

ED-15-P (Parent/Caregiver Report)

These sentences ask how your child might be acting, thinking, or feeling related to eating and his/her/their body. For each item, please choose the number that best describes **how often the sentence is true about your child in the last week**, based on knowledge and observations of your child, and what others may have told you about your child.

Example: "My child enjoys eating dessert foods."

If your child often enjoys eating dessert foods, you would circle 4 because this sentence is "often" true about your child.

Never	Rarely	Sometimes	Often	Very Often
1	2	3	4	5

IN THE LAST WEEK:

	Never	Rarely	Sometimes	Often	Very Often
1. My child worries about losing control over their eating, or not being able to stop eating once they start.	1	2	3	4	5
2. My child avoids doing things or seeing people because of how they look.	1	2	3	4	5
3. My child thinks about food and eating constantly.	1	2	3	4	5
4. My child compares their body negatively to others'.	1	2	3	4	5
5. My child avoids looking at their body because it makes them feel bad.	1	2	3	4	5
6. My child gets uptight or nervous about their weight.	1	2	3	4	5
7. My child checks their body, like by weighing themselves or using mirrors.	1	2	3	4	5
8. My child follows strict rules about their eating.	1	2	3	4	5
9. My child gets uptight or nervous about their body shape.	1	2	3	4	5
10. My child worries that other people judge them because of their body weight and shape.	1	2	3	4	5

IN THE LAST WEEK, how many times did your child:

Write in the number of times (to the best of your knowledge)

a. Binge (lose control of their eating and eat a lot more than someone would usually eat at one time)

They binged _____ times They didn't binge

b. Vomit to control their weight (whether your child tried to throw up on purpose or not)*

They vomited _____ times They didn't vomit

IN THE LAST WEEK, on how many days did your child:

Circle the number of days (to the best of your knowledge)

c. Use laxatives to control their weight or shape	0	1	2	3	4	5	6	7
d. Restrict or diet in order to control their weight	0	1	2	3	4	5	6	7
e. Exercise hard in order to control their weight	0	1	2	3	4	5	6	7

* Sticking something down their throat (like their fingers), using medicines that make them vomit, or vomiting by thinking about it