

## SCREEN FOR DISORDERED EATING

For each question, fill in the checkbox in the column labelled with the response that is most applicable to you.

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	YES	NO
1. Do you often feel the desire to eat when you are emotionally upset or stressed?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you often feel that you can't control what or how much you eat?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you sometimes take steps to compensate or "make up" for eating to control your weight?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you often preoccupied with a desire for thinness or to change your weight or shape?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you believe yourself to be fat when others say you are thin?	<input type="checkbox"/>	<input type="checkbox"/>

**A “YES” response to 2 or more questions is a positive screening result and indicates that further evaluation is warranted.**

NOTE: This screening tool is an adaptation of the Screen for Disordered Eating developed by Maguen et al. (2018), which has been validated for use in identifying potential eating disorders in people ages 18 and older.

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