**Assessment of Current Eating Issues Checklist:**

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| **ASSESSMENT OF CURRENT EATING PATTERN:** |
| * Exploring eating patterns: establish a typical day’s intake of food and fluid and then go through one week’s eating pattern (using a food diary) to establish if it is chaotic, restrictive, rigid etc. Go through this in detail, establishing quantities. It is not unusual for inadequate amounts of intake to be described as normal. * Are there any patterns as to how food is eaten? Does the eating vary? Is it different at weekends? Is eating ritualised in any way? Rituals might be related to compulsive behaviour. * Are particular foods avoided? And if so why? Make a “good food, bad food” list with the client. Ask if there are previously enjoyed foods that the client would like to be able to eat again. * Does the client recognise when they are hungry or thirsty? How do they respond to these signals? |
| **ASSESSMENT OF WEIGHT-RELATED ISSUES:** |
| * When did the client first begin to think that their weight was a problem? * How does the client view their current weight? Do they feel or fear being fat? * Have there been any influences on weight stemming from any physical illnesses, medication, or dieting that have changed their weight over the years? * List the times the client wilfully set out to lose weight by reducing their food intake? * Explore responses to physical changes associated with puberty and/or onset of menstruation * Highest and lowest weight in adulthood? When was that? and what was going on in their life at that time? |
| **ASSESSMENT OF BODY-IMAGE CONCERNS:** |
| * How does the client view their current body shape and size? Do they feel or fear being fat? * Are there any areas of the body that the client struggles to accept as they are? * If the client had a magic wish and could choose an ideal body shape and size, what would that be? * How do others view the clients body? Do they agree with their body-perception?   We also find the use of ‘The Body Dysmorphic Disorder Examination’ – BDDE. (Rosen et al, 1995) an excellent way of identifying the types of disturbance the client experiences in relation to body image, as well as establishing the degree to which daily functioning is disrupted. This questionnaire explores how often the client:   * engages in body checking behaviours (looking at, feeling or measuring distressing parts of the body) * seeks reassurance from others about the distressing body parts * experiences worry, shame, or embarrassment experienced when out in public * believes others comment on their disliked body part * avoids work or other social situations * avoids physical contact with others, such as hugging, kissing, dancing or sexual activity * avoids contact with their own body * avoids looking at their body * avoids physical activities * deliberately dresses or grooms (camouflaging) themself in ways to cover up their most disliked parts – and the amount of time taken up with these behaviours * compares their appearance, positively or negatively, with the appearance of other people around them, in magazines, or on television |
| **ASSESSMENT OF CURRENT BINGEING & PURGING BEHAVIOURS:** |
| * Does the client binge? How often? Is this done in secret? Are the binges planned? Any unplanned binges? How do the binges begin and end? What foods are consumed during a binge? How much? Are these objectively large binges (some clients may be embarrassed to give a detailed account of what is eaten during a binge episode)? Is there a sense of being out of control during a binge? * Does the client induce vomiting? If so, how? Is there ever blood in the vomit (this may be a sign of oesophageal tears and needs investigation)? Does the client wash out with lots of fluids afterwards (risks of water intoxication)? * Does the client take laxatives, diuretics, appetite suppressants, emetics? Other medicines or substances? How many and with what effects? When? |
| **ASSESSMENT OF WEIGHT LOSS ACTIVITY (Or Body Modifying Practices)** |
| * Does the client exercise? What kinds of exercise? How much? When? Where? Is this to burn off calories for the purpose of weight loss? Or the building of muscles? * Any periods in adulthood where the client’s weight was stable without food restriction? * If the client had a magic wish and could choose their ideal weight, what would that be? * Obtain a detailed history of weight changes since the onset of the eating disorder. * Important issues explored in this timeline include the timing of puberty, associated physical changes, and/or onset of menstrual periods. Explore how the client felt about this aspect of their physical development and the reactions of others. |
| **ASSESSMENT OF RELATIONSHIP & SOCIAL & CULTURAL VARIABLES:** |
| * Can the client eat in front of others? * Does the client try to keep the eating issues hidden? Who knows about the client’s difficulties? How have others reacted? * Does anyone argue with them or pressure them to eat? How does the client handle this and what is the effect on their relationships? * Do others ignore the client’s eating issues even though they know there is a problem? What meaning does the client make of this? Does the client take it as evidence that there’s really nothing wrong? * Does anyone reinforce their eating disorder and purging behaviours? Examples: a partner trawling many chemists to stock up the laxatives; a mother silently emptying vomit bags from under the bed, but never uttering a word about it. * Are there significant others who promote or reinforce dieting behaviour, with whom the client competes and against whom the client compares themselves? * What was meal-time like, when you were growing up? * Explore significant influences from the mass media / celebrity culture and advertising, e.g., pro-Ana websites which actively promote eating disorder practices and lifestyles, through extreme ideology and imagery (\*NB. To prevent exposure to unhelpful internet-based media, we try to avoid introducing clients directly to pro-Ana websites. We therefore ask a general question: Do you find any websites or social media platforms helpful or unhelpful to your current eating disorder?) |
| **ASSESSMENT OF EMOTIONAL ASPECTS OF THE EATING DISORDER:** |
| * Explore emotional state changes connected with various aspects of eating disorder behaviours. How does the client feel before, during and after the bingeing, purging and / or excessive exercise? How does the client manage any negative feelings after bingeing and purging? * What does the client imagine will happen if weight and eating is not controlled? How will they feel about these imagined consequences? * Does the eating disorder promote a sense of specialness and personal pride? * Does the eating disorder generate or reinforce feelings of unworthiness or shame?   ©Pam Virdi 2020 |