

ACORN Assessment Tool

ACORN Eating Disorder Inventory

Patient Name	DOB	Female	
Provider Name	Date	Male	Other

(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

TOTAL:

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: