

## ACORN Assessment Tool ACORN Eating Disorder Inventory

	Patient Name	DOB	Female	Othor	
	Provider Name	Date	Male	Other	
(Cr	neck all that apply)				
	1. I think I am fat, even when friends, family or health professionals say I am not.				
	2. I avoid foods which I think have fat in them almost entirely or are repulsed by them.				
	3. I eat much more slowly and/or much less than others eat.				
	1. I have lost my period or my interest in sex.				
	5. I feel like I am in control when I am fasting or restricting food intake.				
	6. I almost never eat anything without estimating how many calories I am eating				
	7. I assume that being very thin is an important value in life. The thinner the better.				
	8. I have tried to eat more food to sustain a healthy weight and have been unable to continue doing so.				
	9. I think that being too thin is not as bad as being too fat.				
	10. I have gotten light headed or weak from not eating or restricting my food.				
		# of	Checked Boxes fi	rom 1- 10	
	11. I see myself as someone who binges ar	nd purges food.			
	12. I have increased the number of times I purge by vomiting.				
	3. I used diuretics to try to control my weight.				
	<ol> <li>I exercise hard more than an hour a day when I don't.</li> </ol>	y to control weight a	and feel deprived o	or guilty	
	5. I am almost always on a diet.				
	6. I used laxatives to get rid of food when I was not constipated.				
	7. I have tried to stop purging and have been unable to stay stopped.				
	18. I don't tell my parents, friends or health	3. I don't tell my parents, friends or health professionals how much I binge or purge.			
	9. I am obsessed with thinking that my body needs to be different or better.				
	20. I admit that I have caused myself some	physical harm by p	urging and I still do	o it.	
		# of	Checked Boxes fr	om 11-20	



## **ACORN Eating Disorder Inventory**

(Ch	eck all that apply) (page 2 of 2)		
	21. I eat when I am not hungry.		
	22. I sometimes eat much faster and/or much more than others eat.		
	23. I isolate from others so that I can eat the way want.		
	24. I graze or snack frequently between meals.		
	25. I sometimes think I will eat moderately and then eat much more than I expected to eat.		
	26. I use food to numb difficult feelings.		
	27. I have tried to stop bingeing and been unable to stay sstopped.		
	28. I am obsessive in the way I think about food.		
	29. I think weight causes me serious physical and social problems and I still overeat.		
	30. I can overeat on almost any food.		
	# of Checked Boxes from 21- 30		
	TOTAL:		

## If you checked:

three or more in 1-10, you have symptoms of anorexia; three or more in 11-20, you have symptoms of bulimia; and three or more in 21-30, you have symptoms of binge-eating disorder and/or possibly food addiction.

If you have checked five to ten in any category, your eating disorder is advanced and very serious.



NOTES: