

## Eating Disorder Examination Questionnaire (EDE-Q )

**Instructions:** The following questions are concerned with the past four weeks (28 days) only. Please read each question carefully. Please answer all the questions. Thank you.

**Questions 1 to 12:** Please circle the appropriate number on the right. Remember that the questions only refer to the past four weeks (28 days) only.

Q	ON HOW MANY OF THE PAST 28 DAYS ...	NO DAYS	1-5 DAYS	6-12 DAYS	13-15 DAYS	16-22 DAYS	23-27 DAYS	EVERY DAY
1	Have you been deliberately <b>trying</b> to limit the amount of food you eat to influence your shape or weight (whether or not you have succeeded)?	0	1	2	3	4	5	6
2	Have you gone for long periods of time (8 waking hours or more) without eating anything at all in order to influence your shape or weight?	0	1	2	3	4	5	6
3	Have you <b>tried</b> to exclude from your diet any foods that you like in order to influence your shape or weight (whether or not you have succeeded)?	0	1	2	3	4	5	6
4	Have you <b>tried</b> to follow definite rules regarding your eating (for example, a calorie limit) in order to influence your shape or weight (whether or not you have succeeded)?	0	1	2	3	4	5	6
5	Have you had a definite desire to have an <b>empty</b> stomach with the aim of influencing your shape or weight?	0	1	2	3	4	5	6
6	6 Have you had a definite desire to have a <b>totally flat</b> stomach?	0	1	2	3	4	5	6
7	Has thinking about <b>food, eating or calories</b> made it very difficult to concentrate on things you are interested in (for example, working, following a conversation, or reading)?	0	1	2	3	4	5	6
8	Has thinking about <b>shape or weight</b> made it very difficult to concentrate on things you are interested in (for example, working, following a conversation, or reading)?	0	1	2	3	4	5	6

9	Have you had a definite fear of losing control overeating?	0	1	2	3	4	5	6
10	Have you had a definite fear that you might gain weight?	0	1	2	3	4	5	6
11	Have you felt fat?	0	1	2	3	4	5	6
12	Have you had a strong desire to lose weight?	0	1	2	3	4	5	6

**Questions 13-18: Please fill in the appropriate number in the boxes on the right. Remember that the questions only refer to the past four weeks (28 days).**

**Over the past four weeks (28 days)....**

13	<b>Over the past 28 days, how many times have you eaten what other people would regard as an unusually large amount of food (given the circumstances)?</b>	
14	... On how many of these times did you have a sense of having lost control over your eating (at the time you were eating)?	
15	Over the past 28 days, on how many <b>DAYS</b> have such episodes of overeating occurred (i.e. you have eaten an unusually large amount of food and have had a sense of loss of control at the time)?	
16	Over the past 28 days, how many <b>times</b> have you made yourself sick (vomit) as a means of controlling your shape or weight?	
17	Over the past 28 days, how many <b>times</b> have you taken laxatives as a means of controlling your shape or weight?	
18	Over the past 28 days, how many <b>times</b> have you exercised in a “driven” or “compulsive” way as a means of controlling your weight, shape or amount of fat, or to burn off calories?	

**Questions 19 to 21: Please circle the appropriate number. Please note that for these questions the term “binge eating” means eating what others would regard as an unusually large amount of food for the circumstances, accompanied by a sense of having lost control overeating.**

Q		NO DAYS	1-5 DAYS	6-12 DAYS	13-15 DAYS	16-22 DAYS	23-27 DAYS	EVERY DAY
19	Over the past 28 days, on how many days have you eaten in secret (i.e., furtively)? ... Do not count episodes of binge eating.	0	1	2	3	4	5	6
		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
20	On what proportion of the times that you have eaten have you felt guilty (felt that you’ve done wrong) because of its effect on your shape or weight?... Do not count episodes of binge eating.	0	1	2	3	4	5	6

		Not at all	Slightly	Moderately	Markedly			
21	Over the past 28 days, how concerned have you been about other people seeing you eat? ... Do not count episodes of binge eating.	0	1	2	3	4	5	6

**Questions 22 to 28: Please circle the appropriate number on the right. Remember that the questions only refer to the past four weeks (28 days).**

Q	ON HOW MANY OF THE PAST 28 DAYS ...	NOT AT ALL MARKEDLY	SLIGHTLY	MODERATELY				
22	Has your weight influenced how you think about (judge)? yourself as a person?	0	1	2	3	4	5	6
23	Has your shape influenced how you think about (judge)? yourself as a person?	0	1	2	3	4	5	6
24	How much would it have upset you if you had been asked to weigh yourself once a week (no more, or less, often) for the next four weeks?	0	1	2	3	4	5	6
25	How dissatisfied have you been with your weight?	0	1	2	3	4	5	6
26	How dissatisfied have you been with your shape?	0	1	2	3	4	5	6
27	How uncomfortable have you felt seeing your body (for example, seeing your shape in the mirror, in a shop window reflection, while undressing or taking a bath or shower)?	0	1	2	3	4	5	6
28	How uncomfortable have you felt about others seeing your shape or figure (for example, in communal changing rooms, when swimming, or wearing tight clothes)?	0	1	2	3	4	5	6

**What is your weight at present? (Please give your best estimate) \_\_\_\_\_**

**What is your height? (Please give your best estimate) \_\_\_\_\_**

**If female, over the past three to four months have you missed any menstrual periods? (please circle) YES NO**

**If so, how many? \_\_\_\_\_**

**Have you been taking the "pill"? (please circle) YES NO**

## EDE-Q - Subscale Item Scoring

Question	<i>Subscale Item no. 1: Restraint</i>	Score
1	Restraint overeating	
2	Avoidance of eating	
3	Food avoidance	
4	Dietary Rules	
5	Empty stomach	
<b>Subscale Item = (total score ÷ 5)</b>		

Question	<i>Subscale Item no. 2: Eating Concern</i>	Score
7	Preoccupation with food, eating or calories	
9	Fear of losing control overeating	
19	Eating in secret	
21	Social eating	
20	Guilt about eating	
<b>Subscale Item = (total score ÷ 5)</b>		

Question	<i>Subscale Item no. 3: Shape Concern</i>	Score
6	Flat stomach	
8	Preoccupation with shape or weight	
10	Fear of weight gain	
11	Feelings of fatness	
23	Importance of shape	
26	Dissatisfaction with shape	
27	Discomfort seeing body	
28	Avoidance of exposure	
<b>Subscale Item = (total score ÷ 8)</b>		

Question	<i>Subscale Item no. 4: Weight Concern</i>	Score
8	Preoccupation with shape or weight	
12	Desire to lose weight	
22	Importance of weight	
24	Reaction to prescribed weighing	
25	Dissatisfaction with weight	
<b>Subscale Item = (total score ÷ 5)</b>		

### EDE-Q 6.0 – Global Scoring

Global Scoring =  $\frac{\text{Total of all FOUR Subscale Items Scores ( \quad )}}{\text{Number of Subscales (4)}}$

Fairburn, C.G., & Beglin, S.J. (1994). Assessment of eating disorders: interview or self-report questionnaire? *International Journal of Eating Disorders*, 16, 363-370.