ED-Quest

First name/Family name: _____ Date of Birth: _____

Todays Date: _____ Sex: ☐ male ☐ female

No.		
1	Your body weight and height	
a	What is your current body weight?	in _____ kg or _____ US Lbs.
b	What has been your highest weight since you have been fully grown? At what age was that? I am not yet fully grown	in _____ kg or _____US Lbs. _____ Years
c	What has been your lowest body weight since you have been fully grown? At what age was that? I am not yet fully grown	in _____ kg or _____US Lbs. _____ Years
d	My desired weight would currently be	_____ kg or _____ US Lbs.
e	The lowest weight I have ever wished for was	_____ kg or _____ US Lbs.
f	How tall are you currently?	_____ cm or _____ inches

The following statements and questions address problems concerning your eating behavior, body shape and weight.
Please answer every question or rate every statement by considering whether it has applied to you during the last three months or whether that was the case at some time earlier in your life. "Earlier" means a time after the age of 12 when possible eating problems were most severe, and it would not include the past three months. For both time periods, please indicate the possible severity of your problem by using the codes, which typically range from 0 (symptom not present) to 4 (symptom was very severely present).
PLEASE NOTE: Several questions ask for your estimate of the average frequency per week over 3 months. It is important to note that estimates can run below 1, e. g. '0.8' if you had a certain behavior a total of 10 times over 3 months.

No.	Applies	Last three months					Maximal symptom expression/worst condition (= highest score 0-4) since age 12 over a period of 3 months				
		Not at all	Slightly	Markedly	Severely	Very severely	Not at all	Slightly	Markedly	Severely	Very severely
2	Whenever I do something it should be perfect.	0	1	2	3	4	0	1	2	3	4
3	I had an intense fear about gaining weight or becoming fat.	0	1	2	3	4	0	1	2	3	4
4	I did everything I could to prevent weight gain.	0	1	2	3	4	0	1	2	3	4
5	My self-esteem was unduly influenced by my body shape and/or my weight.	0	1	2	3	4	0	1	2	3	4
6	I tried to consume as few calories as possible.	0	1	2	3	4	0	1	2	3	4
7	I avoided highly caloric food although I would have enjoyed it.	0	1	2	3	4	0	1	2	3	4
8	The calorie limit that I set for myself was:	_____ kcal/day					_____ kcal/day				
9	My perception of my body weight was disturbed (for example, I thought I was too fat).	0	1	2	3	4	0	1	2	3	4
10	My perception of my body shape was disturbed (for example, I thought certain body parts were too big).	0	1	2	3	4	0	1	2	3	4
11	I did not care about my being underweight possibly harming my health ("0" if you never have been underweight)	0	1	2	3	4	0	1	2	3	4

No.	Applies	Last three months					Maximal symptom expression/worst condition (= highest score 0-4) since age 12 over a period of 3 months				
		Not at all	Slightly	Markedly	Severely	Very severely	Not at all	Slightly	Markedly	Severely	Very severely
12a	I experienced binge-eating episodes where, in less than 2 hours, I stuffed myself to a degree that others would have considered unusual.	0	1	2	3	4	0	1	2	3	4
12b	During binge-eating episodes I also consumed high-calorie foods that I otherwise would have avoided *("0" if you never have experienced binge-eating episodes)*.	0	1	2	3	4	0	1	2	3	4
12c	During binge-eating episodes, I consumed approximately so many calories:	No eating binges	Less than 1000 kcal	1000-3000 kcal	3001-5000 kcal	More than 5000 kcal	No eating binges	Less than 1000 kcal	1000-3000 kcal	3001-5000 kcal	More than 5000 kcal
12d	How often did you experience binge-eating episodes (with large amounts of food) that amounted to consuming more than 1,000 calories? Please estimate.	On the average ____ times per week over 3 months *(estimate may be below 1!)*					On the average ____ times per week over 3 months *(estimate may be below 1!)*				
13	During the binge-eating episodes I had the feeling that I could not stop at will or that I was unable to control what and how much I was eating *("0" if you never have had binge eating episodes)*.	0	1	2	3	4	0	1	2	3	4
14	My binge-eating episodes caused me significant distress *("0" if you never have had binge-eating episodes)*.	0	1	2	3	4	0	1	2	3	4
15	I consumed large amounts of food even after a generous evening meal or when I woke up during the night, for no good reason.	0	1	2	3	4	0	1	2	3	4
16	This type of night eating caused me significant emotional distress *("0" if you never have eaten during the night)*.	0	1	2	3	4	0	1	2	3	4
17a	This type of night eating affected my work performance adversely the following day *("0" if you never have eaten during the night)*.	0	1	2	3	4	0	1	2	3	4
17b	How often did you eat during the night (or after a generous evening meal)? Please estimate.	On the average ____ times per week over 3 months *(estimate may be below 1!)*					On the average ____ times per week over 3 months *(estimate may be below 1!)*				
18	I was constantly eating, also outside the regular meal times ("grazing")	0	1	2	3	4	0	1	2	3	4
19a	After "grazing", I felt uncomfortably full *("0" if you have never "grazed").*	0	1	2	3	4	0	1	2	3	4
19b	How often did you "graze"? Please estimate.	On the average ____ times per week over 3 months *(estimate may be below 1!)*					On the average ____ times per week over 3 months *(estimate may be below 1!)*				
20	I tended to eat more when I was under pressure or emotionally stressed.	0	1	2	3	4	0	1	2	3	4
21	My performance at school, at work or in the house suffered due to my disturbed eating behavior, or the same level of performance demanded more effort.	0	1	2	3	4	0	1	2	3	4
22	I had the compulsion to check certain things more often than necessary (e. g. stove, doorlock).	0	1	2	3	4	0	1	2	3	4

