

Eating Disorder Screening Questionnaire

*This is a screening tool and is not intended for diagnostic purposes. Saying "yes" to any of these means the person may benefit from a referral to an eating disorder therapist.

Answer "yes" or "no" to the following questions:

1 Do you spend a lot of time thinking about food and your body?

2 If you had to take a week off from exercise, would that give you anxiety?

3 Do you have food rules (for non-medical reasons)? Ex: limiting carbs or "I don't eat white bread."

4 Are you afraid of gaining weight?

5 Do you restrict (intentionally try to eat less to try to change your body), binge (eat more than the average person in a short time period) and/or purge (vomit, use laxatives, etc)?

6 Do you have a small list of foods that you like and will eat and a long list of foods that you won't eat?

7 Do you ever feel shame or guilt after eating?

To make a referral:

 301-246-6856

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