



Eating Disorder Assessment

While it is not uncommon for the significant majority of individuals to occasionally struggle with concerns about body weight, shape, size, food intake, and other food-related concerns, for some of us, those concerns escalate into a full-blown, dangerous, and sometimes deadly eating disorder.

If you are struggling with managing the role food plays in your life, it is time to seek help. You can start that process by completing a simple self-assessment like the one below.

Instructions: Answer the questions below honestly. Respond as you are now, not the way you used to be or the way you would like to be. For an accurate score, do not leave any questions blank (unless instructed to do so). When you have answered all of the questions, enter your name and email address to receive your confidential Eating Disorder Assessment report.

1. I have eating habits that are different from those of my family and friends.

Often Sometimes Rarely Never

2. I cannot go through the day without worrying about what I will or will not eat.

Almost Always Sometimes Rarely Never

3. I prefer to eat alone or when I am sure that no one will see me.

Often Sometimes Rarely Never

4. I make excuses (e.g. "I already ate", "I am not feeling well", etc.) so that I will not have to eat with friends and family.

Often Sometimes Rarely Never

5. I have uncontrollable eating binges during which I consume large amounts of food and afterwards I make myself vomit.

Never Less than once a week 1-6 times a week Once or more a day

6. I find myself cutting up my food into tiny pieces, hiding food so people will think I ate it, chewing it and spitting it out without swallowing it and/or keeping hidden stashes of food.

Often Sometimes Rarely Never

7. I have determined that there are certain "safe" foods that are okay for me to eat, and "bad" foods that I refuse to eat.

Often Sometimes Rarely Never



8. I become angry when others show interest in what I eat and pressure me to eat more.

Often Sometimes Rarely Never

9. I am afraid that no one would understand my fears about food and eating, so I keep these feelings to myself.

Often Sometimes Rarely Never

10. I enjoy cooking gourmet meals and/or high calorie foods for others, but I would never eat them myself.

Often Sometimes Rarely Never

11. I go through long periods of time without eating (fasting) or eating very little as means of weight control.

Often Sometimes Rarely Never

12. My friends tell me that I am thin, but I do not believe them because I feel fat.

Often Sometimes Rarely Never

13. I would panic if I got on the scale and found out that I had gained weight.

Almost Always Sometimes Rarely Never

14. I use laxatives or diuretics as a means of weight control.

Never Rarely Sometimes On a regular basis

15. I have an overwhelming fear of gaining weight.

True False

16. I exercise excessively to try to lose weight and I become anxious if I miss a workout.

True False

17. It is very important that I am thinner than all of my friends.

Almost Always Sometimes Rarely Never

18. I am unable to maintain a weight that is considered healthy and consistent with my build, age and height.

True False



19. (Females only) My menstrual period has stopped or become irregular due to no known medical reasons.

True False

20. I can spend hours reading books or magazines about dieting, exercising, fitness, or calorie counting.

Often Sometimes Rarely Never

21. I have felt depressed and irritable lately, and spend most of my time alone.

True False

22. I tend to be a perfectionist; I am not satisfied unless things are perfect.

Often Sometimes Rarely Never

My Name Is:	
My Email Address Is:	

Look forward to your Eating Disorder Assessment report arriving in your inbox soon!

This confidential assessment tool is provided courtesy of the Southlake Center