

Weight Loss Management Center

Questionnaire on Eating and Weight Patterns- Revised (QEWP-R)

Thank you for completing this questionnaire.

Please circle the appropriate number or response, or write in information where asked.

1. During your *lifetime*, what has been your highest weight ever (*when not pregnant*)? _____ lbs.
2. How many times (*approximately*) have you lost 20 lbs. or more when you weren't sick and then gained it back?
 - a. Never
 - b. Once or twice
 - c. Three or four times
 - d. Five times or more
3. During the past *six months*, did you often eat within any two hour period what most people would regard as an unusually large amount of food? _____ Yes _____ No

IF NO: SKIP TO QUESTION 7

4. During the times when you ate this way, did you often feel you couldn't stop eating or control what or how much you were eating? _____ Yes _____ No

IF NO: SKIP TO QUESTION 7

5. During the past *six months*, how often, on average, did you have times when you ate this way- that is, large amounts of food *plus* the feeling that your eating was out of control? (*There may have been some weeks when it was not present-just average those in.*)
 - a. Less than one day a week
 - b. One day a week
 - c. Two to three days a week
 - d. Four or five days a week
 - e. Nearly every day
6. Did you *usually* have any of the following experiences during these occasions?
 - a. Eating much more rapidly than usual? _____ Yes _____ No
 - b. Eating until you felt uncomfortably full? _____ Yes _____ No
 - c. Eating large amounts of food when you didn't feel physically hungry?
_____ Yes _____ No
 - d. _____ Yes _____ No
 - e. Eating alone because you were embarrassed by how much you were eating?
_____ Yes _____ No
 - f. Feeling disgusted with myself, depressed, or feeling *very* guilty after overeating?
_____ Yes _____ No

PT.NO

NAME

DOB

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UW Medicine

Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

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7. In general, during the past *six* months, how upset were you by overeating (*eating more than you think is best for you?*)
- Not at all
 - Slightly
 - Moderately
 - Greatly
 - Extremely
8. In general, during the past *six* months, how upset were you by the feeling that you couldn't stop eating or control what or how much you were eating?
- Not at all
 - Slightly
 - Moderately
 - Greatly
 - Extremely
9. During the past *six* months, how important has your weight or shape been in how you feel about or evaluate yourself as a person--as compared to other aspects of your life, such as how you do at work, as a parent, or how you get along with other people?
- Weight and shape were *not very* important
 - Weight and shape *played a part* in how you felt about yourself
 - Weight and shape were *among the main things* that affected how you felt about yourself
 - Weight and shape were *the most important things* that affected how you felt about yourself
10. During the past *three* months, did you ever make yourself vomit in order to avoid gaining weight after binge eating? _____ Yes _____ No

IF YES: How often, an average was that?

- Less than once a week
- Once a week
- Two or three times a week
- Four or five times a week
- More than five times a week

11. During the past three months, did you ever take more than twice the recommended dose of laxatives in order to avoid gaining weight after binge eating?
_____ Yes _____ No

IF YES: How often an *average* was that?

- Less than once a week
- Once week
- Two or three times a week
- Four or five times a week
- More than five times a week

PT.NO- _____

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12. During the past *three* months, did you ever take more than twice the recommended dose of diuretics (*water pills*) in order to avoid gaining weight after binge eating?
 _____ Yes _____ No

IF YES: How often, on *average*, was that?

- a. Less than once a week
- b. Once a week
- c. Two or three times a week
- d. Four or five times a week
- e. More than five times a week

13. During the past *three* months, did you ever fast- Not eat anything at all for at least 24 hours in order to avoid gaining weight after binge eating? _____ Yes _____ No

IF YES: How often, on *average*, was that?

- a. Less than one day a week
- b. One day a week
- c. Two or three days a week
- d. Four or five days a week
- e. Nearly *every* day

14. During the past *three* months, did you ever exercise for more than an hour specifically in order to avoid gaining weight after binge eating?
 _____ Yes _____ No

IF YES: How often, on *average*, was that?

- a. Less than once a week
- b. Once a week
- c. Two or three times a week
- d. Four or five times a week
- e. More than five times a week

15. During the past *three* months, did you ever take more than twice the recommended dose of a diet pill in order to avoid gaining weight after binge eating?
 _____ Yes _____ No

IF YES: How often, on *average* was that?

- Less than once a week
- Once a week
- Two or three times a week
- Four or five times a week
- More than five times a week

Patient or Patient's Representative's Signature	Print Name	Date
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Adapted from: Spitzer RL, Yanovski SZ, Marcus MD. *Questionnaire on Eating and Weight Patterns-Revised (QEWP-R)*. New York, NY: New York State Psychiatric Institute; 1993

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