

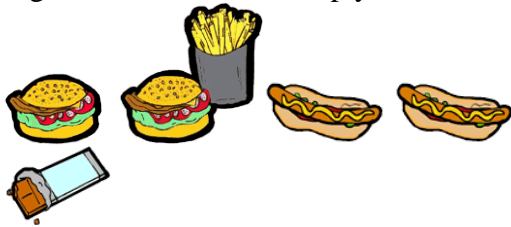
EATING QUESTIONNAIRE—YOUTH VERSION*

PART I*: PLEASE READ THIS BEFORE ANSWERING THE QUESTIONS

Some of these questions will ask about any binges that you might have had during the past four weeks (28 days). A binge has two parts: 1) eating a really big amount of food given the situation and 2) feeling out of control.

What is a “really big amount of food?”

A really big amount of food is much more than most people would eat in the same situation. Some examples might be: 1) eating two full meals (such as two plates of salad/first course, two main dishes, two desserts, etc.); 2) eating three main courses (such as 3 plates of pasta); or 3) eating a really big amount of one food (such as 4 brownies) or a few different kinds of foods (such as a big bowl of ice cream, 8 cookies, a donut, and a handful of candy). Below are some pictures of a really big amount of food to help you.



REALLY BIG



NOT REALLY BIG

1. What is “feeling out of control?”

Feeling out of control while eating might mean different things for different people. It may mean that you’re: 1) feeling DRIVEN to eat; 2) feeling like you JUST can not stop eating; 3) feeling like you’re not able to stop yourself from starting to eat in the first place; or 4) feeling like you shouldn’t even try to control your eating because you know that, no matter what, you’re going to eat too much. Some kids describe feeling out of control like a ball rolling down a hill, that it just keeps going and going.

Examples of a binge:

1. **REALLY BIG AND OUT OF CONTROL.** After school one evening, Jenny ate 2 pieces of chicken, a large package of frozen vegetables, 3 cups of rice, 1/2 of a coffee cake and a piece of fruit. This is a really big amount of food. While she ate, Jenny felt like she JUST could not stop eating, ate more quickly than usual, and ate until she felt really, really full. Afterwards Jenny was very upset about how much she’d eaten, and said she felt sad, guilty, and mad at herself.

Examples that are not binges either because they are too small or the person does not feel out of control while eating:

1. **REALLY BIG BUT NOT OUT OF CONTROL.** A few times a week, Katie ate lunch at McDonald’s with 2 friends. Her usual order was a Big Mac, a fish fillet sandwich, 2 large orders of fries, and a large chocolate shake. This is a really big amount of food. Although she ate more than her friends did and knew she was eating a lot of high-fat food, she didn’t feel like she JUST could not stop eating, and she did not feel upset afterwards about how much she’d eaten.

2. **OUT OF CONTROL BUT NOT REALLY BIG.** For lunch one day, Joey had a ham and cheese sandwich with mayonnaise on a roll, a small bag of potato chips, a candy bar, and a Diet Coke. Joey felt out of control because he’d planned to have turkey on whole wheat with lettuce and tomato plus

a piece of fruit for dessert, but couldn't stop himself from changing his order. Although this was a big meal, it was not really big, so we wouldn't consider it a binge.

3. **OUT OF CONTROL BUT NOT REALLY BIG.** Lizzie ate 2 donuts someone brought to homeroom one morning. She had started a diet that day and planned to skip breakfast. At first, Lizzie said no to the donuts, but after everyone else had gone to their other classes she snuck back into homeroom and very quickly ate the donuts so no one would see her eating. She felt very guilty and embarrassed after and hated feeling so out of control of her eating, promising to start dieting again the next day. Although Lizzie felt bad about eating the donuts, this was not a really big amount of food, so it would not be considered a binge.

