

	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/macros, logging food, purging, exercise, laxatives, diet pills</i>		
6. Child/Adolescent: Any unexplained change in 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.

Interested in scheduling an appointment with Alyson Comeau, MPH, RDN, LDN?

1. Email me at alysoncomeaurdnlldn@gmail.com
2. I currently accept private pay clients, and will be accepting Blue Cross Blue Shield soon.