



Part C: Behavioral Questions. In the past 6 months have you:

	Never	Once a month or less	2-3 times a month	Once a week	2-6 times a week	Once a day or more
A. Gone on eating binges where you feel that you may not be able to stop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Ever made yourself sick (vomited) to control your weight or shape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Exercised more than 60 minutes a day to lose or to control your weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Lost 20 pounds or more in the past 6 months	<input type="checkbox"/> Yes			<input type="checkbox"/> No		

• Defined as eating much more than most people would under the same circumstances and feeling that eating is out of control.

EAT-26: Garner et al. 1982, Psychological Medicine, 12, (871-878); adapted/reproduced by D. Garner with permission.