

**Atlanta Center for Eating Disorders  
Initial Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

In your own words, please briefly explain why you are seeking treatment at this time.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are here primarily because someone else has encouraged you to be here, please briefly state what you think their concerns and goals are for you.

\_\_\_\_\_  
\_\_\_\_\_

Give a brief history of your problems: first symptoms, severity, periods of relief.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any other symptoms or related problems? (anxiety, depression, obsessions, compulsions, relationship problems, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Have you had any previous therapy or treatment? Describe briefly, including what was most and least helpful.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your relationship with the following people (past and present):

Mother:

Past: \_\_\_\_\_

Present: \_\_\_\_\_

Father:

Past: \_\_\_\_\_

Present: \_\_\_\_\_

Sister(s):

Past: \_\_\_\_\_

Present: \_\_\_\_\_

Brother(s):

Past: \_\_\_\_\_

Present: \_\_\_\_\_

Is there any family history of emotional problems, addictions, or major physical problems? Please describe:

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Have you experienced any traumatic events, past or present? (deaths, accidents, loss, abuse).

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With whom do you live? \_\_\_\_\_  
How are your relationships with the persons living with you? \_\_\_\_\_

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On a scale of 1-10, how would you rate the current quality of your life? (circle #)

10      9      8      7      6      5      4      3      2      1      0  
excellent      very good      good      Fair      not so good      poor      miserable

Please list the number and names of any children you have had or raised.

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How would you describe the quality of the relationships with these children?

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What is your marital history and how would you describe the quality of this (these) relationship(s).

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Describe your leisure time (what you do with free time, hobbies, how much time spent in leisure)

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How would you describe your sexual preference? \_\_\_\_\_

Are you experiencing any problems in this area? \_\_\_\_\_

Are you experiencing any occupational difficulties? \_\_\_\_\_

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What is your current eating pattern?

Good Day \_\_\_\_\_

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Bad Day \_\_\_\_\_

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Do you have a spiritual/religious background? \_\_\_\_\_

What is your current involvement? \_\_\_\_\_

Do you want to use your spiritual/religious faith as part of your recovery process?

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Cultural Background: (race, ethnicity, family traditions) \_\_\_\_\_

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Are there any cultural practices linked to your racial/ethnic background that are important to you and that might impact your treatment/recovery?

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Please describe the goals you hope to achieve through treatment (stopping symptoms, learning skills, decreasing perfectionism, etc.).

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Do you already have preferences related to treatment (level of care, days available, types of groups, etc)?

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Please indicate what you see as strengths or abilities that you have which may help you in your recovery process (personality traits, motivation, spirituality, friends and family support, social skills, work skills, talents or hobbies, etc)

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## Nutrition Information Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_

1. Have you seen a Dietitian or Nutritionist before? \_\_\_\_\_ YES \_\_\_\_\_ NO

2. Do you still see this person? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name: \_\_\_\_\_ Location: \_\_\_\_\_

3. If YES, do you still plan to continue with this person? \_\_\_\_\_ YES \_\_\_\_\_ NO

4. Would you give permission for us to contact this person? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please provide (if available) a phone number: \_\_\_\_\_

5. Are you currently experiencing any of the following nutrition related problems:

_____ Recent weight loss/gain (change of 3-5 pounds in two weeks or less)	
_____ Loss of appetite	_____ Hair loss
_____ Diarrhea/Constipation	_____ Skipping a Period
_____ Extreme Fatigue	_____ Bruising Easily

6. Have you had a history of any of the above? \_\_\_\_\_ YES \_\_\_\_\_ NO

7. Have you had recent blood work done (within the past 3 months)? \_\_\_\_\_ YES \_\_\_\_\_ NO

8. Have you been struggling with putting your own menu together? \_\_\_\_\_ YES \_\_\_\_\_ NO

9. Have you been avoiding shopping for yourself? \_\_\_\_\_ YES \_\_\_\_\_ NO

10. Have you been avoiding dining out experiences? \_\_\_\_\_ YES \_\_\_\_\_ NO

11. Do you think you could benefit from a dietitian with any of the above?

\_\_\_\_\_ YES \_\_\_\_\_ NO

12. Are you interested in an individual nutrition consultation? \_\_\_\_\_ YES \_\_\_\_\_ NO

13. Are you interested in receiving education in the ongoing nutrition therapy group?

\_\_\_\_\_ YES \_\_\_\_\_ NO

14. What are the best days for you to schedule individual appointments?

\_\_\_\_\_

## Adolescent Psychological/Social History

Instructions: Answer the following questions as they apply to you. Circle the right answers. Some answers may not apply, therefore do not mark anything. Some questions will have more than one answer, so circle all that apply. Put a check mark by any answers you want to discuss.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

