

Nova Luna Center

Eating Disorder Programs

Please check the frequency that describe you.

| Never | Rarely | Some- times | Always |
|-------|--------|----------------|--------|
| | | | |
| | | | |

15) I worry that I may become fat.

16) I believe that if I were thinner all my problems would be solved.

17) Have your menstrual periods:

_____ stopped for more than 3 months?

_____ become irregular?

_____ become light?

18) Do you ever eat much more than normal and feel that you cannot stop?

If yes, how often?

_____ Daily

_____ A few times a week

_____ A few times per month

_____ Only on rare occasions, like holidays

19) Do you exercise regularly?

If yes, how often?

_____ A few times - or less than three hours per week

_____ Almost every day - or about 6 hours per week

_____ At least once a day - or about 12 hours per week

20) How often do you use the following to manage your weight?

| | once a week | 2-3 times a week | once per day | 2-4 times per day | 5-10 times per day |
|-----------------------|-------------|------------------|--------------|-------------------|-----------------------|
| Laxatives | | | | | |
| Diuretics | | | | | |
| Vomiting | | | | | |
| Enemas | | | | | |
| Ipecac | | | | | |
| Diet Pills | | | | | |
| Herbal Suppository | | | | | |
| Thyroid Medicine | | | | | |

21) What foods are you afraid to eat? Please list below.