No.	Applies	Last three months					Maximal symptom expression/worst condition (= highest score 0-4) since age 12 over a period of 3 months				
		Not at all	Slightly	Markedly	Severely	Very severely	Not at all	Slightly	Markedly	Severely	Very severely
23	I washed or cleaned myself compulsively and more often than necessary.	0	1	2	3	4	0	1	2	3	4
24	I performed obsessive eating rituals, and when I was prevented from performing these I became unnerved.	0	1	2	3	4	0	1	2	3	4
25	I had trouble concentrating because I ruminated about eating, food, cooking, and calories	0	1	2	3	4	0	1	2	3	4
26	In my thoughts, I was obsessed about slimness, weight loss, and about others' judgment of my body shape.	0	1	2	3	4	0	1	2	3	4
27	I hardly noticed whether I was in pain, hungry, or satisfied (full).	0	1	2	3	4	0	1	2	3	4
28	My disturbed eating behavior limited my leisure activities.	0	1	2	3	4	0	1	2	3	4
29	I kept quiet about my eating disorder with others or played it down.	0	1	2	3	4	0	1	2	3	4
30	I needed help in order to overcome my problems with eating.	0	1	2	3	4	0	1	2	3	4
31	My desire for sexuality was diminished.	0	1	2	3	4	0	1	2	3	4
32	My food intake was insufficient ...										
a	because eating did not interest me.	0	1	2	3	4	0	1	2	3	4
b	because I disliked the consistency or taste of many food products.	0	1	2	3	4	0	1	2	3	4
c	because I connected negative experiences with food intake (*if "0" for a – c, continue with question 37).*	0	1	2	3	4	0	1	2	3	4
33	I lost weight because my food intake was insufficient.	0	1	2	3	4	0	1	2	3	4
34	I suffered from symptoms of malnutrition due to insufficient food intake.	0	1	2	3	4	0	1	2	3	4
35	Due to insufficient food intake, I needed high-calorie food supplements or enteral nutrition.	0	1	2	3	4	0	1	2	3	4
36	Due to insufficient food intake, I was less productive.	0	1	2	3	4	0	1	2	3	4
37	Boredom was unbearable for me.	0	1	2	3	4	0	1	2	3	4
38	I felt restrained (pressured) by other people's expectations.	0	1	2	3	4	0	1	2	3	4
39	It seems to me that I was not completely honest about my true eating behavior.	0	1	2	3	4	0	1	2	3	4
40	Due to many demands and expectations directed at me I had the feeling of not being in control of my life.	0	1	2	3	4	0	1	2	3	4

Please note the changed answer categories!

No.		Last 3 months			Maximal symptom expression/worst condition (= highest score 0-4) since age 12 over a period of 3 months		
41	*(Women only):* At what age did you first get your period? *(In case you have never had your period, enter "999" and continue with question 44).*	_____ years					
42	(*Women only:*) Did you take oral contraceptives ("the pill")?	No	Yes		No	Yes	
43	(*Women only:*) Has there ever been a time when your period changed in the following way:						
a	Irregular periods.	No	Yes		No	Yes	
b	No period for three consecutive months, outside of pregnancy.	No	Yes		No	Yes	
c	No period for six consecutive months, outside of pregnancy.	No	Yes		No	Yes	
d	Would you fail to have your period if you did not use contraceptive pills?	No	Yes	Do not know	No	Yes	Do not know
44	My binge-eating episodes were characterized by *(mark "No" if you never had binge eating episodes):*						
a	eating considerably faster than usual.	No	Yes		No	Yes	
b	Eating until I feeling uncomfortably full.	No	Yes		No	Yes	
c	eating large amounts without being hungry.	No	Yes		No	Yes	
d	eating secretly, out of shame about the amounts I was eating.	No	Yes		No	Yes	
e	being disgusted with myself, feeling depressed or very guilty afterwards.	No	Yes		No	Yes	

Please note the changed answer categories!

