

# Binge Eating Disorder Symptom Checklist

The following Binge Eating Disorder (B.E.D.) Symptom Checklist asks questions about your eating patterns and behaviors within the last 3 months. If you are experiencing symptoms of B.E.D., this may help you start a conversation with your doctor. You are encouraged to complete with the answers that best apply to you, and take it with you when you discuss your symptoms with your doctor.

**Please Note, this checklist is not a diagnostic tool. Only a doctor or other trained health care professional can diagnose B.E.D.**

**1** During the last 3 months, did you have any episodes of excessive overeating (i.e., eating significantly more than what most people would eat under similar circumstances)?

YES NO

**NOTE: IF YOU ANSWERED “NO” TO QUESTION 1, YOU MAY STOP. THE REMAINING QUESTIONS DO NOT APPLY TO YOU.**

**2** Do you feel distressed about your episodes of excessive overeating?

YES NO

## Within the past 3 months...

**3** During your episodes of excessive overeating, how often did you feel like you had no control over your eating (e.g., not being able to stop eating, feel compelled to eat, or going back and forth for more food)?

NEVER OR RARELY SOMETIMES OFTEN ALWAYS

**4** During your episodes of excessive overeating, how often did you continue eating even though you were not hungry?

NEVER OR RARELY SOMETIMES OFTEN ALWAYS

**5** During your episodes of excessive overeating, how often were you embarrassed by how much you ate?

NEVER OR RARELY SOMETIMES OFTEN ALWAYS

**6** During your episodes of excessive overeating, how often did you feel disgusted with yourself or guilty afterward?

NEVER OR RARELY SOMETIMES OFTEN ALWAYS

**7** During the last three months, how often did you make yourself vomit as a means to control your weight or shape?

NEVER OR RARELY SOMETIMES OFTEN ALWAYS