

## Disordered Eating Evaluation

**Instructions:** Read the following descriptive statements. This assessment contains questions for healthy and multiple unhealthy relationships with food. Even if you do not feel like one section of this tool fits your life well, please complete the entire assessment. Mark the answer that best fits how you respond:

**(N) almost never, (R) rarely, (S) sometimes, (F) frequently, or (A) almost always.**

A self-scoring on-line version of this evaluation can be found at: [bradhambrick.com/food](http://bradhambrick.com/food).

1. I begin my day with a healthy breakfast.	N	R	S	F	A
2. Over the course of the day I eat foods from all food groups.	N	R	S	F	A
3. I allow myself to enjoy and savor the foods that I eat.	N	R	S	F	A
4. I manage my schedule so that eating is not a rushed, stressful activity.	N	R	S	F	A
5. I get adequate sleep so that eating is not an attempt to compensate for inadequate energy.	N	R	S	F	A
6. I know what the normal weight range is for my age, height, gender, and frame.	N	R	S	F	A
7. I know how many calories I should eat per day to maintain my normal weight range.	N	R	S	F	A
8. I eat foods that allow my digestive track to operate smoothly and regularly.	N	R	S	F	A
9. I eat a balance of nutrition-dense and calorie-dense foods so I am both healthy and satisfied.	N	R	S	F	A
10. I resist using a scale as the measure of whether I have a healthy relationship with food.	N	R	S	F	A
11. I frequently eat to distract myself from guilt, insecurity, or other unpleasant emotions.	N	R	S	F	A
12. I frequently mistake being upset for feeling hungry, because it's easier to satiate hunger.	N	R	S	F	A
13. I feel guilty for feeling hungry because I fear gaining weight or am ashamed of my weight.	N	R	S	F	A
14. After eating I feel disappointed because life is not "better."	N	R	S	F	A
15. When I don't know what else to do, I fill my time with snacking.	N	R	S	F	A
16. I have a list of "good foods" I allow myself to eat and "bad foods" I avoid.	N	R	S	F	A
17. I will lie about my eating habits when I think someone would disapprove.	N	R	S	F	A
18. When eating with others, I believe I must eat less than anyone at my table.	N	R	S	F	A
19. I punish myself when I break my food rules.	N	R	S	F	A
20. What I did or didn't eat strongly influences whether I think I had a good or bad day.	N	R	S	F	A
21. When I walk in a room I immediately compare my figure to others.	N	R	S	F	A
22. I feel awkward or ashamed to eat with other people.	N	R	S	F	A
23. I feel the need to hide my eating habits from other people.	N	R	S	F	A
24. Because how I use food to assuage unpleasant emotions, I confide in people less.	N	R	S	F	A
25. Because people have raised concerns about my eating habits, I avoid people.	N	R	S	F	A
26. As I eat, I do not pay attention to when I am full.	N	R	S	F	A
27. I regularly eat until I feel "stuffed" and uncomfortable.	N	R	S	F	A
28. I eat when I am not hungry.	N	R	S	F	A
29. I consume more calories than I need to maintain a healthy weight.	N	R	S	F	A
30. I lack the self-control to not eat when it is unwise for me to eat.	N	R	S	F	A
31. I have an intense fear of gaining weight even though I am technically at or underweight.	N	R	S	F	A
32. I am preoccupied with my weight and know the caloric value of every food I eat.	N	R	S	F	A
33. I frequently make excuses for not eating and tell people I'm not hungry.	N	R	S	F	A
34. My hair, skin, and nails are thin, dull, and dry.	N	R	S	F	A
35. (Females) My menstrual cycle is irregular or has stopped altogether.	N	R	S	F	A
36. I frequently feel cold and dress warmer than others to compensate.	N	R	S	F	A
37. People tell me I'm skinny but I think I'm fat.	N	R	S	F	A
38. I am having a harder time remembering things and sometimes feel disoriented.	N	R	S	F	A
39. I have osteoporosis (low bone density).	N	R	S	F	A
40. I don't have the energy or interest to engage activities I used to enjoy.	N	R	S	F	A
41. Whether or not I exercise determines whether I think I've had a good or bad day.	N	R	S	F	A
42. I exercise even if I am injured because I feel like I must.	N	R	S	F	A
43. I become angry or anxious if something interferes with my exercise.	N	R	S	F	A
44. I sometimes think I should exercise less, but can't convince myself to do so.	N	R	S	F	A



45. I always feel like I could have and should have done more exercise.	N	R	S	F	A
46. I binge on a large quantity of food and feel out of control as I do so.	N	R	S	F	A
47. To compensate for bingeing I purge by vomiting, using laxatives or something comparable.	N	R	S	F	A
48. I am secretive about my eating habits or hide food so that I can binge.	N	R	S	F	A
49. I lie about and find ways to hide my purging habit.	N	R	S	F	A
50. I experience sore throat from vomiting or irregular bowel movements from laxatives.	N	R	S	F	A

**Key to Survey Scoring:** Give yourself one point for an “S” response, two points for an “F” response, and three points for an “A” response. If your total score matches the total number of questions in a given subset, that is an area of concern. If your total score comes close to doubling the total number of questions, it is a significant concern. If your total score more than doubles the total number of questions, it should be considered a life-dominating struggle.

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**Healthy Eating Habits ( \* Reverse Scoring \* ):** These first two areas of assessment have to do with healthy eating habits. The scoring instrument will need to be used in reverse. These are positive qualities that are indicative of a healthy relationship with food. As you grow, these scores will increase rather than decrease.