1. What is your race? (1 answer)
  1. African American/Black
  2. Asian
  3. Caucasian/White
  4. Latin
  5. Mexican American
  6. Mixed Race
  7. Native American
  8. Other
2. Who primarily raised you? (1 answer)
  1. Natural parents
  2. Father only
  3. Mother only
  4. Father and Stepmother
  5. Mother and Stepfather
  6. Adoptive Parents
  7. Foster Parents
  8. Institutional caretakers
  9. Aunt and/or Uncle
  10. Brother and/or Sister
  11. Maternal Grandparent(s)
  12. Paternal Grandparent(s)
  13. Other
3. How would you characterize your childhood? (answer all that apply)
  1. Happy
  2. Frightening
  3. Unhappy
  4. Dull
  5. Hard to remember
  6. Secure
  7. Painful
  8. Regimented
4. Which descriptor(s) characterize your mother (maternal caretaker)? (answer all that apply)
  1. Warm
  2. Distant
  3. Uncaring
  4. Strict
  5. Unpleasant
  6. Rejecting
  7. Overprotective
  8. Domineering
  9. Abusive
  10. Faultfinding
  11. Understanding
  12. Perfect
  13. Affectionate
5. Which descriptor(s) characterize your father (paternal caretaker)? (answer all that apply)
  1. Warm
  2. Distant
  3. Uncaring
  4. Strict
  5. Unpleasant
  6. Rejecting
  7. Overprotective
  8. Domineering
  9. Abusive
  10. Faultfinding
  11. Understanding
  12. Perfect
  13. Affectionate
6. How would you describe your parents' (or parent substitutes') relationship with each other (answer all that apply)?
  1. Close
  2. Cold
  3. Ideal
  4. Violent
  5. Indifferent
  6. Full of conflict
  7. Hot and cold
  8. Reserved
  9. Distant
  10. Happy
  11. Domineering/submissive
  12. Loving
  13. Hostile
7. How many brothers and sisters do you have? (1 answer)
  1. One
  2. Two
  3. Three
  4. Four
  5. Five
  6. More than 5
  7. None
8. Which descriptor(s) characterize you as a child (to age 12)? (answer all that apply)
  1. Outgoing
  2. Shy
  3. Active
  4. Aggressive
  5. Awkward
  6. Happy
  7. Friendly
  8. Emotional
  9. Irresponsible
  10. Nervous
  11. Rebellious
  12. Serious
  13. Stubborn
  14. Unhappy
  15. Calm
  16. Temperamental
  17. Self-confident

9. What was your order of birth?
1. First
  2. Second
  3. Third
  4. Fourth
  5. Fifth
10. What were problems for you as a child (to age 12)? (answer all that apply)
1. None
  2. Getting along with mother
  3. Getting along with father
  4. Getting along with sibling(s)
  5. Getting along with peers
  6. Getting along with teachers
  7. Bed-wetting
  8. Nightmares
  9. Excessive worry/fear
  10. Academic
  11. Physical/medical problems
  12. Nerves
  13. Felt I was a burden to my parents
  14. Overweight
  15. Underweight
  16. Having my feeling hurt
  17. Fear of failure
11. What did your parents/caretakers argue about? (answer all that apply)
1. Money
  2. Discipline of children
  3. Relative(s) interfering
  4. Drinking
  5. Sex
  6. Jealousy
  7. Not taking care of the house
  8. Not being a good provider
  9. Never argued
  10. Other
12. What was your father's/paternal caretaker's occupation?
1. Homemaker
  2. Professional
  3. Owner of business
  4. Skilled craftsman
  5. Office worker
  6. Salesperson
  7. Skilled laborer
  8. Unskilled laborer
  9. Unemployed
  10. Disabled
  11. Government service
  12. Personal service (ex. hairstylist, maid)
  13. Military service
  14. Executive
  15. Does not apply
13. What was your mother's/maternal caretaker's occupation?
1. Homemaker
  2. Professional
  3. Owner of business
  4. Skilled craftsman
  5. Office worker
  6. Salesperson
  7. Skilled laborer
  8. Unskilled laborer
  9. Unemployed
  10. Disabled
  11. Government service
  12. Personal service (ex. hairstylist, maid)
  13. Military service
  14. Executive
  15. Does not apply
14. How would you describe your mother's/maternal caretaker's method of discipline? (1 answer)
1. Strict
  2. Fairly strict
  3. Fair
  4. Lenient
  5. Inconsistent
15. How would you describe your father's/paternal caretaker's method of discipline? (1 answer)
1. Strict
  2. Fairly strict
  3. Fair
  4. Lenient
  5. Inconsistent
16. What fears did you have as a child (answer all that apply)
1. No significant fears
  2. Death
  3. Might fall
  4. Might be seriously injured or become ill
  5. Strangers
  6. Might be laughed at
  7. Might be abandoned/lose my parents
  8. Animals
  9. Other children
17. How would you characterize your sexual experiences?
1. Does not apply
  2. Pleasant
  3. Neutral
  4. Unpleasant
18. How would you rate your intellectual ability?
1. Below average
  2. Average
  3. Above average
  4. Superior/gifted
19. Were you ever held back in school?
1. No
  2. Yes
20. In general, what grades do you make in school?
1. Mostly A's
  2. Mostly B's and A's
  3. Mostly C's
  4. Many D's and F's
21. Did you ever get in trouble while in school?
1. No
  2. Yes

