

Eating Disorders Examination Questionnaire - 6.0

The following questions are concerned with the past four weeks (28 days) only. Please read each question carefully and answer all questions. Thank you.

Questions 1-12: Please read each item and respond with the number of days that most accurately reflects your eating habits. Remember that these questions only refer to the past 4 weeks (28 days).

1. How often have you been deliberately trying to limit the amount of food you eat to influence your shape or weight (whether or not you have succeeded)?

- No days
- 1-5 days
- 6-12 days
- 13-15 days
- 16-22 days
- 23-27 days
- Every day

2. How often have you gone for long periods of time (8 waking hours or more) without eating anything at all in order to influence your shape or weight?

- No days
- 1-5 days
- 6-12 days
- 13-15 days
- 16-22 days
- 23-27 days
- Every day

3. How often have you tried to exclude from your diet any foods that you like in order to influence your shape or weight (whether or not you have succeeded)?

- No days
- 1-5 days
- 6-12 days
- 13-15 days
- 16-22 days
- 23-27 days
- Every day

4. How often have you tried to follow definite rules regarding your eating (for example, a calorie limit) in order to influence your shape or weight (whether or not you have succeeded)?

- No days
- 1-5 days
- 6-12 days
- 13-15 days
- 16-22 days
- 23-27 days
- Every day

5. How often have you had a definite desire to have an empty stomach with the aim of influencing your shape or weight?

- No days
- 1-5 days
- 6-12 days
- 13-15 days
- 16-22 days
- 23-27 days
- Every day

6. How often have you had a definite desire to have a totally flat stomach?

- No days
- 1-5 days
- 6-12 days
- 13-15 days
- 16-22 days
- 23-27 days
- Every day

7. How often has thinking about food, eating, or calories made it very difficult to concentrate on things you are interested in (for example, working, following a conversation or reading)?

- No days
- 1-5 days
- 6-12 days
- 13-15 days
- 16-22 days
- 23-27 days
- Every day

8. How often has thinking about shape or weight made it very difficult to concentrate on things you are interested in (for example, working, following a conversation or reading)?

- No days
- 1-5 days
- 6-12 days
- 13-15 days
- 16-22 days
- 23-27 days
- Every day

9. How often have you had a definite fear of losing control over eating?

- No days
- 1-5 days
- 6-12 days
- 13-15 days
- 16-22 days
- 23-27 days
- Every day

10. How often have you had a definite fear that you might gain weight?

- No days
- 1-5 days
- 6-12 days
- 13-15 days
- 16-22 days
- 23-27 days
- Every day

11. How often have you felt fat?

- No days
- 1-5 days
- 6-12 days
- 13-15 days
- 16-22 days
- 23-27 days
- Every day

12. How often have you had a strong desire to lose weight?

- No days
- 1-5 days
- 6-12 days
- 13-15 days
- 16-22 days
- 23-27 days
- Every day

Questions 13-18: Please fill in the appropriate number on the right. Remember that the questions only refer to the past 4 weeks (28 days).

13. Over the past 28 days, how many days have you eaten what other people would regard as an unusually large amount of food (given the circumstances)?

14. On how many of these days did you have a sense of having lost control over your eating (at the time that you were eating)?

15. Over the past 28 days, on how many days have such episodes of overeating occurred (i.e., you have eaten an unusually large amount of food and have had a sense of loss of control at that time)?

16. Over the past 28 days, how many days have you made yourself sick (vomited) as a means of controlling your shape or weight?

17. Over the past 28 days, how many days have you taken laxatives as a means of controlling your shape or weight?

18. Over the past 28 days, how many days have you exercised in a "driven" or "compulsive" way as a means of controlling your weight, shape, or amount of fat, or to burn off calories?

Questions 19-21: Please choose the appropriate number. Please note that for these questions the term "binge eating" means eating what others of your age and gender would regard as an unusually large amount of food for the circumstances, accompanied by a sense of having lost control over eating.

19. Over the past 28 days, on how many days have you intentionally eaten in secret?

- No days
- 1-5 days
- 6-12 days
- 13-15 days
- 16-22 days
- 23-27 days
- Every day

20. How often have you felt guilty (felt that you've done wrong) because your eating has had a negative effect on your shape or weight?

- No days
- 1-5 days
- 6-12 days
- 13-15 days
- 16-22 days
- 23-27 days
- Every day

21. Over the past 28 days, in how many have you been concerned about other people seeing you eat?

- No days
- 1-5 days
- 6-12 days
- 13-15 days
- 16-22 days
- 23-27 days
- Every day

Questions 22-28: Please choose the appropriate number on the right. Remember that the questions only refer to the past 4 weeks (28 days).

22. Has your weight (the number on your scale) influenced how you think about (judge) yourself as a person?

- 0 - Not at all
- 1
- 2 - Slightly
- 3
- 4 - Moderately
- 5
- 6 - Markedly

23. Has your shape influenced how you think about (judge) yourself as a person?

- 0 - Not at all
- 1
- 2 - Slightly
- 3
- 4 - Moderately
- 5
- 6 - Markedly

24. How much would it have upset you if you had been asked to weigh yourself once a week (no more, no less often) for the next 4 weeks?

- 0 - Not at all
- 1
- 2 - Slightly
- 3
- 4 - Moderately
- 5
- 6 - Markedly

25. How dissatisfied have you been with your weight (the number on your scale)?

- 0 - Not at all
- 1
- 2 - Slightly
- 3
- 4 - Moderately
- 5
- 6 - Markedly

26. How dissatisfied have you been with your shape?

- 0 - Not at all
- 1
- 2 - Slightly
- 3
- 4 - Moderately
- 5
- 6 - Markedly

27. How uncomfortable have you felt seeing your body (for example, seeing your shape in the mirror, in a shop window reflection, while undressing, or taking a bath or shower)?

- 0 - Not at all
- 1
- 2 - Slightly
- 3
- 4 - Moderately
- 5
- 6 - Markedly

28. How uncomfortable have you felt about others seeing your body (for example, in communal changing rooms, when swimming, or wearing tight clothes)?

- 0 - Not at all
- 1
- 2 - Slightly
- 3
- 4 - Moderately
- 5
- 6 - Markedly