



ACORN Eating Disorder Inventory

Patient Name _____ DOB _____ Female _____ Other _____
Provider Name _____ Date _____ Male _____

(Check all that apply)

- 1. I think I am fat, even when friends, family or health professionals say I am not.
- 2. I avoid foods which I think have fat in them almost entirely or are repulsed by them.
- 3. I eat much more slowly and/or much less than others eat.
- 4. I have lost my period or my interest in sex.
- 5. I feel like I am in control when I am fasting or restricting food intake.
- 6. I almost never eat anything without estimating how many calories I am eating
- 7. I assume that being very thin is an important value in life. The thinner the better.
- 8. I have tried to eat more food to sustain a healthy weight and have been unable to continue doing so.
- 9. I think that being too thin is not as bad as being too fat.
- 10. I have gotten light headed or weak from not eating or restricting my food.

_____ # of Checked Boxes from 1- 10

- 11. I see myself as someone who binges and purges food.
- 12. I have increased the number of times I purge by vomiting.
- 13. I used diuretics to try to control my weight.
- 14. I exercise hard more than an hour a day to control weight and feel deprived or guilty when I don't.
- 15. I am almost always on a diet.
- 16. I used laxatives to get rid of food when I was not constipated.
- 17. I have tried to stop purging and have been unable to stay stopped.
- 18. I don't tell my parents, friends or health professionals how much I binge or purge.
- 19. I am obsessed with thinking that my body needs to be different or better.
- 20. I admit that I have caused myself some physical harm by purging and I still do it.

_____ # of Checked Boxes from 11- 20



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(Check all that apply)

- 21. I eat when I am not hungry.
- 22. I sometimes eat much faster and/or much more than others eat.
- 23. I isolate from others so that I can eat the way want.
- 24. I graze or snack frequently between meals.
- 25. I sometimes think I will eat moderately and then eat much more than I expected to eat.
- 26. I use food to numb difficult feelings.
- 27. I have tried to stop bingeing and been unable to stay sstopped.
- 28. I am obsessive in the way I think about food.
- 29. I think weight causes me serious physical and social problems and I still overeat.
- 30. I can overeat on almost any food.

___ # of Checked Boxes from 21- 30

If you checked:

- three or more in 1-10, you have symptoms of anorexia;
- three or more in 11-20, you have symptoms of bulimia;
- and three or more in 21-30, you have symptoms of binge-eating disorder and/or possibly food addiction.

If you have checked five to ten in any category, your eating disorder is advanced and very serious.



NOTES: