

## ABS-SR – Lifetime

Subject ID: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Instructions

The following questions refer to experiences that you may have had in the past or that you may be having currently. Please answer each of the questions by circling “YES” or “NO.” Please note that not all the questions refer to symptoms of an illness.

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*The following questions concern general beliefs you may have had about weight and physical appearance.*

**During your life, have you ever had a period of time in which you thought that...**

1.	...being slim is one of the most important things to one's self respect?	Yes	No
2.	...a thin person is more sexually attractive and successful in his/her romantic life?	Yes	No
3.	...a thin person is more successful in his/her job?	Yes	No
4.	...eating slowly, just a little, or picking at one's food, is a sign of class or femininity?	Yes	No
5.	...fat people look vulgar and disgusting?	Yes	No
6.	...people should try to achieve the physical appearance of dancers, models, or athletes?	Yes	No
7.	...it is essential to keep up to date reading magazines about physical fitness, beauty, diets, and athletics?	Yes	No

*These are questions about your weight and figure when you were a child and adolescent.*

**Were you ever...**

8.	...overweight as a child or adolescent?	Yes	No
9.	...put on a diet by your pediatrician or another doctor?	Yes	No
10.	...underweight, when you were a child or adolescent, because you didn't want to eat?	Yes	No
11.	...criticized by your parents for your figure or weight?	Yes	No
12.	...teased by your friends or relatives for your weight or shape?	Yes	No

***The following questions are about thoughts or feelings you might have experienced.***

**During your life, have you ever had a long period of time (at least one month), in which you...**

13.	...thought that your weight and figure were central to your self-esteem?	Yes	No
14.	...thought that not being fat was the most important thing in your life?	Yes	No
15.	...felt too fat, even though you were at or close to your lowest weight?	Yes	No
16.	...established a specific weight that you should never exceed, even just a little? <i>If YES, what was that weight? _____ pounds</i>	Yes	No
17.	...felt miserable, desperate or defeated if you realized that your weight had increased, even just a little?	Yes	No
18.	...felt happy, excited and full of energy while losing weight?	Yes	No
19.	...showed off when at your desired weight?	Yes	No
20.	...felt distressed, weak, or guilty if you were not able to follow your diet?	Yes	No
21.	...felt uncomfortable, annoyed, or distressed because of any comments made about your physical appearance?	Yes	No
22.	...felt overweight, even if other people disagreed?	Yes	No
23.	...felt compelled to compare your body to others'?	Yes	No

***The following questions are about worries you might have had about your body.***

**Have you ever...**

24.	...felt dissatisfied with your appearance?	Yes	No
25.	...worried that a certain part of your body, such as cheeks, abdomen, breasts, hips, buttocks, or thighs, was too fat or out of proportion?	Yes	No
26.	...checked constantly for cellulite on thighs, legs, etc.?	Yes	No
27.	...thought about having liposuction or other plastic surgery to reduce fat or your body size?	Yes	No
28.	...wore large or baggy clothes to hide your figure?	Yes	No
29.	...wore dark clothes, because you thought they were 'slimming'?	Yes	No
30.	...preferred angular shapes to round ones?	Yes	No

***These questions are about the fear of becoming or remaining fat.***

**Have you ever had long periods of time (at least one month) in which you...**

31.	...were afraid of becoming fat, even when you were at or below your normal weight?	Yes	No
32.	...felt uncomfortable and guilty, even after eating small amounts of food such as chocolate, sweets, pasta or deep fried food, because you were afraid that you might gain weight?	Yes	No
33.	...bought a smaller size of clothes as an incentive to lose weight?	Yes	No
34.	...refused to give up smoking for fear of gaining weight? <input type="checkbox"/> <i>I have never smoked.</i>	Yes	No
35.	...refused to take a prescribed drug for fear of gaining weight? <input type="checkbox"/> <i>I have never been prescribed drugs.</i>	Yes	No
36.	...considered it essential to have massages, take saunas or use products to reduce cellulite?	Yes	No
37.	...considered it essential to have regular bowel movements to avoid becoming fat or to keep a flat stomach?	Yes	No

***The following questions are about some social situations.***

**Have you ever had long periods of time (at least one month) in which you felt very badly or you...**

38.	...avoided going out for dinner because of your figure or the amount you ate?	Yes	No
39.	...avoided eating as much when you were out for a meal as you would eat at home alone?	Yes	No
40.	...avoided going shopping for clothes because you felt too fat or you did not want to admit your size?	Yes	No
41.	...avoided using dressing rooms, public showers, etc. because you felt too fat?	Yes	No
42.	...avoided wearing close-fitting clothes because you were not satisfied with your body?	Yes	No
43.	...avoided going to the beach or to the swimming pool because you felt too fat wearing a swimsuit?	Yes	No
44.	...avoided having sex because you felt too fat?	Yes	No
45.	...avoided having a physical examination because you felt too fat?	Yes	No

