







**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.