Eating Disorder Treatment Self Assessment & Questionnaire

If you are worried about having an eating disorder, take the test below. If your score is 45 or higher we recommend you talk to an eating disorder treatment professional about your concern.

For each of the following statements score as follows:

0 = Never
1 = Seldom
2 = Occasionally
3 = Frequently
4 = Always

_____	1. I am constantly thinking about feeling fat.
_____	2. My weight determines my self-esteem.
_____	3. I get on the scale daily.
_____	4. I feel guilt or shame after eating.
_____	5. When I discover I've gained a pound, I panic.
_____	6. I diet repeatedly to lose weight.
_____	7. I binge (eat large amounts of food in a short period of time.)
_____	8. There are days when I don't eat at all.
_____	9. I make myself throw up.
_____	10. I use laxatives or diuretics to control my weight.
_____	11. I avoid social events because of my weight.
_____	12. My weight prevents me from accomplishing other goals in life.
_____	13. If I cannot exercise to burn off calories, I panic.
_____	14. I feel depressed when I look through fashion magazines.
_____	15. I eat for emotional comfort or to relieve stress or depression.
_____	16. I eat sensibly in front of others and make up for it when I am alone.
_____	17. I feel self-conscious around thin people.
_____	18. I divide food in two categories: "good" and "bad".
_____	19. I feel out of control with food.
_____	20. I dislike my body.

If you score higher than 45 you may have an eating disorder

TOTAL