

Disordered Eating Self-Screen

	YES	NO
1. Do you feel preoccupied with food?		
2. Do you ever eat in secret or feel shame about what you eat?		
3. Does your weight affect the way you feel about yourself?		
4. Are you concerned with gaining weight?		
5. Do you use any of the following behaviors to manage or lose weight: <i>dieting/restriction, counting calories, logging food, purging, exercise, laxatives, diet pills</i>		
6. Child or Adolescent: Any unexplained change in the growth curve?		
7. Have any members of your family suffered with an eating disorder?		
8. Do you currently suffer with an eating disorder or feel your eating patterns are abnormal?		

Answering 'Yes' to any question indicates further assessment. See instructions below.

Interested in working with Katie Hake Health & Fitness, LLC?

1. Visit our website or schedule at www.katiehake.com/schedule and complete the New Client Application.
2. Our team will be in touch in the next 24 hours.
3. We are in the process of accepting insurance, however you may use a HSA or FSA if you choose.