

## Food Addiction Symptom Inventory (FASI)

This interview asks about your eating habits with foods that trigger you to eat large amounts or in a repetitive way, such as ultra-processed foods. Ultra-processed foods, are not found in nature and are typically high in calories, fat, and refined carbohydrates like sugar. Examples of ultra-processed foods include:

- Sweets like ice cream, chocolate, doughnuts, cookies, cake, candy, and pie
- White flour, simple starches like white bread, bagels, muffins, rolls, white pasta, white rice, ramen noodles, and sweet breakfast cereals
- Salty snacks like chips, pretzels, buttered popcorn, and crackers
- High-fat foods like fried meats, cheese, bacon, hamburgers, hot dogs, cheeseburgers, pizza, and French fries
- Sweet drinks like soda pop, lemonade, sweet tea, sports drinks, and energy drinks

As we ask you these questions, we want you to think about foods that you crave or eat frequently with in the past year.

Could you tell me some examples of foods you eat frequently, crave, and trigger you to overeat? Okay! Think about those foods when we say “triggering” foods.

SCID-5 Question			
E1	What are your eating habits like with foods that are triggering to you? (Have you eaten any of the foods described above at least once per week in the past 12 months, that is, since [ONE YEAR AGO]?)		
	<b>Past 12-Month Food Addiction</b>	<b>DSM-5 Criteria Assessed</b>	<b>Score</b>
	I'd now like to ask you some more questions about your intake of foods that are triggering to you in the past 12 months, since [ONE YEAR AGO]...  During the past 12 months...	A. Problematic period of consuming triggering foods leading to clinically significant impairment or distress, manifested by at least two of the following occurring within a 12-month period:	
E2	...have you found that once you started eating triggering foods you ended up eating much more than you <u>intended</u> to? For example, you planned to have only one or two servings but you ended up having many more. (Tell me about that. How often did this happen? What time of day did this occur?)  IF NO: What about eating certain foods for a longer time	1. Triggering foods are often consumed in larger amounts OR over a longer period than was intended.	- +

	than you were <u>intending to</u> ? For example, did you ever intend to eat a meal or snack with certain foods but then felt compelled to continue eating these foods for the rest of the day, or the rest of the weekend?		
E3	<p>...have you tried to stop, cut down, or control your consumption of foods that are triggering to you?</p> <p>IF YES: How successful were you? Did you make more than one attempt to stop, cut down, or control your intake of foods that are triggering to you in the past year? (How many times did you try to cut down? What was the longest period of time you were successful?) (<i>Do not count normative experiences like wanting to eat healthier after holidays, vacations, etc. or intentional planning around social events as taught in behavioral weight loss programs. Also rule out weight loss attempts focused on general calorie restriction without a focus on triggering foods.</i>)</p> <p>IF NO: Do you often think about stopping, cutting down, or controlling your consumption of triggering foods but have not tried to do so? How many times in the past month have you had this desire? (Tell me more about these thoughts. Why have you not acted on this desire?)</p>	<p>2. There is a persistent desire OR unsuccessful efforts to cut down or control consumption of triggering foods.</p>	- +
E4	...have you spent a lot of time eating triggering foods throughout the day? How about feeling sluggish, tired, or physically uncomfortable or overfull from overeating these foods? Have you spent a lot of time going out of your way to	3. A great deal of time is spent in activities necessary to obtain triggering foods, eat them, or recover from their effects.	- +

	get specific triggering foods you really wanted? (How much time (both in terms of obtaining, eating and recovering from the effects of eating)?)		
E5	...have you had strong desires, urges, or intense cravings to eat triggering foods that made you feel like you wanted to eat them right away? (Has there been a time when you had such strong urges to eat triggering foods that you had trouble thinking about anything else?)	4. Craving, or a strong desire or urge to eat triggering foods.	- +
E6	<p>...have you missed work or school, arrived late or left early, or felt unfocused or distracted because you were thinking about purchasing or eating triggering foods? How about because you were feeling sluggish or tired after eating these foods?</p> <p>IF NO: How about feeling like your performance at work or school was suffering because you were thinking about or eating triggering foods? Or because of feeling sluggish or tired after eating these foods?</p> <p>IF NO: How about getting into trouble at work or school because you were eating triggering foods or distracted by your thoughts about them?</p> <p>IF NO: How about not taking care of things at home because you were thinking about or eating triggering foods? Or because of feeling sluggish or tired after eating these foods? This could include activities like not doing household chores, not taking care of your family members, or choosing to spend money on triggering foods instead of other necessities?</p>	5. Recurrent consumption of triggering foods resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to triggering food intake; neglect of children or household).	- +

