Eating Style Self-Assessment

Use this assessment to bring more awareness of what kind of eating style you most commonly use. These styles usually directly relate to your knowledge about food & eating, your history with food, your skills for managing foods, and your responses to your eating cues.

Submit your "eating style" results back to us via MyChart to complete your application activity related to your own eating style.

Scoring:

Use the number that most often fits you

- 1. doesn't describe me at all
- 2. describes me a little
- 3. describes me fairly well
- 4. describes me exactly

<u>Score</u>	Part 1	<u>Score</u>	Part 2
	*I overeat when I'm feeling stressed or anxious		*I tend to eat more when I'm w/certain people
	*I overeat when I'm angry		*Many of my friends/family members like to eat
	*I overeat when I'm feeling depressed		*I attend a lot of social events (parties, dinners, meetings,
	*I overeat when I'm feeling bored		athletic events) where food is served
	*I overeat when I'm feeling good or celebrating		*My work requires that I reat many meals away from home
	Total Score		*At social events, it is hard for me to control my eating
If you scored:			Total Score

5-9: Emotional eating is not a problem for you

10-15: Emotions are sometimes the reason you overeat. Identify which emotion(s) give(s) you the most difficulty and develop action plans for coping better w/the emotion.

16-20: Your eating is frquently governed by your emotions. You need to discover the root of your emotions and decide on ways to deal with them other than eating.

<u>Score</u>	Part 3
	When eating with others, I'm the first to finish my meal.
	I tend to nibble when preparing or cleaning up after a meal.
	I regularly have second helpings of foods I enjoy.
	I eat in places other than the kitchen or dining room.
	I tend to clean my entire plate even when I'm full.
	Total Score

5-9: Your eating skills are generally appropriate. However, you should pay special attention to any behavior on which you scored 3 or more.

10-14: You have developed some unhealthy habits. Identify one or two behaviors on which you scored 3 or more and make plans to replace these behaviors with more appropriate skills.

15-20: You need to change a number of your current eating behaviors. Start by choosing 1 or 2 behaviors on which you scored a 3 or more. Identify ways you can stop the behavior. Once you have practiced your new skills for several weeks, pick another behavior you can change.

If you scored:

5-9: You may have occasional situations when people, places or events influence your eating, but generally it does not seem that social influences are a problem for you.

10-14: It seems you have some social pressures that make it difficult for you to control your eating. Identify with whom, where or when social pressures make sticking to your eating plans difficult. Then create a plan to cope w/the pressures.

15-20: Your family, friends, and/or work are a problem for you when it comes to controlling your eating. Tell friends or family how they can be supportive of your new healthful eating habits. Find coping strategies for eating out at parties or for work.

<u>Score</u>	Part 4
	I get urges to eat, even when I am not physically hungry.
	I have a very hard time controlling urges.
	I regularly skip at least one meal a day to lower calories.
	I'm sometimes afraid I won't be ablet to stop eating voluntarily.
	When I've eaten too much, I will often fast, exercise excessively,
	vomit, or use a laxative.
	Total Score

If you scored:

5-9: You do not seem to have a problem with restrained eating

10-14: You show a tendency toward inappropriate behaviors related to restrained eating.

15-20: You seem to have a problem with restrained eating. You need to look very closely at how you cope with restrained eating. If you feel you can't change the items on which you scored 3 or more by yourself, you may need to work closely with a skilled counselor.