

Eating Questionnaire

Instructions

The following questions are concerned with the PAST FOUR WEEKS ONLY (28 days). Please read each question carefully and circle the appropriate number on the right. Please answer all the questions.

ON HOW MANY DAYS OUT OF PAST 28 DAYS	No days	1-5 days	6-12 days	13-15 days	16-22 days	23-27 days	Every day
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1. Have you been deliberately <u>trying</u> to limit the amount of food you eat to influence your shape or weight?	0	1	2	3	4	5	6
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2. Have you gone for long periods of time (8 hours or more) without eating anything in order to influence your shape or weight?	0	1	2	3	4	5	6
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3. Have you <u>tried</u> to avoid eating any foods which are like in order to influence your shape or weight?	0	1	2	3	4	5	6
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4. Have you <u>tried</u> to follow definite rules regarding your eating in order to influence your shape or weight; for example, a calorie limit, a set amount of food , or rules about what or when you should eat?	0	1	2	3	4	5	6
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5. Have you wanted your stomach empty?	0	1	2	3	4	5	6
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6. Has thinking about food or its calorie content made it more difficult to concentrate on things you are interested in, for example, read, watch tv, or follow a conversation?	0	1	2	3	4	5	6
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7. Have you been afraid of losing control over eating?	0	1	2	3	4	5	6
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ON HOW MANY DAYS OUT OF PAST 28 DAYS	No days	1-5 days	6-12 days	13-15 days	16-22 days	23-27 days	Every day
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8. Have you had episodes of binge eating?	0	1	2	3	4	5	6
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9. Have you eaten in secret? (Do not count binges)	0	1	2	3	4	5	6
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10. Have you definitely wanted your stomach to be flat?	0	1	2	3	4	5	6
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11. Has thinking about shape or weight made it more difficult to concentrate on things you are interested in; for example read, watch tv, or follow a conversation?	0	1	2	3	4	5	6
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12. Have you had a definite fear that you might gain weight or become fat?

0 1 2 3 4 5 6

13. Have you felt fat?

0 1 2 3 4 5 6

14. Have you had a strong desire to lose weight?

0 1 2 3 4 5 6

15. On what proportion of times that you have eaten have you felt guilty because the effect on your shape or weight? Do not count Binges. (Circle the number which applies)

0 – none of the time
1 – a few times
2 – less than half the time
3 – half the time
4 – more than half the time
5 – most of the time
6 – every time

16. Over the past four weeks (28 days), have there been any times when you have felt that you have eaten what other people would regard as an unusually large amount of food given the circumstances? (Please put appropriate number in the box)

0 – No

1 – Yes

17. How many episodes have you had over the past four weeks (28 days) ?

18. During how many of these episodes of overeating did you have sense of having lost control over your eating?

19. Have you had other episodes of eating in which you have had a sense of having lost control and eaten too much, but have not eaten an unusually large amount of food given the circumstances?

0 – No

1 – Yes

20. How many episodes have you had over the past four weeks (28 days)?

21. Over the past four weeks have you made yourself sick (vomit) as a means of controlling your shape or weight?

0 – No

1 – yes

22. How many such episodes have you had in the past four weeks?

23. Have you taken laxatives as a means of controlling your shape or weight?

0 – No

1 – yes

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tight clothes?

0 2 4 6
