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## Bulimic Investigatory Test, Edinburgh (BITE)

<i>Question</i>	<i>Score</i>
1. Do you have a regular eating pattern? Yes = 0, No = 1	_____
2. Are you a strict dieter? Yes = 1, No = 0	_____
3. Do you feel a failure if you break your diet once? Yes = 1, No = 0	_____
4. Do you count the calories of everything you eat, even when not on a Diet? Yes = 1, No = 0	_____
5. Do you ever fast for a whole day? Yes = 1, No = 0	_____
6. If yes how often is this? Have once = 1; now and then = 2; once a week = 3; 2-3 times a week = 4; every second day = 5	_____
7. Do you do any of the following to help you lose weight? (a) Take diet pills; (b) Take diuretics (water tablets) (c) Take laxatives; (d) Make yourself vomit; Never = 0; occasionally = 2; once a week = 3; 2-3 times a week = 4; daily = 5; 2-3 times a day = 6; 5+ times a day = 7	_____ _____ _____ _____
8. Does your pattern of eating severely disrupt your life? Yes = 1, No = 0	_____
9. Would you say that food dominates your life? Yes = 1, No = 0	_____
10. Do you ever eat and eat until you are stopped by physical discomfort? Yes = 1, No = 0	_____
11. Are there times when all you think about is food? Yes = 1, No	_____
12. Do you eat sensibly in front of others and make up in private? Yes = 1, No = 0	_____

13. Can you always stop eating when you want to? Yes = 0, No = 1 \_\_\_\_\_
14. Do you experience overpowering urges to eat and eat and eat?  
Yes = 1, No = 0 \_\_\_\_\_
15. When you are feeling anxious do you tend to eat a lot? Yes=1, No=0 \_\_\_\_\_
16. Does the thought of becoming fat terrify you? Yes = 1, No = 0 \_\_\_\_\_
17. Do you ever eat large amounts of food rapidly (not a meal)?  
Yes = 1, No = 0 \_\_\_\_\_
18. Are you ashamed of your eating habits? Yes =1, No = 0 \_\_\_\_\_
19. Do you worry that you have no control over how much you eat?  
Yes=1, No=0 \_\_\_\_\_
20. Do you turn to food for comfort? Yes = 1, No = 0 \_\_\_\_\_
21. Are you able to leave food on the plate at the end of a meal?  
Yes = 0, No = 1 \_\_\_\_\_
22. Do you deceive other people about how much you eat? Yes = 1, No = 0 \_\_\_\_\_
23. Does how hungry you feel determine how much you eat?  
Yes = 0, No = 1 \_\_\_\_\_
24. Do you ever binge on large amounts of food? Yes = 1, No = 0 \_\_\_\_\_
25. If yes do such binges leave you feeling miserable? Yes = 1, No = 0 \_\_\_\_\_
26. If you do binge, is this only when you are alone? Yes = 1, No =0 \_\_\_\_\_
27. If you do binge how often is this? Hardly ever = 1; once a month = 2;  
once a week = 3; 2-3 times a week = 4; daily = 5; 2-3 times a day = 6 \_\_\_\_\_
28. Would you go to great lengths to satisfy an urge to binge?  
Yes = 1, No = 0 \_\_\_\_\_
29. If you over eat do you ever feel very guilty? Yes = 1, No = 0 \_\_\_\_\_
30. Do you ever eat in secret? Yes = 1, No = 0 \_\_\_\_\_
31. Are your eating habits what you would consider to be normal?  
Yes = 0, No = 1 \_\_\_\_\_

32. Would you consider yourself to be a compulsive eater? Yes = 1, No = 0 \_\_\_\_\_

33. Does your weight fluctuate by more than 5 pounds in a week?  
Yes = 1, No = 0 \_\_\_\_\_

### **Scoring**

The total of score for all questions will give you a **symptom score** - a score of 15 or above indicates that you have a lot of the thoughts and attitudes consistent with an eating disorder.

The total score for questions 6, 7, and 27 will give you a **severity index** - a score of 5 or above signifies an eating disorder.