

Center for Weight Loss and Metabolic Surgery

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 the 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 you're 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. Eating alone because you were embarrassed by how much you were eating?
_____ Yes _____ No
 - e. Feeling disgusted with yourself, depressed, or feeling *very* guilty after overeating?
_____ Yes _____ No

PLACE PATIENT LABEL HERE

UW Medicine

Harborview Medical Center – University of Washington Medical Center
UW Neighborhood Clinics – Valley 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, 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

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 on *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

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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	Time
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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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