

**EATING DISORDER EXAMINATION QUESTIONNAIRE -  
SHORT (EDE-QS)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

<b>ON HOW MANY OF THE PAST 7 DAYS....</b>	<b>0 days</b>	<b>1-2 days</b>	<b>3-5 days</b>	<b>6-7 days</b>
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1. Have you been deliberately <u>trying</u> to limit the amount of food you eat to influence your weight or shape (whether or not you have succeeded)?	0	1	2	3
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2. Have you gone for long periods of time (e.g., 8 or more waking hours) without eating anything at all in order to influence your weight or shape?	0	1	2	3
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3. Has thinking about <u>food, eating or calories</u> made it very difficult to concentrate on things you are interested in (such as working, following a conversation or reading)?	0	1	2	3
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4. Has thinking about your <u>weight or shape</u> made it very difficult to concentrate on things you are interested in (such as working, following a conversation or reading)?	0	1	2	3
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5. Have you had a definite fear that you might gain weight?	0	1	2	3
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6. Have you had a strong desire to lose weight?	0	1	2	3
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7. Have you tried to control your weight or shape by making yourself sick (vomit) or taking laxatives?	0	1	2	3
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8. Have you exercised in a driven or compulsive way as a means of controlling your weight, shape or body fat, or to burn off calories?	0	1	2	3
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9. Have you had a sense of having lost control over your eating (at the time that you were eating)?	0	1	2	3
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10. On how many of these days ( <i>i.e.</i> days on which you had a sense of having lost control over your eating) did you eat what other people would regard as an <u>unusually large amount of food in one go</u> ?	0	1	2	3
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<b>OVER THE PAST 7 DAYS ...</b>	<b>Not at all</b>	<b>Slightly</b>	<b>Moderately</b>	<b>Markedly</b>
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11. Has your weight or shape influenced how you think about (judge) yourself as a person?	0	1	2	3
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12. How dissatisfied have you been with your weight or shape?	0	1	2	3
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