Eating Disorder Questionnaire

Name _____ Date _____

Weight History

Current weight _____ Current height _____ Desired Weight_____

Highest Adult weight _____ At what age?_____ Lowest Adult weight _____ At what age? _____

At your current weight, how fat do you feel _____

Diet History

Have you ever been on a diet? _____

At what age did you go on your first diet? _____ Last year, how many times did you start a diet? _____

Describe your most common diet methods

_____

_____

Binge Eating

Have you ever had episodes of eating large amounts of food in short periods of time? _____

Put a checkmark beside statements that describe your binge eating behaviors:

	I consume large amounts of food		I eat until I'm physically ill.
	I eat rapidly.		I binge alone.
	I feel out of control during binges.		I binge with others.
	I get uncontrollable urges to eat		

How long does a binge usually last? _____ What time of day do you usually binge?_____

Describe any emotions or thoughts that might trigger a binge.

_____

_____

How long have you had a problem with binge eating? _____ Since what age?_____

Has there been a time since binge eating started that you were able to stop bingeing? _____

If so, what were the circumstances?

_____

_____

Purging Behavior

Have you ever self-induced vomiting in order to get rid of food? _____ How old were you the first time? _____

How long have you engaged in purging behavior? _____

What method do you use to induce vomiting? _____

Have you ever used laxatives to control your weight? _____ How old were you the first time? _____

How long have you been using laxatives to control your weight? _____

What is the average number of laxatives you use in a week? _____

Over the past month, what has been the average number of times you have engaged in the following behaviors per week?

_____Binge eating

_____ Vomiting

_____ Use of laxatives

_____ Use of diet pills

_____ Use of enemas

_____ Fasting the entire day

_____ Fasting a partial day

_____ Exercising more than 1 hour a day

Over the past month, on the average, how many times per week have you been able to eat a regular meal and not purge in any way? _____

Physical Symptoms of an Eating Disorder

Check all of the symptoms that you have experiences as a result of your eating disorder

_____ Sore throat

_____ Weakness

_____ Feeling bloated

_____ Stomach pains

_____ Intolerance to cold

_____ Missed menstrual period

_____ Overly sensitive to light

_____ Growth of hair

_____ Muscle spasms

_____ Fainting or dizzy spells

_____ Swollen glands

_____ Constipation

_____ Water retention

_____ Feelings of confusion

_____ Hair loss

_____ Dental problems

Additional Symptoms

Please check any of the following symptoms you have experienced in the last three months.

_____ Sleeping too much

_____ Insomnia

_____ Awakening too early in the morning

_____ Decreased sexual interest

_____ Difficulty concentrating

_____ Crying spells

_____ Inability to cry

_____ Fatigue

_____ Confusion

_____ Feelings of inadequacy

_____ Decreased productivity

_____ Feelings of guilt

_____ Thinking about suicide

_____ Losing the experience of “fun”

_____ Social withdrawal

_____ Irritability and anger

_____ Feelings of hopelessness

_____ Slowed motion or thinking

_____ Feelings of agitation

_____ Increase in activity

_____ Pressured speech

_____ Impulsiveness

_____ Easily distracted

_____ Spending sprees

_____ Hypersexuality

_____ Decreased need for sleep

_____ Feeling of grandiosity

_____ Flood of creativity and ideas

_____ Anxiety

_____ Trembling

_____ Restlessness

_____ Muscle tension

_____ Difficulty swallowing

_____ Dry mouth

_____ Shortness of breath

_____ Sweaty hands

_____ Frequent urination

_____ Heart palpitations

_____ Dizziness

_____ Feeling keyed up or on edge

_____ Mind going blank

Do you enjoy life? _____

Is so, describe when and how. _____

Have you ever tried to hurt yourself? _____

If so, describe when and how. _____