

ELI

Essen Quality of Life Index for Eating Disorders

ID Code/Name: _____

Age: _____

Gender: _____

Profession: _____

Height: _____

Weight: _____

Date: _____

Instructions: The following questions are about your eating behavior and/or your weight. Please read each question carefully and select the answer that best describes your experience over the **last 4 weeks**. As you respond to the questions, keep in mind that there are no “right” or “wrong” answers. Please respond as best as you can on the following answer scale: **0** = “never”, **1** = “rarely”, **2** = “sometimes”, **3** = “often”, **4** = “always”. Please take your time to read and answer all of the questions.

During the last 4 weeks:

How frequently did your eating behavior or your weight lead you to ...

	never	rarely	some- times	often	always
1. ... be afraid of gaining weight?	①	①	②	③	④
2. ... think little of yourself?	①	①	②	③	④
3. ... feel less rested after waking up?	①	①	②	③	④
4. ... experience stomach or gastrointestinal discomfort?	①	①	②	③	④
5. ... have increased circulatory problems?	①	①	②	③	④
6. ... have problems with sexual functioning?	①	①	②	③	④
7. ... have difficulties in your relationship, or to believe that you will never be able to have a relationship?	①	①	②	③	④
8. ... feel uncomfortable in your own body?	①	①	②	③	④
9. ... feel like thoughts about food and weight control your daily life?	①	①	②	③	④
10. ... feel better when you were unwell?	①	①	②	③	④