***These are questions about body sensations you might have experienced after eating.***

**Have you ever had long periods of time (at least one month) in which you...**

46.	...got an unbearable sense of fullness in your stomach after eating?	Yes	No
47.	...ate little or in a peculiar way because of this feeling? <input type="checkbox"/> <i>I have never had a sense of fullness in my stomach.</i>	Yes	No
48.	...regularly used medications to relieve this feeling? <input type="checkbox"/> <i>I have never had a sense of fullness in my stomach.</i>	Yes	No

***These are questions about things you might have done to control your weight.***

**Have you ever had long periods of time (at least one month) in which you felt that you needed to...**

49.	...check your weight more than once a day, or felt anxious if a scale was not available?	Yes	No
50.	...check your weight almost every time you ate?	Yes	No
51.	...check your mirror everyday looking for fat?	Yes	No
52.	...regularly check your body dimensions with a tape measure?	Yes	No
53.	...check your body dimensions and weight by how tight your clothes fit?	Yes	No
54.	...avoid weighing yourself?	Yes	No
55.	...avoid looking at your image in the mirror and shop windows?	Yes	No
56.	...carefully calculate the calories in everything you ate?	Yes	No
57.	...carefully plan your day according to your food intake?	Yes	No

**Have you ever had long periods of time (at least one month) in which you...**

58.	...tried constantly to lose weight?	Yes	No
59.	...regularly fasted for a whole day or more when you thought you had eaten too much the day before?	Yes	No
60.	...had eating habits that your relatives and friends considered odd such as number of meals, type of food, way of eating?	Yes	No
61.	...had a rigid and stereotyped eating behavior that never changed even for special occasions (parties, celebrations, etc.), such as eating the same type of food, in the same amount, or at the same time of day?	Yes	No

**Have you ever had long periods of time (at least one month) in which you...**

62.	...followed a diet so strictly that it became your main goal?	Yes	No
63.	...avoided eating certain types of food, such as deep fried food, oil, butter, pasta, bread, or cakes?	Yes	No
64.	...preferred low-calorie foods and sweeteners or liquid meals like "Slim-fast"?	Yes	No
65.	...followed special diets such as vegetarian, macrobiotic or organic?	Yes	No
66.	...spent a lot of time cooking, baking, collecting recipes or reading food magazines or cookbooks?	Yes	No
67.	...ate or drank something just before going to a restaurant or a party in order to reduce your appetite and control your caloric intake?	Yes	No
68.	...refused big helpings or second helpings even if you would have liked them?	Yes	No
69.	...felt the need to chew or suck something continuously (for example, chewing gum or candies)?	Yes	No
70.	...played with the food on your plate, eating more slowly than others, so that they would not realize you were not eating much?	Yes	No
71.	...chewed food for a long time in order to eat less?	Yes	No
72.	...left a large part of your food on the plate?	Yes	No
73.	...used products such as fibre to reduce caloric absorption?	Yes	No
74.	...took a lot of herbal remedies such as bran to decrease your appetite and lose weight?	Yes	No
75.	...took medications such as thyroid hormones in order to prevent weight gain?	Yes	No
76.	...took amphetamines in order to decrease appetite and lose weight?	Yes	No
77.	...repeatedly chewed and spit out food almost without swallowing?	Yes	No

*These are some questions about your physical activity.*

**Have you ever had long periods of time (at least one month) in which you...**

78.	...engaged in a lot of physical activity to maintain or to lose weight?	Yes	No
79.	...used stairs, walked or went by bike to expend energy?	Yes	No
80.	...stood instead of sat even when doing sedentary activity (for example, when studying)?	Yes	No
81.	...increased your physical activity after eating a lot to control your weight?	Yes	No
82.	...habitually jogged, went swimming, or went to the gym to prevent weight gain?	Yes	No
83.	...slept as little as possible to burn more calories?	Yes	No
84.	...participated in activities that required a constant or low weight (for example, ballet, wrestling, modeling or competitive body building)?	Yes	No

**In order to control your weight, have you ever used (even just once)...**

85.	...self-induced vomiting?	Yes	No
86.	...laxatives?	Yes	No
87.	...diuretics?	Yes	No

*These questions are about your eating habits and ability to control food intake.*

