot of gum
- Smoke