

## Eating Questionnaire for Adolescents (EDE-A)

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**Instructions:** The following questions are concerned with the past two weeks (14 days) only. Please read each question carefully. Please answer all the questions. Thank you.

*Please circle the number which applies.*

On how many of the past 14 days ...	No. days	1-2 days	3-6 days	7 days	8-10 days	12-13 days	Every day
1 Have you been trying to cut down on food to control your weight or shape?	0	1	2	3	4	5	6
2 Have you gone for long periods of time (8 hours or more) without eating anything to control your shape or weight?	0	1	2	3	4	5	6
3 Have you tried not to eat any foods you like to control your weight and shape?	0	1	2	3	4	5	6
4 Have you tried to keep to any strict rules about eating to control your shape or weight? For example, a calorie limit, a set amount of food, or rules about what and when you should eat?	0	1	2	3	4	5	6
5 Have you wanted your stomach to be empty?	0	1	2	3	4	5	6
6 Has thinking about food or calories made it much harder to concentrate on things you are interested in; for example, reading, watching TV, or doing your homework?	0	1	2	3	4	5	6
7 Have you been scared of losing control over eating?	0	1	2	3	4	5	6
8 Have you had eating binges?	0	1	2	3	4	5	6
9 Have you eaten in secret? (Do not count binges.)	0	1	2	3	4	5	6
10 Have you really wanted your stomach to be flat?	0	1	2	3	4	5	6
11 Has thinking about shape or weight made it much harder to concentrate on things you are interested in; for example, reading, watching TV, or doing your homework?	0	1	2	3	4	5	6
12 Have you been really scared that you might put on weight and get fat?	0	1	2	3	4	5	6
13 Have you felt fat?	0	1	2	3	4	5	6
14 Have you had a strong wish to lose weight?	0	1	2	3	4	5	6

Please circle the number which applies.

Over the past 14 days ...	None of the times	A few of the times	Less than half	Half of the times	More than half	Most of the time	Every time
15 How often have you felt guilty after eating because of the effect on your shape and weight? (Do not count binges)	0	1	2	3	4	5	6

**Questions 16 to 28:** Please circle the number which applies and write the number on the line provided.

16 Over the past two weeks (14 days), have there been any times when you have felt that you ate what other people would think was a very large amount of food given the situation?		0- No				1-Yes	
17 How many such times have you done this over the past two weeks?							_____
18 During how many of these episodes of overeating did you have a sense of having lost control?							_____
19 Have there been other times when you felt that you lost control and felt you ate too much, but did NOT eat a very large amount of food given the situation?		0-No				1-Yes	
20 How many times has this happened over the past two weeks?							_____
21 Over the past two weeks have you made yourself sick (vomit) to control your shape or weight?		0-No				1-Yes	
22 How many such times have you done this over the past two weeks?							_____
23 Have you taken laxatives to control your shape or weight?		0-No				1-Yes	
24 How many times have you done this over the past two weeks?							_____
25 Have you taken diuretics (water tablets) to control your shape or weight?		0-No				1-Yes	
26 How many times have you done this over the past two weeks?							_____
27 Have you exercised hard to control your shape or weight?		0-No				1-Yes	

28 How many times have you done this over the past two weeks? \_\_\_\_\_

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*Please circle the number which applies.*

<b>Over the past 14 days ...</b>	<b>Not at all</b>		<b>Slightly</b>		<b>Moderately</b>		<b>Markedly</b>
29 Has your weight affected how you think about (judge) yourself as a person?	0	1	2	3	4	5	6
30 Has your shape affected how you think about (judge) yourself as a person?	0	1	2	3	4	5	6
31 How much would it upset you if you had to weigh yourself once a week for the next four weeks?	0	1	2	3	4	5	6
32 How unhappy have you felt about your weight?	0	1	2	3	4	5	6
33 How unhappy have you felt about your shape?	0	1	2	3	4	5	6
34 How worried have you been about other people seeing you eat?	0	1	2	3	4	5	6
35 How uncomfortable have you felt seeing your body: for example, in the mirror, in shop windows, when you undress or when you have a bath or shower?	0	1	2	3	4	5	6
36 How uncomfortable have you felt about others seeing your body; for example, in shared changing rooms, when swimming or wearing tight clothes?	0	1	2	3	4	5	6

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**THANK YOU**

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