

InsideOut Institute Screener

Someone I know May Need Help

The InsideOut Institute Screener is a validated screening tool made up of a few questions. Your answers will help us provide you with general guidance and direct you to appropriate information and resources.

Please note that this is a brief screener, not a comprehensive assessment.

The self-assessment tools and surveys provided on this website are not intended to be a substitute for professional clinical advice. You should always seek the advice of a qualified health professional with any questions you have regarding your health. Do not disregard professional medical advice or delay seeking treatment because of any result provided by the self-assessment tools, questionnaires or any other information you have read on this site.

The InsideOut Screener does not assess for ARFID, Pica or Rumination Disorder. As these are newly categorised in the DSM-5, appropriate assessment tools (e.g., the PARDI-AR-Q) are currently being developed. We will be adding a relevant tool to our digital suite when available. If you have concerns related to symptoms of ARFID/PICA/RD please seek independent medical advice. You can read more about the different types of eating disorders by visiting our resource library

1. Are you concerned about your loved ones outlook towards their body, weight or shape?

For example: significant focus on 'losing weight', 'feeling fat' or fear of 'being fat', distress around their weight, body or shape, a strong focus on wanting to be thinner or disliking their body, obsessively checking their body such as by weighing, a focus on health & thinness.

- Never
- A little bit
- Sometimes
- Quite a bit
- All the time

2. Have you noticed a change in your loved one's mood?

For example: more anger, distress, withdrawing, loss of pleasure, feeling down, change in sleeping patterns, loss of energy, feeling of failure, increase in anxiety, increase worrying, increase in irritability.

- Never
- A little bit
- Sometimes
- Quite a bit
- All the time

3. Are you concerned that your loved one's eating has become abnormal?

For example: skipping meals, limiting type and variety of foods eaten, avoiding carbohydrates, sugar or fat, becoming vegetarian or vegan, developing 'food intolerances' such as becoming gluten or dairy free, increased focus on ingredients or calorie content.

- Never
- A little bit
- Sometimes
- Quite a bit
- All the time

4. Has your loved one become more secretive or private around food and eating?

For example: avoiding eating with others, hiding or secretively throwing food out, eating in secret, eating in private, secret behaviours around food.

- Never
- A little bit
- Sometimes
- Quite a bit
- All the time

5. Is your loved one controlling or anxious around food preparation and eating?

For example: concern with other people cooking, requiring family meals to be dictated by their food preferences, anxiety around eating out.

- Never
- A little bit
- Sometimes
- Quite a bit
- All the time

6. Is there evidence of your loved one over-eating?

For example: noticing large amounts of food disappearing, hidden wrappers and packaging, evidence of food in bedroom.

- Never
- A little bit
- Sometimes
- Quite a bit
- All the time

7. Are you concerned about your loved ones exercise patterns?

For example: excessive exercise, exercising secretly, exercising when unwell or injured, inability to sit still, constant leg jiggling, exercising with little enjoyment, exercising directly after meals, distress with having a day/s with no exercise, excessive incidental activity.

- Never
- A little bit
- Sometimes
- Quite a bit
- All the time

8. Are you concerned about your loved ones relationship with those around them?

For example: withdrawing from social interactions or peers, lack of openness or connection, spending more time alone or in bedroom.

- Never
- A little bit
- Sometimes
- Quite a bit
- All the time