Support Questionnaire

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: _____

_____

_____

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?

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Signature of person filling out the form	Printed name	Date