

EATING PROBLEM CHECK LIST (EPCL) SUMMARY SHEET

Date																				
Week																				
Body weight (kg)																				
Objective binge eating																				
Subjective binge eating ¹																				
Vomiting ¹																				
Laxatives ¹																				
Diuretics ¹																				
Excessive exercising ¹																				
Weight checking ¹																				
Food avoidance ²																				
Reduction of food portions ²																				
Food checking																				
Body shape checking ²																				
Body avoidance ²																				
Feeling fat ²																				
Weight preoccupation ²																				
Body shape prooccupation ²																				
Eating preppccupation ²																				

¹Number of events at the last seven days
²0=never, 1=rarely, 2=sometimes, 3=often, 4=always