

Eating Disorder Self-Test

Is it possible that I have symptoms of an Eating Disorder?

<u>Question</u>	<u>Yes</u>	<u>No</u>
1. Do you eat when you are not hungry?	_____	_____
2. Do you go on eating binges for no apparent reason?	_____	_____
3. Do you have feelings of guilt and remorse after overeating?	_____	_____
4. Do you give too much time and thought to food?	_____	_____
5. Do you look forward with pleasure and anticipation to the time when you can eat alone?	_____	_____
6. Do you plan these secret binges ahead of time?	_____	_____
7. Do you eat sensibly before others and make up for it alone?	_____	_____
8. Do you hide your food?	_____	_____
9. Have you tried to diet for a week (or longer), only to fall short of your goal?	_____	_____
10. Do you resent others telling you to "use a little willpower" to stop overeating?	_____	_____
11. Despite evidence to the contrary, have you continued to assert that you could diet "on your own" whenever you wish?	_____	_____
12. Do you crave to eat at a definite time, day or night, other than mealtime?	_____	_____
13. Do you eat to escape from worries or trouble?	_____	_____
14. Have you ever been treated for obesity or a food-related condition?	_____	_____
15. Does your eating behavior make you or others unhappy?	_____	_____
16. Is your weight affecting your health?	_____	_____
17. Do you feel lethargic or daze like?	_____	_____
18. Do you crave specific types of food products, such as wheat, milk, flour, and rice?	_____	_____
19. Do you have withdrawal symptoms from not eating certain foods?	_____	_____
20. Have you ever blacked out or passed out from overeating?	_____	_____
21. Have you experienced episodes of schizophrenia?	_____	_____