

**Dr Marti Fausold-Mowers  
Eating Disorder Questionnaire**

NAME

DATE of BIRTH

Height

Weight (in pounds)

To Day's DATE

<b>PART B: Please check a response for each of the following statements:</b>	<b>Response</b>
1. Am terrified about being overweight	<input style="width: 100%; height: 25px;" type="text"/>
2. Avoid eating when I am hungry	<input style="width: 100%; height: 25px;" type="text"/>
3. Find myself preoccupied with food.	<input style="width: 100%; height: 25px;" type="text"/>
4. Have gone on eating binges where I feel that I can not stop	<input style="width: 100%; height: 25px;" type="text"/>
5. Cut my food into small pieces	<input style="width: 100%; height: 25px;" type="text"/>
6. Aware of the calorie content of foods that I eat	<input style="width: 100%; height: 25px;" type="text"/>
7. Particularly avoid food with a high carbohydrate content (bread, rice, potato, etc)	<input style="width: 100%; height: 25px;" type="text"/>
8. Feel that others would prefer that I ate more	<input style="width: 100%; height: 25px;" type="text"/>
9. Vomit after I have eaten	<input style="width: 100%; height: 25px;" type="text"/>
10. Feel extremely after eating	<input style="width: 100%; height: 25px;" type="text"/>
11. Am preoccupied with a desire to be thinner	<input style="width: 100%; height: 25px;" type="text"/>
12. Think about burning up calories when I exercise	<input style="width: 100%; height: 25px;" type="text"/>
13. Other people think that I am too thin	<input style="width: 100%; height: 25px;" type="text"/>
14. Am preoccupied with the thought of having fat on my body	<input style="width: 100%; height: 25px;" type="text"/>
15. Take longer than others to eat my meals	<input style="width: 100%; height: 25px;" type="text"/>
16. Avoid food with sugar in it	<input style="width: 100%; height: 25px;" type="text"/>
17. Eat diet foods	<input style="width: 100%; height: 25px;" type="text"/>

<b>PART B: Please check a response for each of the following statements:</b>	<b>Response</b>
18. Feel that food controls my life	
19. Display self-control around food	
20. Feel that others pressure me to eat	
21. Give too much time and thought to food	
22. Feel uncomfortable after eating sweets	
23. Engage in dieting behavior	
24. Like my stomach to be empty	
25. Have the impulse to vomit after meals	
26. Enjoy trying new rich foods.	

<b>PART C: Behavioral Questions In the past 6 months have you:</b>	<b>RESPONSE</b>
A. Gone on eating binges when you feel that you may not be able to stop	
B. Ever made yourself sick (vomited) to control your weight or shape	
C. Ever used laxatives, diet pills or diuretics (diet pills) to control your weight or shape	
D. Exercised more than 60 minutes a day to loss or control your weight	
E. Lost 20 pounds or more in the past 6 months	