

Name _____ Section _____ Date _____



WELLNESS WORKSHEET 85

Eating Disorder Checklist

For each statement, put a check in the column that best describes how often the statement is true for you.

Section One

Always 0	Very Often 0	Often 0	Some- times 1	Rarely 2	Never 3	
						1. I like eating with other people.
						2. I like my clothes to fit tightly.
						3. I enjoy eating meat.
						4. I have regular menstrual periods.
						5. I enjoy eating at restaurants.
						6. I enjoy trying new rich foods.

Section Two

Always 3	Very Often 2	Often 1	Some- times 0	Rarely 0	Never 0	
						7. I prepare foods for others but do not eat what I cook.
						8. I become anxious prior to eating.
						9. I am terrified about being overweight.
						10. I avoid eating when I am hungry.
						11. I find myself preoccupied with food.
						12. I have gone on eating binges where I feel that I may not be able to stop.
						13. I cut my food into small pieces.
						14. I am aware of the calorie content of foods that I eat.
						15. I particularly avoid foods with a high carbohydrate content (bread, potatoes, rice, etc.).
						16. I feel bloated after meals.
						17. I feel others would prefer if I ate more.
						18. I vomit after I have eaten.
						19. I feel extremely guilty after eating.

(over)

WELLNESS WORKSHEET 85 — continued

Always 3	Very Often 2	Often 1	Some- times 0	Rarely 0	Never 0	
						20. I am preoccupied with a desire to be thinner.
						21. I exercise strenuously to burn off calories.
						22. I weigh myself several times a day.
						23. I wake up early in the morning.
						24. I eat the same foods day after day.
						25. I think about burning up calories when I exercise.
						26. Other people think I am too thin.
						27. I am preoccupied with the thought of having fat on my body.
						28. I take longer than others to eat my meals.
						29. I take laxatives.
						30. I avoid foods with sugar in them.
						31. I eat diet foods.
						32. I feel that food controls my life.
						33. I display self-control around foods.
						34. I feel that others pressure me to eat.
						35. I give too much time and thought to food.
						36. I suffer from constipation.
						37. I feel uncomfortable after eating sweets.
						38. I engage in dieting behavior.
						39. I like my stomach to be empty.
						40. I have the impulse to vomit after meals.

Total your points (use the numbers given at the top of each column for the two sections).

Norms	Range (0–120 points)
Eating disorder	> 50 points
Borderline eating disorder	30–50 points
Normal*	< 30 points

*Average score among those with normal eating habits = 15.4.

SOURCE: Garner, D. M., Omstead, M., Polivy, J., Development and Validation of a Multidimensional Eating Disorder Inventory for Anorexia Nervosa and Bulimia. *International Journal of Eating Disorders* 2:15–33, 1983. Copyright © 1983 John Wiley & Sons. Reprinted by permission of John Wiley & Sons, Inc.