22. Did you have any problems learning to read?
1. No
  2. Yes
23. Did you have any problems learning math?
1. No
  2. Yes
24. Did your peers ridicule, tease or make fun of you more than other kids?
1. No
  2. Yes
25. Rate your family's economic status during childhood and adolescence.
1. Poverty level
  2. Working class
  3. Middle class
  4. Upper middle class
  5. Wealthy
26. Who provided the main source of income for your family?
1. Mother
  2. Father
  3. Relative
  4. Social service (welfare, unemployment, or disability)
  5. A friend of the family
  6. Other
27. Did your parents/caretakers agree on how money should be spent?
1. Agreed most of the time
  2. Disagreed
  3. Disagreed frequently
28. Did your family experience any financial problems?
1. No
  2. Occasionally
  3. Often
29. Currently, how much money does the household that you live in earn?
1. Less than \$25,000
  2. \$25,000 to \$35,000
  3. \$35,000 to \$45,000
  4. \$45,000 to \$60,000
  5. \$60,000 to \$75,000
  6. \$75,000 to \$100,000
  7. \$100,000 to \$200,000
  8. \$200,000 to \$300,000
  9. More than \$300,000
30. Has your family had any major changes in income in the last two years?
1. No
  2. Decreased significantly
  3. Increased significantly
31. What is your family's current primary source of income?
1. My earnings
  2. My parents' earnings
  3. Relatives
  4. Disability payments
  5. Unemployment
  6. Welfare
  7. Investments
  8. Other
32. Do you have a job?
1. No
  2. Yes
33. How long have you been working at this job?
1. Less than 6 months
  2. 6 months to 1 year
  3. 1-3 years
  4. 3-5 years
  5. Does not apply
34. How many hours per week do you work?
1. 1 to 5
  2. 5 to 10
  3. More than 10
  4. Does not apply
35. In general, how do you enjoy your job?
1. Enjoyable
  2. Neutral
  3. Unenjoyable
  4. Does not apply
36. Have you ever been fired?
1. No
  2. Yes
37. What is the longest period of time you held one job?
1. Less than 1 month
  2. 1 to 6 months
  3. 6 months to 1 year
  4. 1 to 3 years
  5. 3 to 5 years
38. Do you have any problems at work?
1. No
  2. Yes
  3. Does not apply
39. What kinds of work have you performed in the past? (Answer all that apply)
1. Office worker
  2. Salesperson
  3. Skilled labor
  4. Unskilled labor
  5. Personal service (ex. childcare, maid)
  6. Service industry (ex. wait staff)
  7. Other
  8. Does not apply
40. Which of the following substances have you used? (Answer all that apply)
1. None
  2. Cocaine/Crack
  3. Hallucinogens (ex. LSD, mushrooms)
  4. Opium/heroin
  5. Tranquilizers without prescription (ex. Xanax, Klonopin)
  6. Pain killers without prescription (ex. Lortab, Codeine)
  7. Amphetamines without prescription (ex. Ritalin)
  8. Methamphetamines (ex. Crystal Meth, Ice)
  9. Marijuana
  10. Other
41. How would you describe your illegal drug use?
1. Never used drugs
  2. Once or twice a year
  3. Once or twice a month
  4. Once a week
  5. A couple of times a week
  6. Daily
  7. Used in the past

