

IOM AMERICA LIVING LIFE RESOURCES

Health & Eating Evaluation

Name _____ Age _____ Date _____

Eating Checklist

For each statement, put a check in the column that best describes how often the statement is true for you.

Section One

Action	Always 0 Points	Very Often 0 Points	Often 0 Points	At Times 1 Point	Rarely 2 Points	Never 3 Points
I like eating with other people.						
I like my clothes to fit tightly.						
I enjoy eating meat.						
I have regular menstrual periods.						
I enjoy eating at restaurants.						
I enjoy trying new rich foods.						

Section Two

Action	Always 3 Points	Very Often 2 Points	Often 1 Points	At Times 0 Point	Rarely 0 Points	Never 0 Points
I prepare foods for others but do not eat what I cook.						
I become anxious prior to eating.						
I am terrified about being overweight.						
I avoid eating when I am hungry.						
I find myself preoccupied with food.						
I have gone on eating binges where I feel that I may not be able to stop.						
I cut my food into small pieces.						
I am aware of the calorie content of foods that I eat.						
I particularly avoid foods with a high carbohydrate content (bread, potatoes, rice, etc.).						
I am preoccupied with a desire to be thinner.						
I exercise strenuously to burn off calories.						
I weigh myself several times a day.						
I wake up early in the morning.						
I eat the same foods day after day.						
I think about burning up calories when I exercise.						
Other people think I am too thin.						
I am preoccupied with the thought of having fat on my body.						
I take longer than others to eat my meals.						
I take laxatives.						
I avoid foods with sugar in them.						
I eat diet foods.						
I feel that food controls my life.						

Action	Always 3 Points	Very Often 2 Points	Often 1 Points	At Times 0 Point	Rarely 0 Points	Never 0 Points
I display self-control around foods.						
I feel that others pressure me to eat.						
I give too much time and thought to food.						
I suffer from constipation.						
I feel uncomfortable after eating sweets.						
I engage in dieting behavior.						
I like my stomach to be empty.						
I have the impulse to vomit after meals.						
I feel bloated after meals.						
I feel others would prefer if I ate more.						
I feel extremely guilty after eating.						
I vomit after I have eaten.						

Section Three

Action	Always 3 Points	Very Often 2 Points	Often 1 Points	At Times 0 Point	Rarely 0 Points	Never 0 Points
I tend to eat when I am upset.						
I tend not to eat when I am upset.						
I compare my body to others.						
I base my portions on how much others eat.						
I prefer to eat alone.						
I tend to feel overcorrected when others comment on my eating habits.						
I have outburst of anger when others address my eating habits.						
I have been known to get "violent" (hitting self or others) when cornered.						
I lie/cover up when asked about my eating patterns.						
I tend to use food as a reward.						
I use dietary supplements, or stimulants (herbal, caffeine, drugs etc.), to speed up my metabolism.						
I have perfectionist tendencies.						
Totals						
					Grand Total	

Total your points (use the numbers given at the top of each column for the two sections).

Norms Range (0-156 points)
 Eating disorder > 50 points
 Borderline eating disorder 39-50 points
 Normal < 39 points

For proper evaluation:
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SOURCE: Garner, D. M., Omstead, M., Polivy, J., Development and Validation of a Multidimensional Eating Disorder Inventory for Anorexia Nervosa and Bulimia. *International Journal of Eating Disorders* 2:15-33, 1983. Copyright © 1983 John Wiley & Sons. Reprinted by permission of John Wiley & Sons, Inc. ~ Modified by IOM AMERICA 2007