**Logo

Description automatically generated**

**EATING PATTERNS INTAKE FORM**

1. What is your weight to the best of your knowledge?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you binge eat (meaning, more food than would be considered normal at once)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If so, how often per day?\_\_\_\_\_\_\_\_\_ How often per week?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. If you binge, do you eat an abnormal amount within a 2­hour period?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_
4. How long has this been occurring (weeks, months, or years)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do you…
   1. Eat more rapidly than normal?\_\_\_\_\_\_\_\_\_\_\_\_
   2. Feel lack of control?\_\_\_\_\_\_\_\_\_\_\_
   3. Eat until feeling uncomfortably full?\_\_\_\_\_\_\_\_\_\_\_
   4. Eat when not physically full?\_\_\_\_\_\_\_\_\_\_
   5. Eat in isolation?\_\_\_\_\_\_\_\_\_
   6. Feel disgusted, depressed, or guilty?\_\_\_\_\_\_\_\_\_\_\_
6. If you had a binge history in the past, how long ago?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. After eating, do you ​*purge* ​by use of compensatory behaviors to prevent weight gain

(self­induced vomiting, misuse of laxatives, diuretics, fasting, excessive exercise)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If so, how often per day?\_\_\_\_\_\_\_\_\_\_\_\_\_How often per week?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How often has the purging been occurring (weeks, months, or years)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10)If you had a purge history in the past, how long ago?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 11)Do you restrict food intake or liquid intake?\_\_\_\_\_\_\_\_\_\_\_If so, to how many calories per day?\_\_\_\_\_\_\_\_\_\_\_

12)Has this lead to a loss of weight?\_\_\_\_\_\_\_\_\_\_\_\_\_If so, how much within a month?\_\_\_\_\_\_\_\_\_\_\_\_

13)Are you constantly preoccupied with thoughts of becoming gaining “too much” weight?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14)Do you think negatively of your body?\_\_\_\_\_\_\_\_\_\_\_\_How so?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_