

There is no need to put your name on this survey- it is anonymous!

Eating Disorder Survey:

Please answer **yes** or **no** to the following questions:

1. Do you have episodes of eating a large amount of food in a short time?
2. Do you use diet pills to control your weight?
3. Do you use "fad" diets to control your weight?
4. Do you use restricting calories to control your weight?
5. Are you obsessed or preoccupied with what you are eating and with dieting?
6. I can clearly identify what emotion I am feeling.
7. I feel unsatisfied with the shape of my body
8. I have difficulty expressing my emotions to others.
9. Do you ever feel fat?
10. Do you want to look like a supermodel/actress, actor or athlete?
11. Has anyone ever teased you about your weight?
12. Do you think you eat healthy enough?
13. Do you think the media is at fault for the prevalence of eating disorders?
14. Do you constantly compare your body to supermodels/actresses?
15. Do you know anyone who, you feel, has an eating disorder?
16. I feel pressured by people to be perfect.
17. Do you know anyone who may have used drugs (legal or illegal), tobacco, etc. to keep from gaining weight?
18. I feel that I have control over my emotions, thoughts, actions.
19. I know someone who has gone to extreme measures to lose weight.
20. I believe eating disorders are a problem at our school.

