

Eating Attitudes and Behaviors

Do you feel like your eating is out of control? Do you ever feel scared that you will eat more than you want to?

Are there foods that you use to eat that you won't eat anymore? Why did you change?

How much of your day do you spend thinking about food and when and what you are going to eat?

Is the way you are eating affecting work/school/social life/family?

Are you scared that if you stopped dieting, you would gain weight?

Do you ever have trouble keeping your food down?

Do you ever feel guilty after you eat?

Do you ever take a day off of exercise? What would happen if you couldn't exercise for a day?

How is your eating disorder impacting you physically, emotionally, and financially?

Are you ready to let go of your eating disorder?

List your current food rules: (i.e. good versus bad foods)

Identify 10 non-food, healthy coping skills

Describe a healthy relationship with food:

Describe the progression of your eating disorder

Please check a response for each of the following statements:

	Always	Usually	Often	Sometimes	Rarely	Never
1. Am terrified about being overweight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Avoid eating when I am hungry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Find myself preoccupied with food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Have gone on eating binges where I feel I may not be able to stop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Cut my food into small pieces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Aware of the calorie content of foods I eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Particularly avoid food with a high carbohydrate content (bread, rice, potatoes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Feel that others would prefer if I ate more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Vomit after I have eaten	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Feel extremely guilty after eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Am preoccupied with a desire to be thinner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
12. Think about burning up calories when I exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Other people think I'm too thin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Am preoccupied with the thought of having fat on my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Take longer than others to eat my meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Avoid foods with sugar in them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Eat diet foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Feel that food controls my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Always	Usually	Often	Sometimes	Rarely	Never
19. Display self-control around food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Feel that others pressure me to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Give too much time and thought to food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Feel uncomfortable after eating sweets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Engage in dieting behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Like my stomach to be empty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Have the impulse to vomit after meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Enjoy trying new rich foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please respond to each of the following questions:

1. Have you gone on eating binges where you feel that you may not be able to stop?
 (Eating much more than most people would eat under the circumstances)

No Yes If yes, on average, how many times per month in the last 6 months?

2. Have you ever made yourself sick (vomited) to control your weight or shape?

No Yes If yes, on average, how many times per month in the last 6 months?

3. Have you ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape?

No Yes If yes, on average, how many times per month in the last 6 months?

4. Have you ever been treated for an eating disorder? No Yes If yes, when?

5. Have you recently thought of or attempted suicide? No Yes If yes, when?