



Optimum Function: Food Dependency Screening Questionnaire

1. What is your relationship with food?
2. What is your first memory of food?
3. Are you a compulsive overeater? Undereater?
4. What was your first problem with food?
5. Do you have a history of eating disorders? Is there alcoholism in your family?
6. What is your family's relationship with food?
7. Do you use alcohol or drugs to control your weight?
8. How often are you eating? Is there anything you eat too little or too much of?
9. Are you or is anyone else concerned about your eating or your weight?