



Clinical Impairment Assessment Questionnaire (CIA)

Instructions:

Please select the description which best describes how your eating habits, exercising or feelings about your eating, shape or weight have affected your life over the past month.

		Not at all	A little	Quite a bit	A lot
1	Over the past month, to what extent have your eating habits, exercising, or feelings about your eating, shape or weight... ... made it difficult to concentrate?	0	1	2	3
2	... made you feel critical of yourself?	0	1	2	3
3	... stopped you going out with others?	0	1	2	3
4	... affected your work performance? (if not applicable, just leave blank)	0	1	2	3
5	... made you forgetful?	0	1	2	3
6	... affected your ability to make everyday decisions?	0	1	2	3
7	... interfered with meals with family or friends?	0	1	2	3
8	... made you upset?	0	1	2	3
9	... made you feel ashamed of yourself?	0	1	2	3
10	... made it difficult to eat out with others?	0	1	2	3
11	... made you feel guilty?	0	1	2	3
12	... interfered with you doing things you used to enjoy?	0	1	2	3
13	... made you absent-minded?	0	1	2	3
14	... made you feel a failure?	0	1	2	3
15	... interfered with your relationships with others?	0	1	2	3
16	... made you worry?	0	1	2	3



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Developer Reference:

Bohn, K., Doll, H. A., Cooper, Z., O'Connor, M., Palmer, R. L., & Fairburn, C. G. (2008). The measurement of impairment due to eating disorder psychopathology. *Behaviour research and therapy*, 46(10), 1105-1110.

Bohn K, & Fairburn CG. (2008). Clinical Impairment Assessment Questionnaire (CIA 3.0). In Fairburn CG. *Cognitive Behavior Therapy and Eating Disorders*. New York: Guilford Press.

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