



# DSM 5 DIAGNOSTIC CRITERIA FOR ADDICTIONS

**Goal of the Handout:** To allow people to self-assess for food addiction. For people in recovery, the Handout allows them to compare their addictive behaviors today to the time when they started recovery.

**Application:** Recovering food addicts can periodically compare their behaviors in recovery with behaviors they may have engaged in when the food addiction was active. This allows members to value their recovery work and to celebrate their progress. This Handout can also help people self-assess for food addiction and seek appropriate recovery. This tool can also be used to self-assess for severity. The greater the number of criteria met, the greater the severity of the addiction. The self-assessment for severity can help addicts build recovery programs commensurate with their needs. Meeting two of the criteria in a 12-month period would be considered an indication of the presence of an addiction.

How do you meet these criteria today versus when you started this program?

Mark each column as to how many times per week you've engaged in the behaviors shown.

How many times  
per week?  
Before      After

1. Have you often found that when you started eating, you ended up eating more than you were planning to?
2. Have you tried to cut down or stop overeating certain foods? Do you want to stop or cut down? Is this something you kept worrying about?
3. Have you spent a lot of time eating, being groggy from eating, or tired/hungover from eating?
4. Do you have cravings, or strong desires or urges to eat processed food?
5. Do you eat so much that it's hard to fulfil major role obligations at work, school, or home?
6. Do you eat despite having persistent or recurrent social or interpersonal problems?
7. Have you given up important social, occupational, or recreational activities because of eating?
8. Do you eat even when it's hazardous or dangerous to do so?
9. Has your eating caused any psychological problems, like making you depressed or anxious, making it difficult to sleep, or causing disruptive fatigue? Has your eating ever caused significant physical problems or made a physical problem worse?
10. Have you found that you need to eat a lot more in order to get the feeling you wanted than you did when you first started eating to feel better?
11. Have you ever had any withdrawal symptoms when you cut down or stopped overeating certain foods such as sweating or racing heart, hand shaking, trouble sleeping, trouble thinking, feeling depressed, feeling agitated, feeling anxious, feeling tired? Do you eat to alleviate any of these feelings?