

EATING PROBLEM CHECK LIST (EPCL) 3.1

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INSTRUCTIONS: The following questions are concerned with the past seven days only. Please read each question carefully. Please answer all the questions. Thank you.

In the past seven days... <i>(indicate the number of times that this has occurred in the box on the right)</i>	No. of episodes				
Have I eaten a large amount of food with a sense of having lost control (i.e. an objective binge-eating episode)?					
Have I eaten a not large amount of food with a sense of having lost control (i.e. a subjective binge-eating episode)?					
Have I made myself sick (vomited) as a means of controlling my shape and weight?					
Have I taken laxatives as a means of controlling my shape and weight?					
Have I taken diuretics (water pills) as a means of controlling my shape and weight?					
Have I exercised excessively as a means of controlling my weight, shape or amount of fat, or to burn? extra calories.					
Have I weighed myself?					
In the past seven days... <i>(tick which box is true for you)</i>					
	0 Never	1 Rarely	2 Sometimes	3 Often	4 Always
Have I avoided some foods as a means of controlling my weight, shape and/or eating?					
Have I reduced my food portions as a means of controlling my weight, shape and/or eating?					
Have I checked my food (e.g. calorie counting, weighing food, checking the food's nutritional content)?					
Have I checked my shape (e.g. looking at parts of my body in the mirror; measuring the circumference of parts of my body; compared my body shape with that of other people)?					
Have I avoided my body (e.g. avoided weighing, avoided particular clothes, avoided looking at my body)?					
Have I felt fat?					
Have I been preoccupied with my weight?					
Have I been preoccupied with my shape?					
Have I been preoccupied with my eating control?					