

Eating Problem Check List (EPCL) 3.1

INSTRUCTIONS: The following questions are concerned with the past seven days only. Please read each question carefully. Please answer all the questions. Thank you.

In the past seven days... <i>(indicate the number of times that this has occurred in the box on the right)</i>						No. of episodes
...Have I eaten a large amount of food with a sense of having lost control (i.e. an objective binge-eating episode)?						
...Have I eaten a not large amount of food with a sense of having lost control (i.e. a subjective binge-eating episode)?						
...Have I made myself sick (vomited) as a means of controlling my shape and weight?						
...Have I taken laxatives as a means of controlling my shape and weight?						
...Have I taken diuretics (water pills) as a means of controlling my shape and weight?						
...Have I exercised excessively as a means of controlling my weight, shape or amount of fat, or to burn? extra calories.						
...Have I weighed myself?						
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In the past seven days... <i>(tick which box is true for you)</i>	0 Never	1 Rarely	2 Sometimes	3 Often	4 Always	
(1) ...Have I avoided some foods as a means of controlling my weight, shape and/or eating?						
(2) ...Have I reduced my food portions as a means of controlling my weight, shape and/or eating?						
(3) ...Have I checked my food (e.g. calorie counting, weighing food, checking the food's nutritional content)?						
(4) ...Have I checked my shape (e.g. looking at parts of my body in the mirror; measuring the circumference of parts of my body; compared my body shape with that of other people)?						
(5) ...Have I avoided my body (e.g. avoided weighing, avoided particular clothes, avoided looking at my body)?						
(6) ...Have I felt fat?						
(7) ..Have I been preoccupied with my weight?						
(8) ...Have I been preoccupied with my shape?						
(9) ...Have I been preoccupied with my eating control?						