

## 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.**

*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?<br><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?<br><input type="checkbox"/> <i>I have never smoked.</i>  | Yes | No |
| 35. | ...refused to take a prescribed drug for fear of gaining weight?<br><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?<br><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?<br><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?<br><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?<br><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. | <p>...you still thought you were too fat, even though normal or underweight?</p> <p><i>During that period:</i></p> <p>a. Your weight was _____ pounds</p> <p>b. Your height was _____ inches</p> <p>c. Your age was _____ years</p> | Yes        | No       |
| 134. | <p>Did you think that your weight was appropriate for your height?</p> <p><i>If you answered NO:</i></p> <p>a. Did you think that your weight was too high?</p> <p>b. Did you think that your weight was too low?</p>               | Yes<br>Yes | No<br>No |