|  |  |  |
| --- | --- | --- |
| 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  |  |  |