

Eating and Body Image Inventory

This exploratory questionnaire describes a person's relationship with food and with their body: body dissatisfaction, the place of weight and shape in self-esteem, dietary restriction and food rules, loss of control over eating, emotional eating, compensatory behaviors, and body checking and avoidance. Built on the transdiagnostic model of eating disorders, it helps identify the mechanisms that keep the difficulty going and the behaviors that call for a medical opinion.

Number of questions	28 questions
Estimated duration	7 minutes
Language	English
Original name	Eating and Body Image Inventory
Target audience	Adults
Category	Body image, Eating disorders

Preview of the 28 questions

Over the past month, how often has this been true for you?

I feel uncomfortable in my body.

Never | Rarely | Sometimes | Often | Very often

Over the past month, how often has this been true for you?

I feel like my worth depends on how I look.

Never | Rarely | Sometimes | Often | Very often

Over the past month, how often has this been true for you?

I stop myself from eating even when I'm hungry.

Never | Rarely | Sometimes | Often | Very often

Over the past month, how often has this been true for you?

I keep eating even though I want to stop.

Never | Rarely | Sometimes | Often | Very often

Over the past month, how often has this been true for you?

I eat to calm myself down when I'm stressed or upset.

Never | Rarely | Sometimes | Often | Very often

Administer your questionnaires online

Send your patient a link: they answer from their phone or computer, and you receive the scored results by email.

View the questionnaire on mentaal.org ›

Scoring & interpretation

Scoring

Each statement is scored from 0 (never) to 4 (very often) based on its frequency over the past month. Each domain combines 4 statements spread throughout the questionnaire, giving a score from 0 to 16.

Reading the profile

There is no total score. Domains are ranked from most to least elevated, each with a description of what it covers and points to explore in the interview. The profile distinguishes body-related concerns (dissatisfaction, the place of weight and shape, checking and avoidance) from eating behaviors (restriction, loss of control, emotional eating, compensatory behaviors). In the transdiagnostic model, the importance placed on weight and shape maintains restriction, which in turn promotes loss-of-control eating and compensatory behaviors. Marked emotional eating without restriction points instead toward work on emotion regulation.

Clinical cautions

In the "Compensatory behaviors" domain, each statement describes a different behavior: a single answer other than "Never" warrants discussing it in the interview, even if the domain score remains low. The questionnaire records neither weight nor weight change. When restriction or compensatory behaviors are present, the interview looks for rapid or substantial weight loss, fainting spells, palpitations, cramps, or missed periods, and the person is referred to a physician for an examination and blood work (vomiting and laxatives can lower potassium, which is dangerous for the heart). In a person with diabetes, also ask whether they cut back their insulin doses to control their weight. The questionnaire contains no questions about suicidal thoughts or self-harm, which are more common in eating disorders: these are assessed in the interview.

Limitations

This exploratory questionnaire has not undergone psychometric validation and has no cutoffs. It supports the clinical interview and does not provide a diagnosis.

Scoring example

Scoring

Body dissatisfaction 12 / 16

Dissatisfaction with one's body, weight, shape, or certain body parts.

Areas to explore: the body parts involved, where the dissatisfaction comes from (comments, teasing, comparisons, changes in the body), the role of social media.

See also: BSQ-34, MBSRQ.

Body checking and avoidance 12 / 16

Repeated checking of the body (weighing, mirrors) or, conversely, avoidance of one's own image and of other people seeing one's body.

Areas to explore: the checking and what it triggers, the situations avoided (swimming pools, the beach, photos, intimacy), the impact on social life.

See also: SIBID, BI-AAQ.

Compensatory behaviors 11 / 16

Behaviors meant to make up for what one has eaten or to control weight: self-induced vomiting, laxatives, diuretics or appetite suppressants, compulsive exercise, fasting.

Areas to explore: each behavior present, how often it occurs and how long it has been going on, associated physical signs, current medical follow-up.

See also: BITE, EDE-Q.

Restriction and food rules 10 / 16

Efforts to limit what one eats (ignoring hunger, forbidden foods, counted amounts) and guilt when eating more than planned.

Areas to explore: the rules followed (foods, amounts, times), what happens when they are broken, weight changes and physical signs of malnutrition.

See also: EDE-Q, DEBQ.

Weight, shape, and self-esteem 8 / 16

Weight and shape at the center of how the person judges themselves, fear of gaining weight.

Areas to explore: the other areas that matter in the person's life, how long appearance has held this place, what the person expects from a change in their body.

See also: EDE-Q, Self-Esteem Inventory.

Loss of control over eating 8 / 16

Episodes in which the person eats a large amount of food with the feeling of being unable to stop.

Areas to explore: how often the episodes occur and how they unfold, what comes before them (restriction, emotion, being alone), what follows (shame, compensation).

See also: BES.

Emotional eating 3 / 16

Eating to soothe an emotion (stress, boredom, loneliness, sadness) rather than out of hunger.

Areas to explore: the emotions and times that trigger the urge to eat, the other ways the person has of soothing themselves, the link with loss of control.

See also: DEBQ, DERS.

No validated clinical or psychometric cutoffs have been established for this test yet. The results should therefore be considered exploratory indicators, meant to support the clinical interview, not diagnostic findings.

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 Emily T. - Online CBT Psychologist