## 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

<table>
<thead>
<tr>
<th>Always 0</th>
<th>Very Often 0</th>
<th>Often 0</th>
<th>Sometimes 1</th>
<th>Rarely 2</th>
<th>Never 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Always 3</th>
<th>Very Often 2</th>
<th>Often 1</th>
<th>Sometimes 0</th>
<th>Rarely 0</th>
<th>Never 0</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Always</th>
<th>Very Often</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
</table>

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).**

<table>
<thead>
<tr>
<th>Norms</th>
<th>Range (0–120 points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating disorder</td>
<td>&gt; 50 points</td>
</tr>
<tr>
<td>Borderline eating disorder</td>
<td>30–50 points</td>
</tr>
<tr>
<td>Normal*</td>
<td>&lt; 30 points</td>
</tr>
</tbody>
</table>

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