

Table 5.1 from Fairburn CG, *Cognitive Behavior Therapy and Eating Disorders*, Guilford Press, New York, 2008.

Topics to cover when assessing the eating problem.

Current state of the eating problem (over the past four weeks and three months)

- Patient's account of the problem and what he/she would like to change
- Eating habits on a typical day (and, if applicable, a "good" and "bad" day)
- Dieting
- Dietary restraint (nature of attempts to restrict food intake): dietary rules; reaction to any breaking of these rules; calorie counting; calorie limits; delayed eating (i.e., postponing eating for as long as possible)
- Dietary restriction (actual under-eating)
- Other weight-control behavior (e.g., self-induced vomiting, laxative or diuretic misuse, over-exercising): frequency; relationship to perceived overeating
- Episodes of overeating (amount eaten and the context; whether or not there was a sense of loss of control at the time): frequency; triggers
- Other eating habits (picking, chewing and spitting, rumination, ritualistic eating)
- Drinking and smoking habits (consumption of water, coffee, tea, carbonated drinks and alcoholic beverages, and smoking habits - and their connection (if any) to the eating problem)
- Social eating: ability to eat with others; eating out
- Concerns about shape and weight
- Views on shape and weight
- Importance of shape and weight in self-evaluation
- Body checking (weighing, mirror use, other forms of checking); body avoidance
- Comparisons with others
- Feeling fat
- Impact of the eating problem on psychological and social functioning
- Effects on mood and concentration
- Effects on work
- Effects on other people (partner, family, friends, acquaintances)
- Effects on activities and interests
- Other effects

Development of the eating problem

- Details of onset and likely triggers
- Subsequent sequence of events (when the key forms of behavior started in relation to each other): evolution of the problem - first six months; subsequently
- Weight history (before and since the eating problem started; true childhood obesity): lowest weight since present height; highest weight since present height

- Prior treatment (for an eating or weight problem): treatment-seeking; treatments offered; treatment experience and attitude to treatment; compliance with treatments and response to them

Personal and family history

- Where born and brought up
- Family during childhood (parents, siblings, atmosphere, disruptions and/or problems) and contact at present
- School, college and occupational history
- Interpersonal history - childhood/adolescent/adult interpersonal functioning
- Family psychiatric history (especially depression and alcohol abuse)
- Family eating disorder and obesity history
- Adverse events (including physical and sexual abuse, bereavements, accidents, bullying and teasing)
- Personal psychiatric history (especially anxiety disorders, depression, perfectionism, low self-esteem, self-harm, substance misuse): onset in relation to the onset of the eating problem; interactions

Current circumstances and functioning

- Living arrangements
- Occupation
- Marital status, children
- Contact with family
- Interpersonal functioning (partner, family, confidantes, friends, gregariousness)
- Past interpersonal functioning (and since eating problem developed)
- Interests and aptitudes
- Past interests and aptitudes (and since the eating disorder developed)

Co-existing psychopathology

- Current psychiatric comorbidity (depression, anxiety disorders, substance misuse, self-harm, suicidal behavior, other)
- Current psychiatric treatment (psychological, pharmacological)

Physical health

- Current physical health (including menstruation)
- General medical history (including timing of puberty in relation to the eating problem)
- Current medication including the contraceptive pill

Attitude to the eating problem and its treatment

- Views on what is keeping the eating problem going
- Attitude to starting treatment
- Concerns about treatment and the prospect of change
- Goals

Anything else?

“Is there anything else that you would like to tell me, or anything else you think I should know?”
