



Yale Food Addiction Scale

This survey asks about your eating habits in the past year. People sometimes have difficulty controlling their intake of certain foods such as:

- Sweets like ice cream, chocolate, doughnuts, cookies, cake, candy, ice cream
- Starches like white bread, rolls, pasta, and rice
- Salty snacks like chips, pretzels, and crackers
- Fatty foods like steak, bacon, hamburgers, cheeseburgers, pizza, and French fries
- Sugary drinks like soda pop

When the following questions ask about “CERTAIN FOODS” please think of ANY food similar to those listed or ANY OTHER foods you have had a problem with in the past year.

IN THE PAST 12 MONTHS:	Never	Once /month	2-4 times /month	2-3 times /week	4 or more times /daily
1. I find that when I start eating certain foods, I end up eating much more than planned					
2. I find myself continuing to consume certain foods even though I am no longer hungry					
3. I eat to the point where I feel physically ill					
4. Not eating certain types of food or cutting down on certain types of food is something I worry about					
5. I spend a lot of time feeling sluggish or fatigued from overeating					
6. I find myself constantly eating certain foods throughout the day					
7. I find that when certain foods are not available, I will go out of my way to obtain them. For example, I will drive to the store to purchase certain foods even though I have other options available to me at home.					
8. There have been times when I consumed certain foods so often or in such large quantities that I started to eat food instead of working, spending time with my family or friends, or engaging in other important activities or recreational activities I enjoy.					
9. There have been times when I consumed certain foods so often or in such large quantities that I spent time dealing with negative feelings from overeating instead of working, spending time with my family or friends, or engaging in other important activities or recreational activities I enjoy.					

10. There have been times when I avoided professional or social situations where certain foods were available, because I was afraid I would overeat.					
11. There have been times when I avoided professional or social situations because I was not able to consume certain foods there.					
12. I have had withdrawal symptoms such as agitation, anxiety, or other physical symptoms when I cut down or stopped eating certain foods. (Please do NOT include withdrawal symptoms caused by cutting down on caffeinated beverages such as soda pop, coffee, tea, energy drinks, etc.)					
13. I have consumed certain foods to prevent feelings of anxiety, agitation, or other physical symptoms that were developing. (Please do NOT include consumption of caffeinated beverages such as soda pop, coffee, tea, energy drinks, etc.)					
14. I have found that I have elevated desire for or urges to consume certain foods when I cut down or stop eating them.					
15. My behavior with respect to food and eating causes significant distress.					
16. I experience significant problems in my ability to function effectively (daily routine, job/school, social activities, family activities, health difficulties) because of food and eating.					

IN THE PAST 12 MONTHS:	No	Yes			
17. My food consumption has caused significant psychological problems such as depression, anxiety, self-loathing, or guilt.					
18. My food consumption has caused significant physical problems or made a physical problem worse.					
19. I kept consuming the same types of food or the same amount of food even though I was having emotional and/or physical problems.					
20. Over time, I have found that I need to eat more and more to get the feeling I want, such as reduced negative emotions or increased pleasure.					
21. I have found that eating the same amount of food does not reduce my negative emotions or increase pleasurable feelings the way it used to.					
22. I want to cut down or stop eating certain kinds of food.					
23. I have tried to cut down or stop eating certain kinds of food.					
24. I have been successful at cutting down or not eating these kinds of food					
IN THE PAST 12 MONTHS:	1 or fewer times	2 times	3 times	4 times	5 or more times
25. How many times in the past year did you try to cut down or stop eating certain foods altogether?					

Source: Gearhardt, A.N., Corbin, W.R., & Brownell, K.D. (2009).