



Eating Disorder Inventory

Phoenix Therapeutic

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Phoenix ID# (Office use only) _____

(Circle all that apply)

1. I think I am fat, even when friends, family or health professionals say I am not.
2. I avoid foods which I think have fat in them almost entirely or are repulsed by them.
3. I eat much more slowly and/or much less than others eat.
4. I have lost my period or my interest in sex.
5. I feel like I am in control when I am fasting or restricting food intake.
6. I almost never eat anything without estimating how many calories I am eating
7. I assume that being very thin is an important value in life. The thinner the better.
8. I have tried to eat more food to sustain a healthy weight and have been unable to continue doing so.
9. I think that being too thin is not as bad as being too fat.
10. I have gotten light headed or weak from not eating or restricting my food.

___ # of Circled Boxes from 1- 10

(Circle all that apply)

11. I see myself as someone who binges and purges food.
12. I have increased the number of times I purge by vomiting.
13. I used diuretics to try to control my weight.
14. I exercise hard more than an hour a day to control weight and feel deprived or guilty when I don't.
15. I am almost always on a diet.
16. I used laxatives to get rid of food when I was not constipated.
17. I have tried to stop purging and have been unable to stay stopped.
18. I don't tell my parents, friends or health professionals how much I binge or purge.
19. I am obsessed with thinking that my body needs to be different or better.
20. I admit that I have caused myself some physical harm by purging and I still do it.

___ # of Checked Boxes from 11-20

(Circle all that apply)

21. I eat when I am not hungry.
22. I sometimes eat much faster and/or much more than others eat.
23. I isolate from others so that I can eat the way want.
24. I graze or snack frequently between meals.
25. I sometimes think I will eat moderately and then eat much more than I expected to eat.
26. I use food to numb difficult feelings.
27. I have tried to stop bingeing and been unable to stay stopped.
28. I am obsessive in the way I think about food.
29. I think weight causes me serious physical and social problems and I still overeat.
30. I can overeat on almost any food.

___ # of circled Boxes from 21- 30

Eating Disorder Inventory

If you circled:

- three or more in 1-10, you have symptoms of anorexia;*
- three or more in 11-20, you have symptoms of bulimia;*
- and three or more in 21-30, you have symptoms of binge-eating disorder and/or possibly food addiction.*
- If you have circled five to ten in any category, your eating disorder is advanced and very serious.*