No.	Applies	Last 3 months					Maximal symptom expression/worst condition (= highest score 0-4) since age 12 over a period of 3 months				
		Never	Seldom	Occasionally	Often	Very often	Never	Seldom	Occasionally	Often	Very often
45	I experienced more anxiety than others at my age.	0	1	2	3	4	0	1	2	3	4
46	I used to chew food (not chewing gum) and to spit it out without swallowing.	0	1	2	3	4	0	1	2	3	4
47	Somehow, eating dominated my life.	0	1	2	3	4	0	1	2	3	4
48	It felt good to have an empty stomach.	0	1	2	3	4	0	1	2	3	4
49	After eating I felt guilty.	0	1	2	3	4	0	1	2	3	4
50	I used to eat secretly (disregard binge-eating episodes here).	0	1	2	3	4	0	1	2	3	4

No.	Applies	Last 3 months					Maximal symptom expression/worst condition (= highest score 0-4) since age 12 over a period of 3 months				
		Never	Seldom	Occasionally	Often	Very often	Never	Seldom	Occasionally	Often	Very often
51a	I used to regurgitate food I had swallowed already, then I chewed it again or spat it out.	0	1	2	3	4	0	1	2	3	4
51b	Did this happen only when you were significantly underweight? *("No" if this never has happened)*.	No		Yes			No		Yes		
51c	Did you regurgitate food exclusively in times you had eating binges? (*"0" if you never regurgitated"*)	No		Yes			No		Yes		
52a	I vomited in order to avoid gaining weight.	0	1	2	3	4	0	1	2	3	4
52b	How many times per week, on average, did you vomit? Please estimate	On the average ____ times per week over 3 months *(estimate may be below 1!)*					On the average ____ times per week over 3 months *(estimate may be below 1!)*				
53a	I took laxatives in order to avoid gaining weight.	0	1	2	3	4	0	1	2	3	4
53b	How many times per week, on average, did you take laxatives? Please estimate.	On the average ____ times per week over 3 months *(estimate may be below 1!)*					On the average ____ times per week over 3 months *(estimate may be below 1!)*				
54a	I took diuretics in order to avoid gaining weight.	0	1	2	3	4	0	1	2	3	4
54b	How many times per week, on average, did you take diuretics? Please estimate.	On the average ____ times per week over 3 months *(estimate may be below 1!)*					On the average ____ times per week over 3 months *(estimate may be below 1!)*				
55a	I took appetite suppressants in order to avoid gaining weight.	0	1	2	3	4	0	1	2	3	4
55b	How many times per week, on average, did you take appetite suppressants? Please estimate.	On the average ____ times per week over 3 months *(estimate may be below 1!)*					On the average ____ times per week over 3 months *(estimate may be below 1!)*				
56a	I took medication to increase thyroid function in order to avoid gaining weight.	0	1	2	3	4	0	1	2	3	4
56b	How many times per week, on average, did you take medication to increase thyroid function? Please estimate.	On the average ____ times per week over 3 months *(estimate may be below 1!)*					On the average ____ times per week over 3 months *(estimate may be below 1!)*				
57a	Do you suffer from insulin-dependent diabetes mellitus? *(If "no", continue with question 58a.)*	No 0		Yes 1			No 0		Yes 1		
57b	I neglected my insulin treatment in order to avoid weight gain.	0	1	2	3	4	0	1	2	3	4
57c	How often, on average, did you neglect your insulin treatment per week? Please estimate.	On the average ____ times per week over 3 months *(estimate may be below 1!)*					On the average ____ times per week over 3 months *(estimate may be below 1!)*				
58a	I fasted for more than 24 hours in order to avoid weight gain.	0	1	2	3	4	0	1	2	3	4
58b	How often per week, on average, did you fast for more than 24 hours? Please estimate.	On the average ____ times per week over 3 months *(estimate may be below 1!)*					On the average ____ times per week over 3 months *(estimate may be below 1!)*				
59a	I exercised excessively to avoid weight gain.	0	1	2	3	4	0	1	2	3	4
59b	How often per week, on average, did you exercise excessively?	On the average ____ times per week over 3 months *(estimate may be below 1!)*					On the average ____ times per week over 3 months *(estimate may be below 1!)*				

No.	Applies	Last 3 months					Maximal symptom expression/worst condition (= highest score 0-4) since age 12 over a period of 3 months				
		Never	Seldom	Occasionally	Often	Very often	Never	Seldom	Occasionally	Often	Very often
60a	I used enemas in order to avoid weight gain.	0	1	2	3	4	0	1	2	3	4
60b	How often per week, on average, did you use enemas? Please estimate.	On the average ____ times per week over 3 months *(estimate may be below 1!)*					On the average ____ times per week over 3 months *(estimate may be below 1!)*				
61a	I used emetics, such as syrup of ipecac, in order to vomit and avoid gaining weight.	0	1	2	3	4	0	1	2	3	4
61b	How often per week, on average, did you take medication like syrup of ipecac? Please estimate.	On the average ____ times per week over 3 months *(estimate may be below 1!)*					On the average ____ times per week over 3 months *(estimate may be below 1!)*				
62	My eating problems began at the age of:	_____ Years									
63	The binge-eating episodes started at the age of	_____ Years									
64	I hurt myself intentionally, for example by cutting or scratching.	0	1	2	3	4	0	1	2	3	4
65	I took tranquilizers available only on prescription to reduce tension. *("1" if in quantity used exactly according to the physician's prescription.)*	0	1	2	3	4	0	1	2	3	4