Part II Instructions: These questions are about the PAST FOUR WEEKS ONLY (28 days). In order to help you remember your eating patterns over the past 28 days, try to think of any events that might have changed the way you normally eat, such as holidays, parties, vacations, or stressful events (such as a school project being due, or getting in a fight with your parents). Please read each question carefully. Please answer all of the questions. Thank you very much!**

Questions 1 to 16: Please circle the number that is most like your behavior. Remember that the questions are only about the past four weeks (28 days).

ON HOW MANY OF THE PAST 28 DAYS. . . :

1. On how many of the past 28 days have you on purpose been trying to cut down on what you eat to change your shape or weight? (circle one)

None of the days	A few of the days (1-5 days)	Less than half the days (6-12 days)	Half the days (13-15 days)	More than half the days (16-22 days)	Most of the days (23-27 days)	Every day
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2. On how many of the past 28 days have you gone for most of the day (8 hours or more) without eating anything in order to change your shape or weight? (circle one)

None of the days	A few of the days (1-5 days)	Less than half the days (6-12 days)	Half the days (13-15 days)	More than half the days (16-22 days)	Most of the days (23-27 days)	Every day
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3. On how many of the past 28 days have you tried not to eat any foods that you like in order to change your shape or weight? (circle one)

None of the days	A few of the days (1-5 days)	Less than half the days (6-12 days)	Half the days (13-15 days)	More than half the days (16-22 days)	Most of the days (23-27 days)	Every day
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4. On how many of the past 28 days have you tried to stick to strict rules about your eating in order to change your shape or weight; for example, only letting yourself eat a certain type or amount of food, or certain number of calories? (circle one)

None of the days	A few of the days (1-5 days)	Less than half the days (6-12 days)	Half the days (13-15 days)	More than half the days (16-22 days)	Most of the days (23-27 days)	Every day
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5. On how many of the past 28 days has thinking about food or calories made it hard for you to pay attention to things you are interested in (for example, watching TV, reading, or playing on the computer)? (circle one)

None of the days	A few of the days (1-5 days)	Less than half the days (6-12 days)	Half the days (13-15 days)	More than half the days (16-22 days)	Most of the days (23-27 days)	Every day
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6. On how many of the past 28 days have you been afraid of losing control over eating (afraid that you won't be able to stop eating)? (circle one)

None of the days	A few of the days (1-5 days)	Less than half the days (6-12 days)	Half the days (13-15 days)	More than half the days (16-22 days)	Most of the days (23-27 days)	Every day
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7. On how many of the past 28 days have you felt like you did lose control over your eating? (circle one)

None of the days	A few of the days (1-5 days)	Less than half the days (6-12 days)	Half the days (13-15 days)	More than half the days (16-22 days)	Most of the days (23-27 days)	Every day
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8. On how many of the past 28 days have you binged (eaten a really big amount of food and felt that you had lost control over your eating)? (circle one)

None of the days	A few of the days (1-5 days)	Less than half the days (6-12 days)	Half the days (13-15 days)	More than half the days (16-22 days)	Most of the days (23-27 days)	Every day
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9. Over the past 28 days, how many days have you eaten in secret? Do not count binges. (circle one)

None of the days	A few of the days (1-5 days)	Less than half the days (6-12 days)	Half the days (13-15 days)	More than half the days (16-22 days)	Most of the days (23-27 days)	Every day
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10. On how many of the past 28 days have you wanted a completely flat stomach (as flat as a board)? (circle one)

None of the days	A few of the days (1-5 days)	Less than half the days (6-12 days)	Half the days (13-15 days)	More than half the days (16-22 days)	Most of the days (23-27 days)	Every day
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11. On how many of the past 28 days have you wanted your stomach to be empty – to not have any food in it at all? (circle one)

None of the days	A few of the days (1-5 days)	Less than half the days (6-12 days)	Half the days (13-15 days)	More than half the days (16-22 days)	Most of the days (23-27 days)	Every day
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12. On how many of the past 28 days has thinking about your shape or weight made it hard for you to pay attention to things you are interested in (for example, watching TV, reading, or playing on the computer)? (circle one)

None of the days	A few of the days (1-5 days)	Less than half the days (6-12 days)	Half the days (13-15 days)	More than half the days (16-22 days)	Most of the days (23-27 days)	Every day
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13. On how many of the past 28 days have you been scared that you might gain weight? (circle one)

None of the days	A few of the days (1-5 days)	Less than half the days (6-12 days)	Half the days (13-15 days)	More than half the days (16-22 days)	Most of the days (23-27 days)	Every day
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14. On how many of the past 28 days have you felt fat? (circle one)

None of the days	A few of the days (1-5 days)	Less than half the days (6-12 days)	Half the days (13-15 days)	More than half the days (16-22 days)	Most of the days (23-27 days)	Every day
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15. On how many of the past 28 days have you had a very strong wish to lose weight? (circle one)

None of the days	A few of the days (1-5 days)	Less than half the days (6-12 days)	Half the days (13-15 days)	More than half the days (16-22 days)	Most of the days (23-27 days)	Every day
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16. Over the past 28 days, on how many of the times that you have eaten have you felt guilty (that you've done something wrong) because of how it might change your shape or weight? Do not count binges (circle one)

None of the times	A few of the times	Less than half the times	Half the times	More than half the times	Most of the time	Every time
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Questions 17-29: Please look at the first two pages for help answering these questions. Please circle the number that is most like your behavior. Remember that the questions only refer to the past four weeks (28 days).

OVER THE PAST 28 DAYS. . .:

17. Over the past 28 days have there been times when you have eaten a really big amount of food, compared to what other kids your age would eat in the same situation? (Please circle)

No

Yes

18. How many times has this happened over the past 28 days? _____

19. On how many of these times did feel like you had lost control while eating? _____

20. Over the past 28 days have you had times where you felt that you had lost control over your eating, but have not eaten a really big amount of food? (Please circle)

No

Yes

21. How many times has this happened over the past 28 days? _____

22. Over the past 28 days have you made yourself throw up? (Please circle)

No

Yes

23. How many times has this happened over the past 28 days? _____

24. Over the past 28 days have you taken any medicines that make you go to the bathroom (have a bowel movement)? (Please circle)

No

Yes

25. How many times has this happened over the past 28 days? _____

26. Over the past 28 days have you taken water pills (pills that make you urinate or pee)? (Please circle)

No

Yes

27. How many times has this happened over the past 28 days? _____

28. Over the past 28 days have you exercised very hard in order to change your shape or weight (and not just for fun)? (Please circle)

No

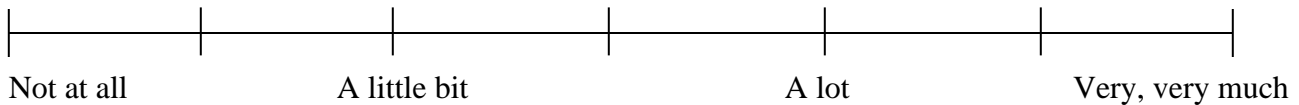
Yes

How many times has this happened over the past 28 days? _____

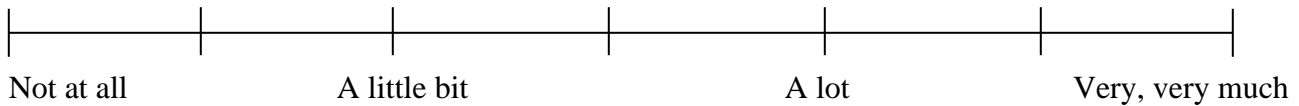
Questions 30 to 38: Please mark the spot on the line that best describes how you feel. Remember that the questions only refer to the past four weeks (28 days). For these questions, when we say “weight,” we mean the number on the scale, and when we say “shape,” we mean what you see in the mirror.

OVER THE PAST 28 DAYS. . .:

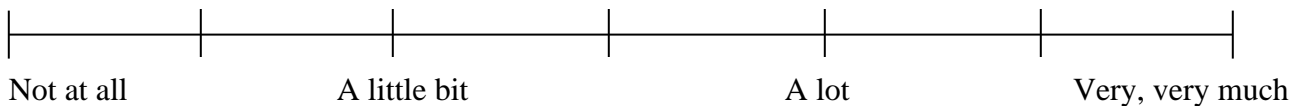
30. Over the past 28 days, has your weight (the number on the scale) made a difference in how you think about (judge) yourself as a person? (mark off on the line)



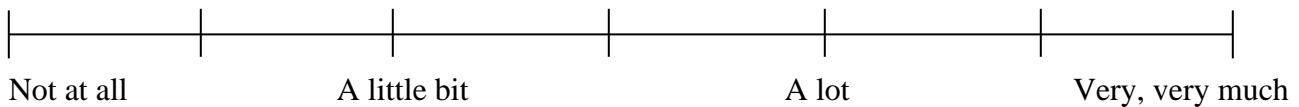
31. Over the past 28 days, has your shape (what you see in the mirror) made a difference in how you think about (judge) yourself as a person? (mark off on the line)



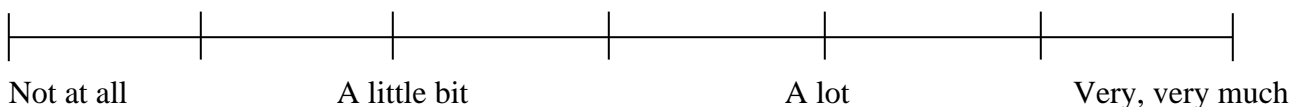
32. Over the past 28 days, how much would it upset you if you had been asked to weigh yourself once a week (no more and no less) for the next four weeks? (mark off on the line)



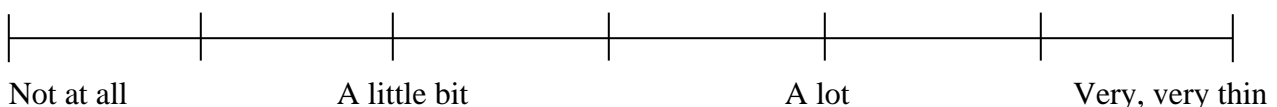
33. Over the past 28 days, how unhappy have you been with your weight (the number on the scale)? (mark off on the line)



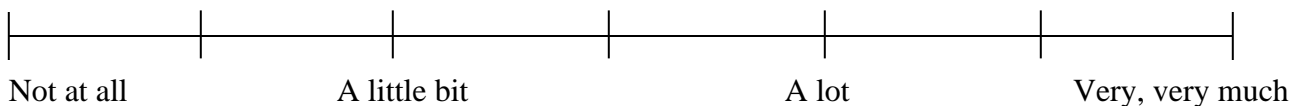
34. Over the past 28 days, how unhappy have you been with your shape (what you see in the mirror)? (mark off on the line)



35. Over the past 28 days, how thin have you wanted to be? (mark off on the line)



36. Over the past 28 days, how worried have you been about other people seeing you eat? Do not count binge eating. (mark off on the line)



37. Over the past 28 days, how uncomfortable or embarrassed have you felt seeing your own body (for example, in the mirror, reflected in a store window, getting undressed, having a bath or shower)? (mark off on the line)

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 Not at all A little bit A lot Very, very much

38. Over the past 28 days, how uncomfortable or embarrassed have you felt about other people seeing your shape or figure (for example, getting changed for swimming, in the swimming pool, wearing clothes that show your shape)? (mark off on the line)

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 Not at all A little bit A lot Very, very much

39. Have your eating and your feelings about your shape and weight over the past four weeks been about the same as the past year? (Please circle)

No Yes

If no, how has the past year been different from the past four weeks?

*Part I adapted with permission from Goldfein JA, Devlin MJ, and Kamenetz C. Eating Disorder Examination Questionnaire With and Without Instruction to Assess Binge Eating in Patients with Binge Eating Disorder. Int J Eat Disord 2005;37:107.

**Part II adapted with permission from Fairburn C & Beglin S. Assessment of Eating Disorders: Interview or Self-Report Questionnaire? Int J Eat Disord 1994;16:363.