

## EATING QUESTIONNAIRE

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*PARENT VERSION (P-EDEQ, Version 2.0), Adapted by Loeb, 2017*

ID/Name: \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Session #: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** The following questions are concerned with the past four weeks (28 days) only. They inquire about your child’s eating habits and their attitudes about their shape and weight. Because these are a standard set of questions, please note that some may not apply to your child. This is not a test of how well you know your child; rather, your input represents another window into your child’s behaviors that will help develop a fuller picture of their eating habits. By extension, if you have pertinent information as reported to you by someone else who knows your child, such as a nanny, housekeeper, or your child’s friends, siblings, teachers, or coach, please consider this information as you answer these questions. Please read each question carefully. Please answer all the questions. Thank you.

	<b>On how many of the past 28 days...</b>	<b>No days</b>	<b>1-5 days</b>	<b>6-12 days</b>	<b>13-15 days</b>	<b>16-22 days</b>	<b>23-27 days</b>	<b>Every day</b>
1	Has your child been actively <u>trying</u> to restrict (cut back) the overall amount that they eat, in order to influence their shape or weight (whether or not they have succeeded)?							
2	Has your child gone for periods of eight or more <u>waking</u> hours without eating anything, in order to influence their shape or weight?							
3	Has your child <u>tried</u> to avoid eating any foods that they like, in order to influence their shape or weight (whether or not they have succeeded)?							
4	Has your child tried to follow certain <u>definite</u> rules regarding eating (for example, a calorie limit, pre-set quantities of food, or rules about what or when they should or should not eat), in order to influence their shape or weight (whether or not they have succeeded)?							

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5	Has your child expressed a definite desire for their stomach to <u>be empty</u> with the aim of influencing their shape or weight?							
6	Has your child expressed a definite desire for a <u>completely flat</u> or concave stomach?							
7	Has your child’s thinking about <u>food, eating, or calories</u> made it very difficult to concentrate on things that they need to be actively engaged in (for example, doing homework, following a conversation, or reading)? <i>[Possible indicators of a child’s preoccupation with food, eating or calories might include talking about them a lot, asking you repeatedly how you prepared food or how many calories are in food, or excessively reading food labels.]</i>							
8	Has your child’s thinking about <u>shape or weight</u> made it very difficult to concentrate on things that they need to be actively engaged in (for example, doing homework, following a conversation, or reading)? <i>[Possible indicators of a child’s preoccupation with shape or weight might include talking about them a lot, frequent checking of weight, scrutinizing one’s body in the mirror, measuring body parts, pinching perceived areas of fat, frequent checking that certain clothes fit.]</i>							
9	Has your child had a definite fear of losing control over eating?							

	<b>On how many of the past 28 days...</b>	<b>No days</b>	<b>1-5 days</b>	<b>6-12 days</b>	<b>13-15 days</b>	<b>16-22 days</b>	<b>23-27 days</b>	<b>Every day</b>
10	Has your child had a definite fear of gaining weight or becoming fat? <i>[Possible indicators of a child's fear of this might include rejecting attempts by you or doctors to increase weight, either by simply refusing to eat what is presented or by actively resisting, e.g., yelling, throwing a tantrum, throwing food or dishes, running away, or threatening to self-harm.]</i>							
11	Has your child felt fat?							
12	Has your child had a strong desire to lose weight?							

**Questions 13 to 18: Please fill in the appropriate number (0 or greater) in the boxes on the right. Remember that the questions only refer to the past four weeks (28 days).**

13	Over the past 28 days, how many <u>times</u> has your child eaten what other people would regard as an <u>unusually large amount of food</u> (given the circumstances)? <i>[Beyond direct observation or report of this type of eating, possible indicators of a child's eating like this might include missing food from the kitchen that you have reason to believe your child ate all at once in secret, or finding wrappers of food that you have reason to believe your child ate all at once in secret.]</i>	
14	... On how many of these times (from item #13 just above) did your child have a sense of losing control over eating (at the time of eating)? <i>[Beyond your child's report of this, possible indicators of losing control over eating might include your observing that your child has difficulty refraining from eating or stopping eating, or that they eat more than intended, more rapidly than normal, to the point of discomfort, or in the absence of hunger.]</i>	
15	Over the past 28 days, on how many <b>DAYS</b> have such episodes of overeating occurred (i.e., your child eating an unusually large amount of food <u>and</u> experience a sense of loss of control at the time)?	

