

Eating Disorder Screening Assessment

Answer each question honestly. In the box to the left of each question write in, yes, no or sometimes.

1. Do you see yourself as heavy, overweight, or fat even though others tell you that you are thin?
2. Are you focused on weighing yourself daily and worry about the numbers on the scale?
3. Are you obsessive in counting calories or fat grams?
4. Do you worry about gaining weight or becoming fat even though you are underweight?
5. Have you stopped having your menstrual cycle?
6. Do you find yourself hiding your food intake?
7. Do you use laxatives diuretics, enemas or other medications to maintain your weight?
8. Do you exercise excessively to maintain your weight?
9. Does my self esteem depends on how my cloth fit that day, or a comment made by someone else, or by the image I see in the mirror?
10. Do you purge after you eat a meal?