

Eating Disorder Screen for Primary Care (ESP) (Cotton et al, 2003)

1. Are you satisfied with your eating patterns? (A “yes” response is normal)
2. Do you ever eat in secret? (A “no” response is normal)
3. Does your weight affect the way you feel about yourself? (A “no” response is normal)
4. Do you currently suffer with or have you suffered in the past with an eating disorder?
(A “no” response is normal)