**Have you ever had long periods of time (at least one month) in which you...**

88.	...ate an amount of food in a short period (for example, two hours) that was definitely larger than most people would eat in the same time, under similar circumstances?	Yes	No
89.	...ate continuously throughout the day, so that you ingested an amount of food that was definitely larger than most people usually eat?	Yes	No
90.	...ate with a feeling of lack of control?	Yes	No
91.	...ate much more rapidly than normal?	Yes	No
92.	...ate until feeling uncomfortably full?	Yes	No
93.	...ate large amounts of food when not feeling physically hungry?	Yes	No
94.	...ate alone because of being embarrassed by how much you were eating?	Yes	No
95.	...ate and then felt disgusted with yourself, depressed, or very guilty right after overeating?	Yes	No

**During such periods, have you ever...**

96.	...hoarded or hidden food?	Yes	No
97.	...had difficulty staying on a diet?	Yes	No
98.	...spent a large portion of your pay-check on food or going to 'gourmet' restaurants?	Yes	No
99.	...had a lot of problems maintaining a steady weight, so that your weight went up and down like a yo-yo?	Yes	No
100.	...experienced a continuous sense of hunger?	Yes	No
101.	...needed to eat something even if you just had a meal?	Yes	No
102.	...felt that you couldn't go to bed without eating something?	Yes	No
103.	...had to wake up in the middle of the night to eat?	Yes	No
104.	...found it difficult to resist food or beverages offered to you?	Yes	No
105.	...felt you were unable to stop eating until you had finished a pack of candies or chocolate?	Yes	No
106.	...eaten quickly, or swallowed food without chewing it?	Yes	No

*These are some questions about your ability to resist impulses.*

**Have you ever...**

107.	...used excessive amounts of caffeine, tobacco or alcohol?	Yes	No
108.	...used any of the following substances: opiates, cocaine, marijuana, or ecstasy?	Yes	No
109.	...stolen anything that you didn't need?	Yes	No
110.	...hurt yourself voluntarily (for example, cut, scratch, bite or burn yourself)?	Yes	No

*These are questions about how you see yourself or how others see you.*

**Do you see yourself or do others see you as...**

111.	...an impulsive person who acts without thinking?	Yes	No
112.	...intolerant of other people?	Yes	No
113.	...a perfectionist?	Yes	No

**Do you see yourself or do others see you as...**

114.	...an overly conscientious person?	Yes	No
115.	...highly competitive with high standards of performance?	Yes	No
116.	...trying to conform to others' (teachers, friends, parents) desires and expectations, in order to be accepted?	Yes	No
117.	...tolerating verbal or physical abuse or making sacrifices because of the fear of being abandoned?	Yes	No
118.	...habitually telling lies?	Yes	No
119.	...seeing things as either 'black or white' or having an 'all or nothing' way of thinking?	Yes	No
120.	...having feelings of inadequacy in your relationships?	Yes	No
121.	...needing to feel sexually attractive in order to feel worthwhile?	Yes	No

*These questions refer to physical signs you might have had.*

**Have you ever had extended periods of time (at least three months) when you...**

122.	...lost your interest in sex? <input type="checkbox"/> <i>I have never had sexual intercourse.</i>	Yes	No
123.	...were particularly sensitive to cold?	Yes	No
124.	...did not get your period and you were not pregnant or menopausal or because of medication? <input type="checkbox"/> <i>I have never had menstrual cycles.</i>	Yes	No
125.	...developed fine, downy hair all over your body?	Yes	No
126.	...had a yellowish discoloration of your skin?	Yes	No

**Have you ever had long periods of time (at least one month) in which...**

127.	...your eating habits interfered with your everyday activities?	Yes	No
128.	...you were unable to stop thinking about food or how to binge?	Yes	No
129.	...you were unable to concentrate when studying or working because you felt like eating something?	Yes	No

**Have you ever had long periods of time (at least one month) in which...**

130.	...you spent hours a day thinking about your weight or figure to the point that these thoughts dominated your life?	Yes	No
131.	...your relationship with food was all you could think about so that it prevented you from being able to concentrate on other things?	Yes	No
132.	...other people told you that you were too thin and you refused to accept their judgement?	Yes	No
133.	...you still thought you were too fat, even though normal or underweight? <i>During that period:</i> a. Your weight was _____ pounds b. Your height was _____ inches c. Your age was _____ years	Yes	No
134.	Did you think that your weight was appropriate for your height? <i>If you answered NO:</i> a. Did you think that your weight was too high? b. Did you think that your weight was too low?	Yes Yes Yes	No No No