E7	<p>...has eating triggering foods caused problems with other people, such as family members, friends, or people at work? (Have you found yourself regularly getting into arguments about how much triggering food you eat?)</p> <p>IF YES: Did you keep on eating triggering foods anyway? (Over what period of time?)</p>	<p>6. Continued intake of triggering foods despite having persistent or recurrent social or interpersonal problems caused or exacerbated by eating triggering foods (e.g., arguments with others about amount of intake).</p>	- +
E8	<p>...have you had to give up or reduce the time you spent at work or school, with family or friends, or on things you like to do (like sports, cooking, other hobbies) because of how you were eating triggering foods? Or because of feeling sluggish or tired after eating these foods?</p> <p>IF NO: Did you avoid social events because you knew certain trigger foods would be there or because others would not approve of the amount of triggering foods you ate?</p>	<p>7. Important social, occupational, or recreational activities are given up or reduced because of eating triggering foods.</p>	- +
E9	<p>...have you ever eaten triggering foods in situations that may be physically risky, such as while driving a car, crossing the street, or operating machinery? For example, have you ever been eating while driving and felt like you were not paying attention to the road, like if you were texting and driving? (Which situations?)</p> <p>IF YES: Would you say that eating triggering foods affected your coordination or concentration so that it was more likely that you or someone else could have been hurt? (When?)</p> <p>IF YES: How many times?</p>	<p>8. Recurrent intake of triggering foods in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine).</p>	- +

E10	<p>...has eating triggering foods caused you any problems like making you very depressed or anxious? How about putting you in a “mental fog,” making it difficult for you to sleep, or making it feel like you were watching yourself outside of your body while you were eating triggering foods?</p> <p>Has eating triggering foods caused significant physical problems or made a physical problem worse, like obesity, type 2 diabetes, high blood pressure, arthritis, or heart disease?</p> <p>IF YES TO EITHER OF ABOVE: Did you keep on eating triggering foods anyway?</p>	<p>9. Triggering food intake is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by triggering foods (e.g., continued eating of these foods despite recognition that they worsen type 2 diabetes).</p>	<p>- +</p>
E11	<p>...have you ever found that you needed to eat larger quantities of triggering foods in order to get the feeling you wanted, such as reducing negative emotions like sadness or increasing pleasure.</p> <p>IF YES: How much more? Why do you feel like you didn't get the effect you wanted? (<i>Rule out that the decreased effect was not solely due to guilt. Can ask, “If you didn't feel guilty, do you think you could have achieved the effect you wanted with a smaller quantity?”</i>)</p> <p>IF NO: What about finding that when you ate triggering foods, you enjoyed them less than before? (How much less?) (<i>Rule out that the decreased effect was not solely due to guilt. Can ask, “If you didn't feel guilty, do you think you would have enjoyed them the same as before?”</i>)</p>	<p>10. Tolerance, as defined by either of the following:</p> <ol style="list-style-type: none"> <li>A need for markedly increased amounts of triggering foods to achieve desired effect.</li> <li>A markedly diminished effect with continued intake of the same amount of triggering foods.</li> </ol>	<p>- +</p>

E12	<p>...have you ever had any physical or psychological withdrawal symptoms when refraining from eating triggering foods? Examples could be a headache, fatigue, irritability, or preoccupation with triggering foods.</p> <p>IF YES: What symptoms did you have? Irritability, frustration, or anger? Anxiety? Difficulty concentrating? Increased cravings? Restlessness? Depressed mood? Insomnia? (What other symptoms did you have that we have not asked about?)</p> <p>IF NO: Have you ever eaten triggering foods to relieve physical or emotional symptoms that you were experiencing because you hadn't eaten these foods? For example, have you ever eaten triggering foods to avoid the discomfort of the craving you were experiencing? (<i>Confirm that the physical or emotional symptoms were caused by cutting down on triggering foods. Rule out eating triggered by an emotional or physical symptom unrelated to cutting down on these foods. For example, if someone generally consumes triggering foods when they are tired or experience stress this would not qualify as withdrawal. They would need to be having stress because they had cut down on triggering foods.</i>)</p>	<p>11. Withdrawal, as manifested by EITHER of the following:</p> <ol style="list-style-type: none"> <li>At least four of the following:           <ol style="list-style-type: none"> <li>Irritability, frustration, or anger</li> <li>Anxiety</li> <li>Difficulty concentrating</li> <li>Increased cravings</li> <li>Restlessness</li> <li>Depressed mood</li> <li>Insomnia</li> </ol> </li> <li>OR, Triggering foods are eaten to relieve or avoid withdrawal symptoms.</li> </ol>	-      +
E13	<p>IF UNCLEAR: When did [ABOVE CRITERION A SXS E2-E12 RATED "+"] occur? (Did they all happen within the past 12 months?)</p>	<p>AT LEAST TWO OF THE ABOVE CRITERION A SXS (E2-E12) ARE RATED "+" AND SXS OCCURRED WITHIN THE PAST 12 MONTHS.</p>	(Add rows E2 thru E12)

	<p>IF IMPAIRMENT/DISTRESS UNCLEAR, ASK...</p> <p>Is your intake of triggering foods upsetting to you?</p> <p>Have you felt any shame because of your consumption of triggering foods?</p> <p>Have you felt guilty because of eating triggering foods?</p> <p>How much has eating triggering foods affected your life? Do you feel like eating these foods has interfered with your roles at work or school, or with your family or friends?</p>	<p>Clinical judgment related to significant impairment or distress associated with triggering food intake</p>	YES/NO
		<p>IF &gt;2 SXS E2-E12</p> <p>AND CLINICAL IMPAIRMENT OR DISTRESS...</p> <p><b>Diagnose: Food Addiction</b></p> <ul style="list-style-type: none"> <li>- <b>Mild:</b> If 2-3 symptoms</li> <li>- <b>Moderate:</b> If 4-5 symptoms</li> <li>- <b>Severe:</b> If 6-11 symptoms</li> </ul>	

**If 2+ symptoms (with or without clinical impairment or distress), continue:**

1. Thinking about the questions we just asked you, which specific foods were you most likely to think of when we said “triggering foods?”
2. Could you please walk me through a day when you eat these triggering foods in a way that causes the types of problems we just asked you about?
  - a. Probe for eating patterns using the chart below.
  - b. If significant differences between weekday and weekend, capture one sample day of each.

Meal/Snack	Time	What and How Much?
Breakfast		
Morning Snack		
Lunch		

Afternoon Snack		
Dinner		
Evening Snack		
Nocturnal Eating (Eating after having been asleep)		

3. How old were you when you first experienced the types of problems we asked you about with these triggering foods?
  - a. Do you remember how much you weighed when you began eating these triggering foods in this way?
  - b. Did you ever diet before eating these triggering foods in this way?
    - i. Never
    - ii. Once every couple of years
    - iii. Once or twice a year
    - iv. Once every 3 months or more
  - c. Does anyone else in your family experience these types of problems with triggering foods?
  - d. Does anyone in your family experience problems with addictive substances like alcohol, cigarettes, or marijuana, or addictive behaviors like gambling?
4. In the past year, have you had instances where you ate what most people would consider a large amount of triggering foods during a 2-hour period?
  - a. IF YES: How often? Can you give me an example?
    - i. Confirm whether individual presents with addictive-like eating in the form of objective binge episodes
5. In the past year, have you had instances where you ate what you would consider a large amount of triggering foods during a 2-hour period, even if others may not think it was a large amount?
  - a. IF YES: How often? Can you give me an example?
    - i. Confirm whether individual presents with addictive-like eating in the form of subjective binge episodes

6. In the past year, have you had times when you ate triggering foods relatively constantly throughout the day?
  - a. IF YES: How frequently throughout the day are you eating triggering foods? Can you give me an example? What is the longest period of time you went between eating triggering foods during this time?
    - i. Confirm whether individual presents with addictive-like eating in the form of grazing
7. In the past year, to make up for eating triggering foods, have you ever: made yourself throw up; used laxatives, diuretics, or diet pills; or exercised excessively or fasted for a whole day?
  - a. IF YES: How often?
    - i. Assess for engagement in compensatory behaviors
8. Have you experienced the types of problems we've asked you about with whole foods, such as dairy, vegetables, fruits, meats, nuts, eggs, or whole grains?
  - a. IF YES: Which foods? What types of problems did you have? When you have these problems, are you also eating triggering foods?
  - b. Clinician judgment whether these problems are analogous to the DSM-5 criteria for addiction
    - i. Rule out instances when individual started eating more triggering foods than intended but switched to minimally processed foods to reduce harm

\*\*Based on responses to questions 1-8 above, determine whether pt is exhibiting a phenotype consistent with objective addictive-like eating behavior.











In the interview you just completed, you heard the phrase "**TRIGGERING FOODS.**" Now we are interested in which foods you were more likely to think of when asked about **PROBLEMS** with **TRIGGERING FOODS.**

An example of what we mean by "**PROBLEMS**" is having trouble cutting down on the food or losing control over how much of the food you eat. An example of what we do not mean by "**PROBLEMS**" is feeling like you aren't eating enough of the food.

How likely are you to experience "**PROBLEMS**," as described in the previous questionnaire, with the following foods:

All items will be rated on a 7-point Likert scale

1= Not at all likely to experience problems

2

3

4= Moderately likely to experience problems

5

6

7= Extremely likely to experience problems

Foods list:

1. Gummy Candy
2. Salted Nuts
3. Pretzels
4. Granola Bar
5. Corn (no butter or salt)
6. Fried Chicken
7. Brown Rice (no butter or sauce)
8. Water
9. Cheese
10. Pizza
11. Cucumber
12. Chicken Breast
13. French Fries
14. Popcorn (buttered)
15. Steak
16. Salmon
17. Apple
18. Breakfast Cereal (with 2% milk)
19. Strawberries
20. Banana
21. Broccoli
22. Ice Cream (no added toppings)
23. Soda (not diet)
24. Carrots (no dip)

- 25. Chips
- 26. Beans (no sauce)
- 27. Rolls (no butter, jam, etc)
- 28. Cheeseburger
- 29. Chocolate
- 30. Cake
- 31. Crackers (plain- no dip)
- 32. Cookie
- 33. Bacon
- 34. Egg
- 35. Muffin