BINGE EATING DIAGNOSTIC FEATURES

Name __________________________ Date __________________

1. Eating rapidly ______

2. Eating until uncomfortably full ______

3. Eating large amounts of food when not hungry ______

4. Eating alone because of embarrassment over how much one is eating ______

5. Feeling disgust, guilt, or depression after eating ______

6. Concerns about the long term effects of recurrent binge episodes on body weight and shape ______

7. Binge at least 2 days a week ______ over 6 months ______

8. Compensatory behaviors ______

9. Non specific feeling of tension that is relieved with eating ______

10. Feeling numb, spaced out, disassociate with eating ______

11. Current food pattern intake __________________________

12. Eating interferes with relationship with others _____ with work _____ with feeling good ______

13. Experiencing self loathing ______ Disgust with body size ______

Other ____________________________

______________________________

______________________________

______________________________