|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Screening Questions | | |  |  |
|  |  |  |  |  |
| 1. I am terrified about being overweight. | | | | |
|  |  |  |  |  |
|  |  | Always |  | Sometimes |
|  |  | Usually |  | Rarely |
|  |  | Often |  | Never |
|  |  |  |  |  |
| 2. I find myself preoccupied with food. | | | | |
|  |  |  |  |  |
|  |  | Always |  | Sometimes |
|  |  | Usually |  | Rarely |
|  |  | Often |  | Never |
|  |  |  |  |  |
| 3. I have gone on eating binges where I feel that I may not be able to stop. | | | | |
|  |  |  |  |  |
|  |  | Always |  | Sometimes |
|  |  | Usually |  | Rarely |
|  |  | Often |  | Never |
|  |  |  |  |  |
| 4. I vomit after I have eaten. | | |  |  |
|  |  |  |  |  |
|  |  | Always |  | Sometimes |
|  |  | Usually |  | Rarely |
|  |  | Often |  | Never |
|  |  |  |  |  |
| 5. I feel extremely guilty after eating. | | | | |
|  |  |  |  |  |
|  |  | Always |  | Sometimes |
|  |  | Usually |  | Rarely |
|  |  | Often |  | Never |
|  |  |  |  |  |
| 6. I am preoccupied with a desire to be thinner. | | | | |
|  |  |  |  |  |
|  |  | Always |  | Sometimes |
|  |  | Usually |  | Rarely |
|  |  | Often |  | Never |
|  |  |  |  |  |
| 7. I think about burning up calories when I exercise. | | | | |
|  |  |  |  |  |
|  |  | Always |  | Sometimes |
|  |  | Usually |  | Rarely |
|  |  | Often |  | Never |
|  |  |  |  |  |
| 8. I am preoccupied with the thought of having fat on my body. | | | | |
|  |  |  |  |  |
|  |  | Always |  | Sometimes |
|  |  | Usually |  | Rarely |
|  |  | Often |  | Never |
|  |  |  |  |  |
| 9. I feel that food controls my life. | | | |  |
|  |  |  |  |  |
|  |  | Always |  | Sometimes |
|  |  | Usually |  | Rarely |
|  |  | Often |  | Never |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 10. I give too much time and thought to food. | | | | |
|  |  |  |  |  |
|  |  | Always |  | Sometimes |
|  |  | Usually |  | Rarely |
|  |  | Often |  | Never |
|  |  |  |  |  |
|  |  |  |  |  |
| 11. I have the impulse to vomit after meals. | | | | |
|  |  |  |  |  |
|  |  | Always |  | Sometimes |
|  |  | Usually |  | Rarely |
|  |  | Often |  | Never |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 12. In the past 6 months: have you gone on eating binges where you feel that you may not be able to stop | | | | |
|  |  |  |  |  |
|  |  | Once a month or less |  | 2-6 times a week |
|  |  | 2-3 times a month |  | Once a day or more |
|  |  | Once a week |  |  |
|  |  |  |  |  |
| 13. In the past 6 months: have you ever made yourself sick (vomited) to control your weight or shape? | | | | |
|  |  |  |  |  |
|  |  | Once a month or less |  | 2-6 times a week |
|  |  | 2-3 times a month |  | Once a day or more |
|  |  | Once a week |  |  |
|  |  |  |  |  |
| 14. In the past 6 months: have you ever used laxatives diet pills or diuretics (water pills) to control your weight or shape? | | | | |
|  |  |  |  |  |
|  |  | Once a month or less |  | 2-6 times a week |
|  |  | 2-3 times a month |  | Once a day or more |
|  |  | Once a week |  |  |
|  |  |  |  |  |
| 15. In the past 6 months: have you exercised more than 60 minutes a day to lose or to control your weight or shape? | | | | |
|  |  |  |  |  |
|  |  | Yes |  |  |
|  |  | No |  |  |
|  |  |  |  |  |
| 16. In the past six months: have you gained 20 pounds or more? | | | | |
|  |  |  |  |  |
|  |  | Yes |  |  |
|  |  | No |  |  |