



# HCHS/SOL- Family Lifestyle Outcomes Research

Modified Yale Food Addiction (MFAE)

**QXQ**

**6/24/2019**

## **General Instructions**

The following questions ask about the mother's eating habits **IN THE PAST 12 months**.

People sometimes have difficulty controlling their intake of certain foods such as:

Sweets like ice cream, chocolate, doughnuts, cookies, cake, and candy  
Starches like white bread, rolls, pasta, and rice  
Salty snacks like chips, pretzels, and crackers  
Fatty foods like steak, bacon, hamburgers, cheeseburgers, pizza, and French fries  
Sugary drinks like soda pop

While the following questions are about the type of foods listed above, the participant should include ANY food similar to those listed above or ANY OTHER foods they have had a problem with in the past year.

## **QxQ Instructions**

Select one answer for each question.

Questions 1 – 5, answer choices are:

- 1 = Never
- 2 = Once a month
- 3 = 2-4 times a month
- 4 = 2 -3 times a week
- 5 = 4 or more times per week or daily

**IN THE PAST 12 MONTHS:**

1. I find myself consuming certain foods even though I am no longer hungry.
2. I worry about cutting down on certain foods.
3. I feel sluggish or fatigued from overeating.
4. I have spent time dealing with negative feelings from overeating certain foods, instead of spending time in important activities such as time with family, friends, work, or recreation.
5. I have had physical withdrawal symptoms such as agitation and anxiety when I cut down on certain foods. (Do NOT include caffeinated drinks: coffee, tea, cola, energy drinks, etc.).



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Questions 6 – 7, answer choices are:

0 = No

1 = Yes

**IN THE PAST 12 MONTHS:**

6. I kept consuming the same types or amounts of food despite significant emotional and/or physical problems related to my eating.
7. Eating the same amount of food does not reduce negative emotions or increase pleasurable feelings the way it used to.

Questions 8 – 9, answer choices are:

1 = Never

2 = Once a month

3 = 2-4 times a month

4 = 2-3 times a week

5 = 4 or more times per week or daily

**IN THE PAST 12 MONTHS:**

8. My behavior with respect to food and eating causes significant distress.
9. I experience significant problems in my ability to function effectively (daily routine, job/school, social activities, family activities, health difficulties) because of food and eating.