ED-15

This questionnaire considers your eating attitudes and behaviours over the last week. Please complete this measure by ticking the appropriate answers for all items.

	Over the past week, how often have I:	Not at all	Rarely	Occasionally	Sometimes	Often	Most of the time	All the time
1	Worried about losing control over my eating.	0	1	2	3	4	5	6
2	Avoided activities or people because of the way I look	0	1	2	3	4	5	6
3	Been preoccupied with thoughts of food and eating	0	1	2	3	4	5	6
4	Compared my body negatively with others'	0	1	2	3	4	5	6
5	Avoided looking at my body (e.g., in mirrors; wearing baggy clothes) because of the way it makes me feel	0	1	2	3	4	5	6
6	Felt distressed about my weight	0	1	2	3	4	5	6
7	Checked my body to reassure myself about my appearance (e.g., weighing myself; using mirrors)	0	1	2	3	4	5	6
8	Followed strict rules about my eating	0	1	2	3	4	5	6
9	Felt distressed about my body shape	0	1	2	3	4	5	6
10	Worried that other people were judging me as a person because of my weight and appearance.	0	1	2	3	4	5	6

If you have never used any of the following behaviors, please respond with N/A.

	For those that you have used, over the past week, how many times have you:	*Number of times*
a	Binged (felt out of control of your eating, and eaten far more than a person normally would at one go)	
b	Vomited to control your weight (whether you had to make yourself sick or not) *	
	Finally, on how many days in the past week have you:	*Number of days*
c	Used laxatives to control your weight or shape	
d	Restricted or dieted in order to control your weight	
e	Exercised hard in order to control your weight	

** i.e., Using your fingers or medicines to make yourself sick, or vomiting without such aids*