**Questions 13 to 18: Please fill in the appropriate number (0 or greater) in the boxes on the right.**

16	Over the past 28 days, how many <u>times</u> has your child made themselves sick (vomited) as a means of controlling their shape or weight? <i>[If there is a known history of vomiting, also consider indicators such as your finding vomit or vomit residue, or noticing your child rushing to the bathroom or taking long showers immediately after eating.]</i>	
17	Over the past 28 days, how many <u>times</u> has your child made taken laxatives as a means of controlling their shape or weight? <i>[If there is a known history of laxative misuse, also consider indicators such as your finding laxatives in your child’s possession or noticing laxatives missing from your medicine cabinet.]</i>	
18	Over the past 28 days, how many <u>times</u> has your child exercised in a “driven” or “compulsive” way as a means of controlling their weight, shape or amount of fat, or to burn off calories? <i>[Possible indicators of this behavior might include exercising despite injury or a doctor’s orders to refrain from exercise; in secret; at unusual times or in unusual places; immediately after eating; or to the point that it interferes with other activities. Another possible indicator is when a child becomes very agitated or upset if prevented from exercising.]</i>	

**Questions 19-21: 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 over eating.**

19	Over the past 28 days, on how many days has your child eaten in secret (i.e., furtively)? ....Do not count episodes of binge eating	<u>No days</u> 0	<u>1-5 days</u> 1	<u>6-12 days</u> 2	<u>13-15 days</u> 3	<u>16-22 days</u> 4	<u>23-27 days</u> 5	<u>Every day</u> 6											
20	On what proportion of the times that your child has eaten have they felt guilty (felt that they’ve done wrong) because of its effect on shape or weight? ....Do not count episodes of binge eating	<u>None of the times</u> 0	<u>A few of the times</u> 1	<u>Less than half</u> 2	<u>Half the times</u> 3	<u>More than half</u> 4	<u>Most of the time</u> 5	<u>Every time</u> 6											
21	Over the past 28 days, how concerned has your child been about other people seeing them eat? ....Do not count episodes of binge eating	<table border="0" style="width: 100%; text-align: center;"> <tr> <td><u>Not at all</u></td> <td><u>Slightly</u></td> <td><u>Moderately</u></td> <td><u>Markedly</u></td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> </table>							<u>Not at all</u>	<u>Slightly</u>	<u>Moderately</u>	<u>Markedly</u>	0	1	2	3	4	5	6
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0	1	2	3	4	5	6													

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

	<u>Over the past 28 days....</u>	<u>Not at all</u>	<u>Slightly</u>	<u>Moderately</u>	<u>Markedly</u>		
22	Has your child's <u>weight</u> influenced how they think about (judges) themselves as a person?	0	1	2	3	4	5 6
23	Has your child's <u>shape</u> influenced how they think about (judges) themselves as a person?	0	1	2	3	4	5 6
24	How much would it have upset your child if they were asked to weigh themselves once a week (no more, or less, often) for the next four weeks?	0	1	2	3	4	5 6
25	How dissatisfied has your child been with their <u>weight</u> ?	0	1	2	3	4	5 6
26	How dissatisfied has your child been with their <u>shape</u> ?	0	1	2	3	4	5 6
27	How uncomfortable has your child felt seeing their own body (for example 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 has your child felt about others seeing their shape or figure (for example, in communal changing rooms, when swimming, or wearing tight clothes)?	0	1	2	3	4	5 6

**Questions 29 to 42: Please answer each question in the box on the right. The timeframe for each item varies, as noted in the questions. Some items overlap in content with other questions. Please answer each question carefully and completely.**

