



Name.....

PSYCHOLOGICAL ASSESSMENT

Do you eat unusually large amounts of food at one sitting?	Yes	No	Sometimes
Do you eat when you're not hungry?	Yes	No	Sometimes
Do you eat until you're uncomfortably full?	Yes	No	Sometimes
Do you feel you've lost control and can't stop eating?	Yes	No	Sometimes
Do you feel ashamed or depressed after eating, like you are a failure, and/or you have sabotaged yourself?	Yes	No	Sometimes
Do you eat alone because you are embarrassed to eat around others?	Yes	No	Sometimes
While eating, do you feel comforted, relieved, like emotional pressure have been lifted or like you are more in control?	Yes	No	Sometimes

DASS 21 Depression Anxiety Stress Scale (0 – did not apply, 1 - applied to me to some degree or some of the time, 2 – applied to me a considerable degree or a good part of the time, 3 – applied to me very much or most of the time)

I couldn't seem to experience any positive feeling at all	0	1	2	3
I tended to over-react to situations	0	1	2	3
I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
I felt I had nothing to look forward to	0	1	2	3
I found myself getting agitated	0	1	2	3
I found it difficult to relax	0	1	2	3
I felt I was close to panic	0	1	2	3
I felt I wasn't worth much as a person	0	1	2	3
I felt scared without any good reason	0	1	2	3