

Yale Food Addiction Scale

Developed by Gearhardt, A.N., Corbin, W.R., & Brownell, K.D. (2009)

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NAME

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DATE

Important:

- This is a tool that can be used to begin a coaching conversation and increase the client's awareness of their own feelings, thoughts, behaviors, and experiences.
- Unless you are professionally qualified to do so, you cannot engage in clinical assessment or directly counsel and/or offer targeted therapy to a client with disordered eating.
- Make sure to refer out if you and your client feel there may be a more serious problem with this or any other addictive-type behaviors.

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, donuts, 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 in the food group or ANY OTHER foods you have had a problem with in the past year.

In the past 12 months:

	NEVER	ONCE A MONTH	2-4 TIMES A MONTH	2-3 TIMES A WEEK	4 OR MORE TIMES A WEEK, OR DAILY
1. I find that when I start eating certain foods, I end up eating much more than planned.	0	1	2	3	4
2. I find myself continuing to consume certain foods even though I am no longer hungry.	0	1	2	3	4
3. I eat to the point where I feel physically ill.	0	1	2	3	4
4. Not eating certain types of food or cutting down on certain types of food is something I worry about.	0	1	2	3	4
5. I spend a lot of time feeling sluggish or fatigued from overeating.	0	1	2	3	4
6. I find myself constantly eating certain foods throughout the day.	0	1	2	3	4
7. I find that when certain foods are not available, I will go out of my way to get them. For example, I will drive to the store to buy certain foods even though I have other options available to me at home.	0	1	2	3	4
8. There have been times when I ate 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.	0	1	2	3	4
9. There have been times when I ate 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.	0	1	2	3	4
10. There have been times when I avoided professional or social situations where certain foods were available, because I was afraid I would overeat.	0	1	2	3	4

11.	There have been times when I avoided professional or social situations because I was not able to eat certain foods there.	0	1	2	3	4
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.)	0	1	2	3	4
13.	I have eaten 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.)	0	1	2	3	4
14.	When I cut down on or stop eating certain foods, I find I want them more, and/or more strongly.	0	1	2	3	4
15.	My food and eating behavior causes significant distress.	0	1	2	3	4
16.	Food and eating causes me significant problems in my ability to function effectively (daily routine, job/school, social activities, family activities, health difficulties).	0	1	2	3	4

In the past 12 months:

		NO	YES
17.	My food consumption has caused significant psychological problems such as depression, anxiety, self-loathing, or guilt.	0	1
18.	My food consumption has caused significant physical problems or made a physical problem worse.	0	1
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.	0	1
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.	0	1
22.	I want to cut down or stop eating certain kinds of food.	0	1

23.	I have tried to cut down or stop eating certain kinds of food.	0	1			
24.	I have been successful at cutting down or not eating these kinds of foods.	0	1			
25.	I find that when I start eating certain foods, I end up eating much more than planned.	1 OR FEWER TIMES	2 TIMES	3 TIMES	4 TIMES	5 OR MORE TIMES

Reference: Gearhardt, A.N., Corbin, W.R., & Brownell, K.D. (2009). Preliminary validation of the Yale Food Addiction Scale. *Appetite*, 52, 430-436.

How to understand the Yale Food Addiction Scale

The Yale Food Addiction Scale is a measure that has been developed to explore behaviors that are similar to symptoms for substance dependence as stated in the *Diagnostic and Statistical Manual of Mental Disorders (DSM) IV-R*:

1. Taking in more a substance, and for longer, than intended or preferred (Questions #1, #2, #3)
2. A persistent desire or repeated unsuccessful attempts to quit the unwanted substance or behavior (Questions #4, #22, # 24, #25)
3. Spending a lot of time or effort to obtain, use, and/or recover from the substance or behavior (Questions #5, #6, #7)
4. The person has given up or reduced important social, occupational, or recreational activities because of the substance or behavior (Questions #8, #9, #10, #11)
5. The person keeps consuming the substance or doing the behavior, despite knowing about adverse consequences, e.g. feeling ill. (Question #19)
6. It takes more and more of the substance or behavior to soothe the person or create the desired effects, and often the substance or behavior doesn't quite "do the job" any more (Questions #20, #21)
7. Characteristic withdrawal symptoms; somehow the person attempts to relieve withdrawal (Questions #12, #13, #14)
8. The substance or behavior causes clinically significant impairment or distress (Questions #15, #16)