

# Yale Food Addiction Scale

COACH

## How to use this questionnaire

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.

- The first two pages (coach section) are guidance for you as the coach to use and interpret the results of the client survey.
- Scoring is at the end of this section.
- The second two pages (client section) are the Eating Habits Survey that your client is to fill out.
- Clients can complete this section on their own, or you can fill out together as a discussion starter.

### **You can use this questionnaire to identify areas of coaching focus.**

By using many of the Level 1 skills and practices (such as those found in ProCoach), you can help your clients address specific areas or actions that they might like to improve.

For instance, learning to identify physical hunger cues or eat slowly can help clients regulate their food intake. Or, if a client struggles in particular situations (such as social events), you can work together to come up with a “game plan” for those situations.

### **You can use this questionnaire to track progress.**

Over time, as clients work with you, they may still do many of these behaviors, but less often (and the urge to do them may feel less strong). **This is progress!**

Consider using this questionnaire every 3-6 months to identify possible changes.

### **IMPORTANT: Do not use this as a diagnostic tool.**

**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.**

Refer out to a licensed healthcare professional if you and your client feel there may be a more serious problem with this or any other addictive-type behaviors.

## What is 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, such as feeling compelled to do a particular behavior, or feeling a sense of withdrawal when not doing the behavior.

This is a shorter version of the full questionnaire — the Modified YFAS 2.0.

### What do scores mean?

When used in clinical practice, there are precise ways to score this questionnaire to see if someone is struggling with a serious issue. Here, we can think more generally.

- How many of the behaviors listed in the questionnaire does someone do?
- How often do they do each behavior?

**The more behaviors a person does, more often, the more likely they are to have a food use disorder.**

Thus, the higher the total score, the more you might consider referring your client to a qualified healthcare provider to support your coaching work together.

### 42 or above:

Refer your client to a qualified health professional. Have a compassionate conversation with your client to broach this.

### 12-41:

Your client likely has some compulsive behaviors with food. Consider proposing some skills such as Emotional Regulation and Self-Awareness (which you'll find in the ProCoach program and in the Level 1 Skills, Practices & Actions Cheat Sheet).

If your client can't make progress here even with a structured coaching program, strongly consider referring your client to a qualified health professional. Have a compassionate conversation with your client to broach this.

### 11 or below:

Your client is unlikely to have compulsive food behaviors. Return to the coaching process to determine other potential next steps to consider.

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

# Eating habits survey

.....  
NAME

DATE

## This survey asks about your eating habits in the past year.

This will help you open a conversation with your coach about:

1. your current food and eating habits;
2. what is going well; and
3. what, if anything, you might consider changing about your eating behaviors.

**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 or energy drinks

**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	LESS THAN MONTHLY	ONCE A MONTH	2-3 TIMES A MONTH	ONCE A WEEK	2-3 TIMES A WEEK	4-6 TIMES A WEEK	EVERY DAY
1. I ate to the point where I felt physically ill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I spent a lot of time feeling sluggish or tired from overeating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I avoided work, school or social activities because I was afraid I would overeat there.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If I had emotional problems because I hadn't eaten certain foods, I would eat those foods to feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My eating behavior caused me a lot of distress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I had significant problems in my life because of food and eating. These may have been problems with my daily routine, work, school, friends, family, or health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My overeating got in the way of me taking care of my family or doing household chores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I kept eating in the same way even though my eating caused emotional problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Eating the same amount of food did not give me as much enjoyment as it used to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I had such strong urges to eat certain foods that I couldn't think of anything else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. I tried and failed to cut down on or stop eating certain foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I was so distracted by eating that I could have been hurt (e.g., when driving a car, crossing the street, operating machinery).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My friends or family were worried about how much I overate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### TOTAL SCORE

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## What your score means

- The lower your score, the more likely you are to have a relatively uncomplicated relationship with food.
- The higher your score, the more likely you are to struggle with some food choices and eating-related behaviors.

### Notice in your responses:

- How *many* of the behaviors listed in the questionnaire do you do?

- How *often* do you do each behavior?

The more behaviors you do, more often, the more likely you are to have some issues with food and eating that are worth discussing with your coach.

Either way, consider sharing the results of this survey with your coach to open up a conversation.