

Self-Test for Food Addiction (Gearhardt et al. 2009)

1. How often do you find yourself consuming certain foods even though you are no longer hungry?
 1. Fewer than four times a week
 2. More than four times a week
2. How often do you worry that you should cut down on eating certain foods?
 1. Fewer than four times a week
 2. More than four times a week
3. How often do you feel sluggish or fatigued from overeating?
 1. Less than twice a week
 2. More than twice a week
4. How often do negative feelings about overeating interfere with important activities, such as work, recreation, or spending time with family and friends?
 1. Less than twice a week
 2. More than twice a week
5. How often do you experience physical withdrawal symptoms like agitation and anxiety when you cut back on certain foods (excluding coffee, tea, cola, or other caffeinated beverages and foods)?
 1. Less than twice a week
 2. More than twice a week
6. Does your behavior with respect to food and eating cause you significant distress? If yes, how often:
 1. Less than twice a week
 2. More than twice a week
7. How often do your issues related to food and eating decrease your ability to function effectively (daily routine, job or school, social or family activities, health issues)?
 1. Less than twice a week
 2. More than twice a week

In the past twelve months:

8. Do you keep consuming the same types or amounts of food despite significant emotional or physical problems related to your eating?

a. Yes b. No
9. Does eating the same amount of food fail to reduce negative emotions or increase pleasurable feelings the way it used to?

a. Yes b. No

To qualify as having a food addiction:

1. You must have answered “b” for *either* question 6 or 7, plus
2. You must have selected “b” or answered “yes” at least three times for questions 1–5 and 8–9 respectively.