

# Recovery Pathways, LLC.

## Nutritional Risk Assessment

	Yes	No
1. Do you ever make yourself sick (vomit) because you feel uncomfortably full?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you worry you have lost control over how much you eat?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you recently lost or gained 10 lbs or more in a 3 month period?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you believe yourself to be fat when others say you are too thin?	<input type="checkbox"/>	<input type="checkbox"/>
5. Would you say that food dominates your life?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have food allergies? If so, please list.	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have significant changes in dental in the past year?	<input type="checkbox"/>	<input type="checkbox"/>

Each positive response (yes) is given 1 point. A score of 2 or more indicates a possible eating disorder and warrants further exploration.