

Part C: Behavioral Questions. In the past 6 months have you:

A. Gone on eating binges where you feel that you may not be able to stop?

- Never
- Once a month or less
- 2-3 times a month
- Once a week
- 2-6 times a week
- Once a day or more

B. Ever made yourself sick (vomited) to control your weight or shape?

- Never
- Once a month or less
- 2-3 times a month
- Once a week
- 2-6 times a week
- Once a day or more

C. Ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape?

- Never
- Once a month or less
- 2-3 times a month
- Once a week
- 2-6 times a week
- Once a day or more

D. Exercised more than 60 minutes a day to lose or to control your weight?

- Never
- Once a month or less
- 2-3 times a month
- Once a week
- 2-6 times a week
- Once a day or more

E. Lost 20 pounds or more in the past 6 months

Yes

No

Assessor's Notes:

This is a screening measure to help you determine whether you might have an eating disorder that needs professional attention. This screening measure is not designed to make a diagnosis of an eating disorder or take the place of a professional consultation. Please fill out the form as accurately, honestly and completely as possible. There are no right or wrong answers. All of your responses are confidential.