



The Bariatric & Metabolic
WEIGHT LOSS CENTER

Night Eating Syndrome (NES)

Name: _____ DOB: _____ Date: _____

1. On most day, do you experience loss of appetite in the morning?
_____ Yes _____ NO
2. How often do you typically eat breakfast? _____ times/week
3. How much food do you generally eat after 7 PM as a percentage from 0-100? _____%
4. On most days, do you have a strong urge to eat between dinner and sleep onset and/or during the night? _____ YES _____ NO
5. Do you have trouble staying asleep at night? _____ YES _____ NO. **If No skip to Question 6**
 - a. How many times each week? _____ times/week
 - b. How many times week do you get out of bed during these awakenings? ___ times/week
6. Do you awake from sleep during the night and eat food? ___ Yes ___ No. **If No skip to Question 7**
 - a. How many times per week?
_____ times/week
 - b. How long have you been getting up at this frequency to eat?
___#/years. ___#/months
 - c. Do you believe you need to eat to fall back to sleep when you wake up at night? ___ Yes ___ No
 - d. How aware are you of your eating during the night?
___ Not at all ___ Some ___ Extremely
 - e. How often do you recall eating during the night the next day?
___ Never ___ Some ___ All
7. Would you consider yourself a night eater? _____ Yes _____ NO. **If No skip to Question 8**
 - a. How upset are you about your night eating? ___ None ___ Some ___ Always
 - b. How much has your eating at night impaired your functioning and/or interfered with your daily life? ___ None ___ Some ___ Extremely
 - c. How long have you been experiencing this night eating behavior?
___ 0-3 months ___ 3-6 months ___ 6-12 months ___ More than 1 year
8. Have you been feeling depressed or down nearly every day? _____ Yes _____ No
9. In general, when you are feeling depressed/down, is your mood lower in the:
___ AM ___ Afternoon ___ PM ___ N/A