



Eating Questionnaire- A (EDE-A)

NAME:

Date: / / 20

INSTRUCTIONS:

These questions are about the **PAST TWO WEEKS ONLY (14 DAYS)**.

Please read each question carefully and circle the number on the right. Please answer **ALL** the questions.

EXAMPLES:

ON HOW MANY DAYS OUT OF THE PAST 14 DAYS ...	NO DAYS	1-2 DAYS	3-6 DAYS	7 DAYS	8-10 DAYS	12-13 DAYS	EVERY DAY
Have you tried to eat vegetables ?	0	1	2	3	4	5	6
How many times have you walked to school ?	0	1	2	3	4	5	6

	ON HOW MANY DAYS OF THE PAST 14 DAYS ...	No DAYS	1-2 DAYS	3-6 DAYS	7 DAYS	8-10 DAYS	12-13 DAYS	EVERY DAY
1	...Have you been trying to cut down on food to control your weight or shape?	0	1	2	3	4	5	6
2	...Have you gone for long periods of time (8 hours or more) without eating anything to control your shape or weight?	0	1	2	3	4	5	6
3	...Have you tried not to eat any foods you like to control your weight and shape?	0	1	2	3	4	5	6
4	...Have you tried to keep to any strict rules about eating to control your shape or weight? For example, a calorie limit, a set amount of food, or rules about what and when you should eat?	0	1	2	3	4	5	6
5	...Have you wanted your stomach to be empty?	0	1	2	3	4	5	6
6	...Has thinking about food or calories made it much harder to concentrate on things you are interested in; for example, reading, watching tv, or doing your homework?	0	1	2	3	4	5	6
7	...Have you been scared of losing control over eating?	0	1	2	3	4	5	6
8	...Have you had eating binges?	0	1	2	3	4	5	6
9	...Have you eaten in secret? (Do not count binges.)	0	1	2	3	4	5	6
10	...Have you really wanted your stomach to be flat?	0	1	2	3	4	5	6

ON HOW MANY DAYS OF THE PAST 14 DAYS ...		No DAYS	1-2 DAYS	3-6 DAYS	7 DAYS	8-10 DAYS	12-13 DAYS	EVERY DAY
11	...Has thinking about shape or weight made it much harder to concentrate on things you are interested in; for example, reading, watching TV, or doing your homework?	0	1	2	3	4	5	6
12	...Have you been really scared that you might put on weight and get fat?	0	1	2	3	4	5	6
13	...Have you felt fat?	0	1	2	3	4	5	6
14	...Have you had a strong wish to lose weight?	0	1	2	3	4	5	6

OVER THE PAST TWO WEEKS (14 DAYS) ...

15	...How often have you felt guilty after eating because of the effect on your shape and weight? (Do not count binges) (Circle the number which applies)	0	None of the times
		1	A few of the times
		2	Less than half the times
		3	Half the times
		4	More than half the times
		5	Most of the time
6	Every time		
16	... Over the past two weeks (14 days), have there been any times when you have felt that you ate what other people would think was a very large amount of food given the situation? (Please circle).	0 – NO	1 – YES
17	...How many such times have you done this over the past two weeks?		
18	....During how many of these episodes of overeating did you have a sense of having lost control?		
19	Have there been other times when you felt that you lost control and felt you ate too much, but did NOT eat a very large amount of food given the situation? (Please circle)	0 – NO	1 – YES
20	...How many times has this happened over the past two weeks?		
21	Over the past two weeks have you made yourself sick (vomit) to control your shape or weight? (Please circle).	0 – NO	1 – YES
22	...How many such times have you done this over the past two weeks?		
23	....Have you taken laxatives to control your shape or weight? (Please circle)	0 – NO	1 – YES
24	How many times have you done this over the past two weeks?		
25	Have you taken diuretics (water tablets) to control your shape or weight? (Please circle)	0 – NO	1 – YES
26	How many times have you done this over the past two weeks?		
27	Have you exercised hard to control your shape or weight? (Please circle)	0 – NO	1 – YES
28	How many times have you done this over the past two weeks?		

OVER THE PAST 2 WEEKS (14 DAYS)..... (Please circle the number which best describes your behaviour)		NOT AT ALL	SLIGHTLY	MODERATELY	MARKEDLY			
29	....Has your weight affected how you think about (judge) yourself as a person?	0	1	2	3	4	5	6
30	....Has your shape affected how you think about (judge) yourself as a person?	0	1	2	3	4	5	6
31	....How much would it upset you if you had to weigh yourself once a week for the next four weeks?	0	1	2	3	4	5	6
32	....How unhappy have you felt about your weight?	0	1	2	3	4	5	6
33	....How unhappy have you felt about your shape?	0	1	2	3	4	5	6
34	How worried have you been about other people seeing you eat?	0	1	2	3	4	5	6
35	.... How uncomfortable have you felt seeing your body: for example, in the mirror, in shop windows, when you undress or when you have a bath or shower?	0	1	2	3	4	5	6
36	....How uncomfortable have you felt about others seeing your body; for example, in shared changing rooms, when swimming or wearing tight clothes?	0	1	2	3	4	5	6