42. Have you ever felt there was a time when you drank too much alcohol?

1. No
2. Yes, on one occasion
3. Yes, on several occasions
4. Yes, on more than several occasions

43. On the average, how often do you drink alcohol?

1. Never
2. Once or twice a year
3. Once a month
4. Once a week
5. Several times a week
6. Daily

44. Have you ever been involved in an alcohol or drug treatment program?

1. No
2. Yes

45. Do either of your parents have a problem with drug and/or alcohol use?

1. No
2. Mother only
3. Father only
4. Both parents
5. The person(s) who raised me

46. Do you smoke cigarettes?

1. No, never have
2. No, I quit smoking
3. Yes, a pack a week or less
4. Yes, approximately one half pack a day
5. Yes, a pack a day
6. Yes, more than a pack a day

47. Have any family members experienced mental illness? (answer all that apply)

1. No
2. I have
3. Mother
4. Father
5. Sibling(s)
6. Grandparent(s)
7. Outside the immediate family (Aunt/Uncle/Cousin)

48. Did you have any bad illnesses as a child (ex. hospitalizations)?

1. No
2. Yes

49. Have you had any significant accidents in the last three years?

1. No
2. Yes

50. Have you had any major illnesses or hospitalizations in the last three years?

1. No
2. Yes

51. Rate your general level of health.

1. Excellent
2. Good
3. Fair
4. Poor
5. Extremely poor

52. What are your living arrangements?

1. Living with parents/relatives in their home
2. Living with friends in their home
3. Renting a home
4. Renting an apartment
5. Boarder
6. Living in a dorm
7. Other

53. Do you eat a balanced diet?

1. No
2. Yes

54. Do you participate in a regular exercise program?

1. No
2. Yes

55. How would you characterize your size? (1 answer)

1. Very thin
2. Thin
3. About average
4. A little overweight
5. Overweight
6. Very overweight

56. Which of the following have you experienced in the past two years? (answer all that apply)

1. Arrests
2. Change in health of family member
3. Marital separation of parents
4. Divorce of parents
5. Pregnancy
6. Death of a close friend
7. Death of a close family member
8. Either parent's remarriage
9. Change in financial status
10. Personal injury or illness
11. Gain of a new family member
12. Sex difficulties

57. How would you rate your ability to cope with life?

1. Very good
2. Good
3. Fair
4. Poor

58. How would you describe yourself? (answer all that apply)

1. Quiet
2. Outgoing
3. Talkative
4. Shy
5. Active
6. Aggressive
7. Temperamental
8. Self-confident
9. Wild
10. Carefree
11. Stubborn
12. Easygoing
13. Friendly
14. Smart
15. Impatient
16. Responsible
17. Rebellious
18. Serious
19. Unassertive

59. How would you describe your emotional state? (answer all that apply)

1. Tense
2. Depressed
3. Forgetful
4. Sad
5. Worried
6. Fearful
7. Angry
8. Unenthusiastic
9. Confused
10. Disappointed
11. Regretful
12. Irritable
13. Calm
14. Scared
15. Hyperactive
16. Nervous
17. Happy
18. Distrustful
19. None of the above

60. Have you ever had legal problems?

1. No
2. Arrested
3. Convicted

61. What is the primary problem bothering you?

1. Eating Disorder
2. Family
3. Loneliness
4. Moodiness
5. Depression
6. Anxiety
7. Self-confidence
8. Physical (ill, tired)
9. Alcohol
10. Drugs
11. Sex
12. Memory
13. Work
14. Other

62. How long ago did you begin to be troubled by this problem?

1. Within the past month
2. Between 1 and 6 months
3. Between 6 and 12 months
4. Between 1 and 2 years
5. Between 2 and 5 years
6. Between 5 and 10 years
7. Over 10 years
8. All my life
9. Does not apply

63. Rate the degree to which this problem has affected your life.

1. Very little
2. A little
3. A fair amount
4. A good deal
5. A great deal
6. Does not apply

64. How often do you experience this problem?

1. Many times a day
2. Several times a day
3. Daily
4. Several times a week
5. Once a week
6. Several times a month
7. Monthly
8. Several times a year
9. Less than once a year
10. Does not apply

65. Please describe your sleep within the past month. (answer all that apply)

1. Trouble falling asleep
2. Trouble staying asleep/interrupted sleep
3. Difficulty waking up
4. Nightmares
5. Must use sleeping medication to help sleep
6. Excessively fatigued
7. Sleep schedule is off (ex. stay up at night, sleep during day)

66. What other kinds of problems are bothering you? (answer all that apply)

1. Eating Disorder
2. Family
3. Loneliness
4. Moodiness
5. Depression
6. Anxiety
7. Self-confidence
8. Physical (ill, tired)
9. Alcohol
10. Drugs
11. Sex
12. Memory
13. Work
14. Other

Thank you.

8/09