29	<b>What sex was your child assigned at birth? Circle one:</b>	Female  Male  Intersex
30	<b>What is your child's gender identity?</b>	_____
31	<b>What is your child's current age?</b>	_____ years + _____ months
32	<b>What is your child's present weight? (Please give your best estimate.)</b>	_____ lbs (include fractions)  or  _____ kg (include fractions)
33	<b>How long have they been at this weight?</b>	_____ months
34	<b>What is your child's current height? (Please give your best estimate.)</b>	_____ ft + _____ inches (include fractions)  or  _____ cm (include fractions)
35	<b>How long have they been at this height?</b>	_____ years + _____ months

<p>36</p>	<p><b>What has your child’s lowest weight been, relative to height? In other words, when has your child been at their thinnest?</b></p>	<p>Weight at thinnest (specify lbs or kgs)</p> <hr/> <p>Height at thinnest (specify ft/inches or cm)</p> <hr/> <p>Age at thinnest (years + months)</p> <hr/>
<p>37</p>	<p><b>What has your child’s highest weight been, relative to height? In other words, when has your child been at their heaviest point?</b></p>	<p>Weight at heaviest (specify lbs or kgs)</p> <hr/> <p>Height at heaviest (specify ft/inches or cm)</p> <hr/> <p>Age at heaviest (years + months)</p> <hr/>
<p>38</p>	<p><b>On the right, specify the values of your child’s <u>most consistent and healthy historical</u> percentiles on the growth curves. For example, a child might have typically been at the 50<sup>th</sup> percentile for weight and the 70<sup>th</sup> percentile for height. Some doctors will communicate these results using Body Mass Index (BMI), a composite measure that factors in both weight and height.</b></p> <p><b>Do your best to estimate or approximate these values if your child’s records are not easily accessible while you are completing this questionnaire.</b></p> <p><b>Remember, you are filling in the value(s) for your child’s <u>most consistent and healthy status over time</u>, which may be different than their recent or current values.</b></p> <p><b>If your child has never been at a healthy percentile according to their doctor, circle N/A.</b></p>	<p>N/A</p> <p>Weight percentile</p> <hr/> <p>Height percentile</p> <hr/> <p>BMI percentile</p> <hr/> <p>Age range of these values</p> <p>_____years to _____years old</p>

39	<p><b>Over the past three months, has your child been restricting her food intake relative to what they need to eat, leading to concerns that they have a significantly low body weight or has deviated from their prior growth curves? Circle one:</b></p>	<p>Yes No</p>
40	<p><b>If you or professionals have expressed concern that your child’s weight is too low over the past three months, has your child also expressed similar concern about their weight loss, low weight, or weight status? Use the scale below to select one answer, to be circled on the right.</b></p> <p>N/A – No one is concerned that my child’s weight is too low                  0 – My child acknowledges the implications of their weight loss, low weight or malnourished state                  1 – My child is not concerned about the implications of their weight loss, low weight or malnourished state                  2 – My child actively denies the implications of their weight loss, low weight or malnourished state</p>	<p>N/A 0 1 2</p>
41	<p><b>Over the past three months, has your child verbally or behaviourally rejected advice, prescriptions, or attempts (by you, doctors, or other professionals) to increase their weight or to stop losing weight? Circle one:</b></p>	<p>N/A Yes No</p>
42	<p><b>Does your child’s doctor have any medical concerns about them in relation to weight or eating habits, such as abnormal lab findings, low heart rate, or missed periods? Use the scale below to select one answer, to be circled on the right.</b></p> <p>N/A – No one is concerned about my child’s weight or eating habits                  0 – My child’s doctor has indicated that medical concerns <u>could develop</u> from my child’s weight status or eating habits                  1 – My child’s doctor has indicated that medical concerns <u>have developed</u> from my child’s weight status or eating habits, but they are not serious enough to require a higher level of care                  2 – My child’s doctor has recommended or initiated a level of care higher than outpatient treatment (i.e., partial or full hospitalization) because of medical concerns that have developed from my child’s weight status or eating habits</p>	<p>N/A 0 1 2</p>