

Food Cravings Questionnaire-Trait (FCQ-T)

The FCQ-T is a multidimensional self-report questionnaire designed to measure the habitual tendency toward intense food cravings. It explores not only the frequency of food cravings, but also intrusive food-related thoughts, expectations of pleasure or emotional relief, loss of control, contextual triggers, the physiological component, and associated guilt. It is particularly useful in clinical psychology and in research on eating disorders, binge eating, obesity, and impulsive eating behaviors.

Number of questions	39 questions
Estimated duration	5 minutes
Language	English
Original name	Food Cravings Questionnaire-Trait
Target audience	Adults
Authors	Antonio Cepeda-Benito, David H. Gleaves, Tara L. Williams, Stephen A. Erath (2000)
Category	Eating disorders

Preview of the 39 questions

When I crave something, I know I won't be able to stop eating once I start.

1 - Never | 2 | 3 | 4 | 5 | 6 - Always

If I eat what I am craving, I often lose control and eat too much.

1 - Never | 2 | 3 | 4 | 5 | 6 - Always

Food cravings invariably make me think of ways to get what I want to eat.

1 - Never | 2 | 3 | 4 | 5 | 6 - Always

I feel like I have food on my mind all the time.

1 - Never | 2 | 3 | 4 | 5 | 6 - Always

I find myself preoccupied with food.

1 - Never	2	3	4	5	6 - Always

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

Each item is scored from 1 to 6, from never or not applicable to always. The total score is obtained by summing the 39 responses. No items are reverse-scored. The total score ranges from 39 to 234, with a higher score indicating more frequent, more intense, and more intrusive food cravings. The original version also allows scores to be calculated for nine clinical dimensions, including intentions to eat, anticipation of positive reinforcement, relief from negative affect, loss of control, preoccupation with food, physiological state, emotions, triggering cues, and guilt. There is no universally accepted diagnostic cutoff for the full version, so interpretation must be based on the clinical context, normative comparisons when available, and within-person change over time.

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 Laura V. - Online Psychologist