

<p><b>STARVATION SYMPTOM INVENTORY SSI</b></p>	<p><b>SURNAME:</b> .....</p> <p><b>NAME:</b> .....</p> <p><b>DATE:</b> .....</p>
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**INSTRUCTIONS:** The following questions are about the past four weeks (28 days). Please read each question carefully and respond to ALL questions. Thank you.

<b>How many times in the last 28 days have you:</b>	<b>Never</b>	<b>1–5 days</b>	<b>6–12 days</b>	<b>13–15 days</b>	<b>16–22 days</b>	<b>23–27 days</b>	<b>Every day</b>
1. Worried about food?							
2. Collected recipes, menus or cookbooks?							
3. Increased your consumption of tea, coffee or spices?							
4. Felt depressed?							
5. Felt anxious?							
6. Felt irritable?							
7. Had mood swings (between excited and depressed)?							
8. Stayed away from other people?							
9. Experienced a loss of concentration?							
10. Felt apathetic?							
11. Had disturbed sleep?							
12. Felt weak?							
13. Experienced a lack of interest in sex?							
14. Felt cold?							
15. Felt full early?							