

## **DO YOU HAVE AN EATING DISORDER?**

*If you answer “Yes” to one or more of the following questions, you may have an eating disorder and are welcome at ABA.*

1. Do you feel a strong drive to control your body size or shape?
2. Are you chronically dissatisfied with specific areas of your body (e.g. thighs, abdomen, and buttocks)?
3. Are you afraid of eating foods that you regard as fattening?
4. Do you think about food a lot?
5. Do you lose control and eat more than you intended or wanted to eat?
6. Do you feel guilt about your eating practices or try to hide them from others?
7. Have you ever purged through self-induced vomiting or laxatives?
8. Do you ever fast to get rid of food you have ingested?
9. Do you have a powerful need to exercise to keep your body “in shape”?
10. Do you feel happy and successful when you lose weight or drop a size in clothing?
11. Do you think you are fat, while other people say you’re normal or underweight?
12. Do you become annoyed when people question your eating or exercise practices?
13. Do you use diuretics, laxatives, or appetite suppressants to control your body?
14. Are you becoming less sociable in order to avoid “food” situations?
15. Do you have trouble concentrating on daily tasks because you are preoccupied with thoughts about food or your body?
16. Do you ever wish you had more self-control or willpower around food?
17. Have you tried to stop dieting, bingeing, purging, or overeating, but find you can’t?
18. Have you eliminated certain foods from your diet in order to prevent overeating (e.g. sugar, flour)?
19. Do you lie about what you have eaten or about your weight?
20. Do you feel good when you feel in control of your food or your body?