

CARBOHYDRATE ADDICTS DIET TEST

Answer "yes" or "no" to each question:

Circle Those You Answered
 "Yes" to and add them up

Name: _____ Date: _____

1. _____ I frequently get tired and/or hungry in the mid-afternoon. 4
2. _____ About an hour or two after eating a full meal that includes dessert, I often want more of the dessert. 5
3. _____ It is often harder for me to control my eating for the rest of the day if I have a breakfast, containing carbohydrates, than it would be if I had only coffee or nothing at all. 3
4. _____ When I want to lose weight, I find it easier not to eat for most of the day than to try to eat several small diet meals. 4
5. _____ Once I start eating sweets, starches, or snack foods, I often have a difficult time stopping. 3
6. _____ I would rather have an ordinary meal that included dessert than a gourmet meal that did not include dessert. 3
7. _____ After finishing a full meal, I sometimes feel as if I could go back and eat the whole meal again. 5
8. _____ A meal of only meat and vegetables (no potato) often leaves me feeling unsatisfied. 3
9. _____ If I'm feeling down, a snack of cake or cookies makes me feel better. 3
10. _____ If potatoes, bread, pasta, or dessert are on the table, I will often skip eating vegetables or salad. 3
11. _____ I get a sleepy, almost "drugged" feeling after eating a large meal containing bread or pasta or potatoes and dessert, whereas I feel more energetic after a meal of only meat and salad. 4
12. _____ When I am not eating, the sight of other people eating is sometimes irritating to me. 4
13. _____ I sometimes have a hard time going to sleep without a bedtime snack. 3
14. _____ I sometimes wake in the middle of the night and can't go back to sleep unless I eat something. 3
15. _____ Before going to dinner at a friend's house, I will sometimes eat something in case dinner is delayed. 5
16. _____ Now and then I think I am a secret/sneak eater. 3
17. _____ At a restaurant, I almost always eat too much bread, even before the meal is served. 2

Total Score: _____

Scoring

Total of Circled Numbers:

- | | |
|------------|---------------------------------|
| 21 or less | Doubtful Carbohydrate Addiction |
| 22 - 30 | Mild Carbohydrate Addiction |
| 31 - 44 | Moderate Carbohydrate Addiction |
| 45 - 60 | Severe Carbohydrate Addiction |