

## Disordered Eating Screening for Athletes: 6 Question Screening Tool

Please Fill Out Both Sides Completely

Age in Years: \_\_\_\_\_ Primary Sport: \_\_\_\_\_

Gender: \_\_\_\_\_ Current Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_

Number of Training Hours per Week: \_\_\_\_\_

### DESA-6 Questions

Please circle the answer choice that fits best.

1. Have you had 3 or more injuries in the past season OR did your past season end early due to injury?
  - a. Yes
  - b. No
2. Do you worry about gaining weight during the off season or when you can't train due to injury?
  - a. I worry about gaining weight a few times per week
  - b. I worry about gaining weight daily
  - c. I worry about gaining weight constantly
  - d. I do not worry about gaining weight.
3. Are you happy with your current weight?
  - a. Yes
  - b. No
4. How many pounds do you think you need to lose to be at your best performance weight?
  - a. 1 to 5 pounds
  - b. 5 to 10 pounds
  - c. 10 to 15 pounds
  - d. 15+ pounds
  - e. None
5. Do you follow a specific diet plan (low fat, low carbohydrate, low fat, low sugar, high protein, etc.) to achieve your best performance weight?
  - a. Yes
  - b. No
6. Have you ever been told you should lose weight by someone who is not a health professional, such as a coach, fellow athlete or family member?
  - a. Yes
  - b. No

## EAT-26 Questions

Please check one response for each of the following statements:

|                                                                                                | Always: | Usually: | Often: | Some times: | Rarely: | Never: |
|------------------------------------------------------------------------------------------------|---------|----------|--------|-------------|---------|--------|
| 1. Am terrified about being overweight                                                         |         |          |        |             |         |        |
| 2. Avoid eating when I am hungry.                                                              |         |          |        |             |         |        |
| 3. Find myself preoccupied with food.                                                          |         |          |        |             |         |        |
| 4. Have gone on eating binges where I feel that I may not be able to stop.                     |         |          |        |             |         |        |
| 5. Cut my food into small pieces                                                               |         |          |        |             |         |        |
| 6. Aware of the calorie content of food that I eat.                                            |         |          |        |             |         |        |
| 7. Particularly avoid foods with high carbohydrate content (i.e. bread, rice, potatoes, etc.). |         |          |        |             |         |        |
| 8. Feel others would prefer if I ate more.                                                     |         |          |        |             |         |        |
| 9. Vomit after I have eaten.                                                                   |         |          |        |             |         |        |
| 10. Feel extremely guilty after eating.                                                        |         |          |        |             |         |        |
| 11. Am preoccupied with a desire to be thinner.                                                |         |          |        |             |         |        |
| 12. Think about burning up calories when I exercise.                                           |         |          |        |             |         |        |
| 13. Other people think that I am too thin.                                                     |         |          |        |             |         |        |
| 14. Am preoccupied with the thought of having fat on my body.                                  |         |          |        |             |         |        |
| 15. Take longer than others to eat my meals.                                                   |         |          |        |             |         |        |
| 16. Avoid food with sugar in them.                                                             |         |          |        |             |         |        |
| 17. Eat diet foods.                                                                            |         |          |        |             |         |        |

|                                             |  |  |  |  |  |  |
|---------------------------------------------|--|--|--|--|--|--|
| 18. Feel that food controls my life.        |  |  |  |  |  |  |
| 19. Display self-control around food.       |  |  |  |  |  |  |
| 20. Feel that other pressure me to eat.     |  |  |  |  |  |  |
| 21. Give too much time and thought to food. |  |  |  |  |  |  |
| 22. Feel uncomfortable after eating sweets. |  |  |  |  |  |  |
| 23. Engaged in dieting behavior.            |  |  |  |  |  |  |
| 24. Like my stomach to be empty.            |  |  |  |  |  |  |
| 25. Have the impulse to vomit after meals.  |  |  |  |  |  |  |
| 26. Enjoy trying new rich foods.            |  |  |  |  |  |  |