

TABLE D.2. Eating Problem Checklist (EPCL) Weekly Changes Summary Spreadsheet

Data																				
Week																				
Body weight (lb)																				
Objective binge eating ¹																				
Subjective binge eating																				
Vomiting ¹																				
Laxatives ¹																				
Diuretics ¹																				
Excessive exercising ¹																				
Weight checking ¹																				
Food avoidance ²																				
Reduction of food portions ²																				
Food checking ²																				
Body shape checking ²																				
Body avoidance ²																				
Feeling fat ²																				
Weight concern ²																				
Body shape concern ²																				
Eating concern ²																				

¹ Number of events in the last seven days

² never=0, rarely=1, sometimes=2, often=3 and always=4