- Questions 1-5: ( Total: \_\_\_\_\_ in 5 questions)

This set of questions describes **healthy eating habits**. It is easy for assessments to focus exclusively on what you’re doing that is unhealthy. We need to know those things. But this assessment begins by identifying practices that are fundamental to being healthy. In this study, as with any effort at change, it is as important to focus on what you are running to as it is to focus on what you are running from.

- Questions 6-10: ( Total: \_\_\_\_\_ in 5 questions)

This set of questions focus on your level of **body awareness**. For many people who struggle to have a healthy relationship with food, they lack an awareness of their body, its basic needs, and how to care for themselves. Some of this information you will get in the course of this study. Other aspects of this information you will only be able to get by becoming more mindful of your body and eating habits.

**Uses of Food:** When our relationship with food becomes unhealthy we begin to use foods for purposes over which it has no influence and develop rules for food that have little to do with caring for our body. The more influential these uses and rules become, the less healthy our relationship with food becomes.

- Questions 11-15: ( Total: \_\_\_\_\_ in 5 questions)

This set of questions describes common **emotional uses of food**. Often we eat or refuse to eat for reasons that have little to do with the presence or absence of hunger. Food was meant to fuel the body, not quell the soul. When we use food for this secondary purpose we end up consuming more calories than our body needs, because our focus is not on caring for our body but trying to calm our soul or distract our mind.

“Anorexia and compulsive overeating may appear to be opposites, but they are not. Food is their shared means for controlling that which seems uncontrollable (p. 19).” Gregory Jantz in *Hope, Help, & Healing for Eating Disorders*

How would you describe or summarize your emotional uses of food? \_\_\_\_\_

\_\_\_\_\_

- Questions 16-20: ( Total: \_\_\_\_\_ in 5 questions)

This set of questions describes common **unhealthy food rules**. Eating can easily change from an activity to a competition. In a competition there are clear rules that help decide who “wins” and perpetual fear of losing. If emotional uses of food tend to result in over-eating, unhealthy food rules tend to correlate with unhealthy restricting.

What are the food rules you believe you must obey to be “good”? \_\_\_\_\_

\_\_\_\_\_

- Questions 21-25: ( Total: \_\_\_\_\_ in 5 questions)

This set of questions describes the **social implications** of a healthy relationship with food. Food is very social. We often eat in social settings and social settings draw out many of the insecurities related to our weight and eating habits. As we change our relationship with food, there will be ripples in our social lives.

What are the ways your social life is impacted by your eating habits? \_\_\_\_\_

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**Overeating:** One side of our bad relationship with food can be excess. When we are consuming more calories than our body needs, it is a strong indicator that we are using food for reasons other than fuel. In future chapters we will look at how to dissolve the motive and erode the patterns that result in this over-reliance on food.

- Questions 26-30: ( Total: \_\_\_\_\_ in 5 questions)

This set of questions focus on **overeating**. It is only recently in human history that “the average person” has begun to live with caloric excess. Overeating was not a common problem because “extra food” was not a common luxury. Gluttony was seen more as an issue of robbing from those near you than it was a matter of self-discipline. Living in the context of an abundance of food and a culture of over-sized portions brings new challenges to our struggle with gluttony.

“The most common daily lunch in North America—some kind of meat, vegetables, and drink, maybe even a dessert—constituted a feast in Old Testament times (p. 69).” Gary Thomas in *Every Body Matters: Strengthening Your Body to Strengthen Your Soul*

“As long as what you eat dominates your affections, thoughts, and behavior—even if you are eating small portions, starving yourself, or insisting on only eating ‘healthy’ foods—your eating is gluttonous because your life is focused on food (p. 109).” Elyse Fitzpatrick in *Love to Eat, Hate to Eat*

**Restricting:** The other side of our bad relationship with food can be restriction. In this part of the evaluation we will look at three patterns that are frequently present when our unhealthy relationship with food becomes restrictive: anorexia, compulsive exercise, and bulimia.

- Questions 31-40: ( Total: \_\_\_\_\_ in 5 questions)

This set of questions focus on **anorexia**. Anorexia is when we intentionally malnourish our body because of an irrational dissatisfaction with our body image. Often understood merely as problem of vanity or insecurity, anorexia is more lethal than any other psychological diagnosis. However, the pride of being able to exhibit such large amounts of self-control often blinds the starving individual from their need for change and makes getting healthier feel like being a weaker person.

“Eating disorders have the highest mortality rate of any psychological illness (p. 154).” Jenni Schaeffer in *Life Without Ed*

- Questions 41-45: ( Total: \_\_\_\_\_ in 5 questions)

This set of questions focus on **compulsive exercise**. Exercise is part of our relationship with food. When thinness becomes our quest, the role of exercise in our life is also frequently distorted. Exercise is engaged in such a manner that it actually begins to contribute more to the deterioration of our body rather than the strengthening of our body. Compulsive exercise can be present with either anorexia or bulimia.

- Questions 46-50: ( Total: \_\_\_\_\_ in 5 questions)

This set of questions focus on **bulimia**. Bulimia involves the persistent cycle of bingeing and purging; consuming a large amount of calories in compulsive fashion and then eliminating those calories before digestion can take place (i.e., vomiting or laxatives). It is common for those who experience anorexia to also begin to display the pattern of bulimia.