



NAME:

DOB:

MR#:

HCL# :

Support Questionnaire



QEDI

LABEL

This is an optional form to help Melrose Center gather additional information about the individual coming in for an Initial Assessment. This form can be filled out by a parent, spouse, friend or other concerned person.

1) Name of person receiving assessment for an eating disorder at Melrose Center?

2) Who is filling out this form and what is your relationship to the person getting an assessment?

3) Please check any of the areas that concern you about this individual:

- Fights over food or during family meals
- Restricting, not eating, cutting food into small bits, hiding food
- Compulsive or excessive exercise; injuries due to this
- Hiding during meals, fears around eating with others
- Excessive eating / Binge Eating
- Purging (vomiting or laxative use)
- Supplements of any kind: diet pills, protein powders, hormone injections
- Physical appearance
- Depression, anxiety, isolation, irritability or other mood changes
- Compulsive behaviors
- Self-injurious behavior or suicidal thoughts
- Difficulty sleeping
- Alcohol or drug use
- Lack of resources for basic needs
- Legal issues
- Other _____

4) Describe any changes or events in the person's environment (new school, move, job loss, death in family, changes with friends, any changes in their relationships)?

5) Has the individual had significant changes in their academic, social or work performance in the past 6 months?

No Yes, if yes, please describe: _____

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|-------|-------|--------|
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6) Is anyone in the individual's household on a special diet including weight loss programs?
 No Yes, if yes, type of diet and reason for the special diet: _____

7) Has anyone in the family received eating disorder treatment?
 No Yes If yes, who? _____

8) Does anyone in the family have a history of an eating disorder?
 No Yes If yes, when and where? _____

9) Additional comments or concerns? Anything else you want us to know in order to help with our assessment?

| | | |
|--|--------------|------|
| Signature of person filling out the form | Printed name | Date |
|--|--------------|------|