

EDIT™ Assessment

Part I:

Self-Rating of Current Eating Disorder Behaviors



Answer YES or NO to the following questions based on your habits and attitudes TODAY.
Make notes about any of the questions that affected you in the PAST.

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| 1. I use diet pills, metabolism-boosting pills, or other weight-loss aids. | YES | NO |
| 2. I have been on and off more diets than I can count. | YES | NO |
| 3. I am very aware of my intake of fat, carbohydrate and/or calories. | YES | NO |
| 4. I have recently lost and/or gained more than 30 pounds. | YES | NO |
| 5. My mood improves when I feel in control of my weight/eating. | YES | NO |
| 6. I feel guilty if I eat too much or if I eat foods I think I shouldn't. | YES | NO |
| 7. There are certain foods I try to never eat (i.e., fried foods, desserts). | YES | NO |
| 8. I hide food or lie to others about how much I actually eat. | YES | NO |
| 9. I sometimes feel unable to stop eating once I start. | YES | NO |
| 10. There are things I hate about the shape and/or size of my body. | YES | NO |
| 11. I use food as a comfort or an escape from my problems. | YES | NO |
| 12. I often skip meals and sometimes go an entire day without eating. | YES | NO |
| 13. My eating and/or exercise patterns are making me somewhat isolated. | YES | NO |
| 14. I have a difficult time identifying or handling my feelings. | YES | NO |
| 15. I spend a great deal of time planning meals and thinking about food. | YES | NO |
| 16. I avoid social situations because I'm ashamed of my eating / weight. | YES | NO |
| 17. I worry about gaining weight or becoming fat. | YES | NO |
| 18. I just don't feel right unless I exercise every day. | YES | NO |
| 19. I sometimes vomit after meals or use laxatives to control my weight. | YES | NO |
| 20. Once I reach my goal weight, then I'll feel good about myself. | YES | NO |

For interpretation of this assessment, including an eating disorder diagnosis, consult an EDIT™ Certified practitioner.