



## FOOD ADDICTION TEST

Think back to a 3-month stretch of time in your life when your eating was **AT ITS WORST**. Answer these questions about how your eating was DURING THAT TIME PERIOD.

Circle 1, 2, 3, 4, or 5 then total your score.

### My ability to control how much I ate:

1 - Never really faltered. I stopped eating when I was full.

2

3

4

5 - Was practically nonexistent. Once I started eating, I felt powerless to stop.

### After eating a moderate amount of food:

1 - I nearly always felt satisfied.

2

3

4

5 - I practically never felt satisfied.

### **My cravings for specific foods:**

**1 - Were infrequent and quite mild, if I had them at all.**

**2**

**3**

**4**

**5 - Were frequent, powerful, and drove me to go to great lengths to satisfy them.**

### **The amount of time and energy consumed by thoughts of food, my weight, and what I had or hadn't eaten:**

**1 - Was small; I didn't think about these topics much.**

**2**

**3**

**4**

**5 - Was overwhelming; I thought of practically nothing else.**

### **In terms of binges (consuming huge amounts of food while feeling out of control and powerless to stop):**

**1 - I may have overeaten occasionally, but I never binged.**

**2**

**3**

**4**

**5 - I experienced frequent, severe binges.**



## TOTAL POINTS

Total up the scores from all your responses and circle your result below.

**0-5      5-9      10-14      15-19      20-25**

No level is good, but greater than 14 is cause for concern.