

Celebrate Recovery

Do You Suffer from An Eating Disorder?

- _____ 1. Do thoughts about food occupy much of your time?
- _____ 2. Are you preoccupied with a desire to be thinner?
- _____ 3. Do you starve to make up for eating binges?
- _____ 4. Are you overweight despite concerns by others for you to lose weight?
- _____ 5. Do you binge and then vomit afterward?
- _____ 6. Do you exercise excessively to burn off calories?
- _____ 7. Do you overeat by bingeing or by grazing continuously?
- _____ 8. Do you eat the same thing every day and feel annoyed when you eat something else?
- _____ 9. Do you binge and then take enemas or laxatives to get rid of the food you have eaten?
- _____ 10. Do you hide stashes of food for future eating or bingeing?
- _____ 11. Do you avoid foods with sugar in them and feel uncomfortable after eating sweets?
- _____ 12. Is food your friend?
- _____ 13. Would you rather eat alone? Do you feel uncomfortable when you eat with others?
- _____ 14. Do you have specific ways you eat when you are emotionally upset, sad, angry, afraid, anxious or ashamed?
- _____ 15. Do you become depressed or feel guilty after an eating binge?
- _____ 16. Do you feel fat even when people tell you otherwise?
- _____ 17. Are you ever afraid that you won't be able to stop eating when you are on a binge?
- _____ 18. Have you tried to diet repeatedly only to sabotage your weight loss?
- _____ 19. Do you binge on high-calorie, sugary, forbidden foods?
- _____ 20. Are you proud of your ability to control the food you eat and your weight?
- _____ 21. Do you have weight changes of more than 10 pounds after binges and fasts?
- _____ 22. Do you feel your eating behavior is abnormal? Do you try to hide it from others?
- _____ 23. Does feeling ashamed of your body weight result in more bingeing?
- _____ 24. Do you make a lot of insulting jokes about your body weight or your eating?
- _____ 25. Do you feel guilty after eating anything not allowed on your diet?
- _____ 26. Do you follow unusual rituals while eating, such as counting bites or not allowing the fork or food to touch your lips?

If you checked five or more of the questions numbered 1, 4, 7, 12, 13, 14, 15, 17, 18, 19, 22, 23, 24, you may be dealing with compulsive overeating.

If you checked five or more of the questions numbered 1, 2, 6, 8, 11, 13, 14, 16, 17, 20, 22, 25, 26, you have eating behaviors typical of anorexia nervosa.

If you checked five or more of the questions numbered 1, 3, 5, 6, 9, 10, 13, 14, 15, 17, 19, 21, 22, 26, you have eating behaviors common in bulimia nervosa.