

**EATING DISORDER EXAMINATION QUESTIONNAIRE -
SHORT (EDE-QS)**

Name: _____ Date: _____ Weight: _____ Height: _____

ON HOW MANY OF THE PAST 7 DAYS....	0 days	1-2 days	3-5 days	6-7 days
1. Have you been deliberately <u>trying</u> to limit the amount of food you eat to influence your weight or shape (whether or not you have succeeded)?	0	1	2	3
2. Have you gone for long periods of time (e.g., 8 or more waking hours) without eating anything at all in order to influence your weight or shape?	0	1	2	3
3. Has thinking about <u>food, eating or calories</u> made it very difficult to concentrate on things you are interested in (such as working, following a conversation or reading)?	0	1	2	3
4. Has thinking about your <u>weight or shape</u> made it very difficult to concentrate on things you are interested in (such as working, following a conversation or reading)?	0	1	2	3
5. Have you had a definite fear that you might gain weight?	0	1	2	3
6. Have you had a strong desire to lose weight?	0	1	2	3
7. Have you tried to control your weight or shape by making yourself sick (vomit) or taking laxatives?	0	1	2	3
8. Have you exercised in a driven or compulsive way as a means of controlling your weight, shape or body fat, or to burn off calories?	0	1	2	3
9. Have you had a sense of having lost control over your eating (at the time that you were eating)?	0	1	2	3
10. On how many of these days (<i>i.e.</i> days on which you had a sense of having lost control over your eating) did you eat what other people would regard as an <u>unusually large amount of food in one go</u> ?	0	1	2	3
OVER THE PAST 7 DAYS ...	Not at all	Slightly	Moderately	Markedly
11. Has your weight or shape influenced how you think about (judge) yourself as a person?	0	1	2	3
12. How dissatisfied have you been with your weight or shape?	0	1	2	3