BITTEN JONSSON Reg. Nurse, Leg.SSK
Board of Directors Food Addiction Institute http://foodaddictioninstitute.org
Faculty member INFACT, www.infact.is

PRE-ASSESSMENT EVALUATION & BACKGROUND (13 pages)

OBS! Fill in and send back before SUGAR / food addiction interview.

Rev June 5th,, 2020 Heidi

USE ONLY **UNO CODE**: (UNO code is Initials, year of birth and day, eg **XX7231**)	
Male: Female: Non-binary:	Age:
Referral: Sugar/ food addiction counsellor, therapist, company, doctor, other:	
What do you want help with?	

WEIGHT DEVELOPMENT

When you were a child, were you:	**Normal Weight**	**Under Weight**	**Over Weight**

Your height:	

	Age	**Weight**
When you reached adult height:		
When you reached your highest weight:		
When you reached your lowest weight:		
Current weight:		

How many times have you lost / gained weight?	

What is your lifetime weight journey from the age when you reached your adult height?

Age:	**Weight:**	**Comment:**

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What diets/ treatments/methods have you tried?

Periods of	From when:	To when:	Comment:
Starvation/restricting:			
Bingeing:			
Overeating/volume:			
Purging:			
Excessive exercise:			

How often do you weigh yourself?	More than once per day / daily/ weekly / monthly / seldom / never (delete what does NOT apply)
How does it influence your mood?	

How concerned are you about gaining weight now?

1	2	3	4	5
Not at all	Some	Moderate	Very	Extremely

Additional Comments related to your concerns about weight gain:

How READY are you to make SUBSTANTIAL changes to your diet now?

0	1	2	3	4	5	6	7	8	9	10

(0) Not at all ready **(10) Totally READY**

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UNCOPE, Screening, S/F* and alcohol

Sweets ** can be any carbohydrate such as pasta, bread, desserts, cookies, soda, ice cream, pizza, cereal, potatoes, rice, sweeteners, with or without fat etc.*	***Sweets****		***Alcohol***	
	Yes	No	Yes	No
1. U= Unplanned Use In the past year, have you ever eaten more *sweets**/drank more alcohol, than you intended or have you spent more time eating, *using sweets** /drinking alcohol than you intended to?"				
2. N = Neglected Have you ever neglected some of your usual daily responsibilities due to using *sweets**/overeating/ drinking alcohol?				
3. C= Cut down Have you felt that you wanted or needed to cut down on eating sweets*/drinking alcohol in the last year?				
4. O= Objected Has anyone objected to you overeating *sweets*/drinking alcohol*, has your family, a friend, or anyone else ever told you they objected to your eating / drinking habits?				
5. P = Preoccupied Have you ever found yourself preoccupied with wanting *sweets*/drinking alcohol* or found yourself thinking a lot about *sweets*/alcohol*?				
6. E = Emotional discomfort Have you ever used sweets/food* /alcohol to relieve emotional discomfort, such as fatigue, irritation, sadness, anger, tiredness or boredom etc?"				
Numbers of Yes Answers (add to SUGAR rec)				

2 or more yes answers indicate a problem and/or addiction, recommendation is SUGAR (sweets) and/or ADDIS (alcohol, prescription drugs, street drugs)

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DEPRESSION & LOW ENERGY SCREENING

X = symptoms I have experienced at some time in my life. **A =** symptoms I have experienced last 3 months	***Lifetime*** **X**	***Last 3 months*** **A**
Low/depressed		
Lack of sleep		
Sleep too much		
Low energy/ chronic fatigue		
”Never good enough”/ low self esteem		
Low efficiency/productivity at work / home / school		
Attention deficit, concentration difficulties, reduced ability to think clearly		
Social isolation/hiding		
No interest in pleasures and/or activities that used to be fun		
Irritation, anger, rage		
Crying easily		
Uncomfortable or afraid of leaving home		
Feelings of guilt, shame or feeling worthless		
Exhausted “I don’t care anymore”		
Thoughts of death, dying		
Suicidal thoughts		
Indecisive, difficulty making decisions		
Number of X and A answers		

YOUR MEAL PLAN? How do you eat?

	On a “good” day	***On a “bad” day (overeat, sugar etc) Relapse***
Breakfast		
Snack		
Lunch		
Snack		
Dinner		
Evening		

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What is your FAVOURITE meal or food for:

Breakfast	
Lunch	
Dinner	
Snacks	

How much and how often do you do any physical activities, exercise?

Type of Physical Activity or Exercise:	How often:

When do you think your sugar/flour/food pre-occupation / addiction problem start? Give a brief history. How do you remember eating 0-5 yrs of age? 5- 10 yrs old etc? Up until now?

Age:	Description of food pre-occupation / habit / possible start of addiction:
0 – 5 years	
5 - 10	
10 - 20	
20 - 30	
30+	

What type of food do you have loss of control over when eating?

Are you a volume (binge) eater? Please describe.

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ADDICTION PROFILE: Phase 1-3 food addiction	**Mark with an X for all that apply**
PHASE 1. Inner changes, early stage	
Feel relieved when eating certain foods (calm, alert, happy, "painless", etc.)	
Overeat certain foods (volume eating)	
Eat to avoid discomfort/withdrawal symptoms	
Overeat very often	
Feelings of guilt over amount or type of food eaten	
Preoccupied overweight, food, body	
Lots of coke, coffee, tea (caffeine) daily	
Eat more and more often to feel relief/ comfort yourself	
Difficulty in stopping eating certain foods, periodic loss of control	
Increased tolerance, need more and more to be satisfied	
Feeling of being "drugged/foggy brain" after eating	
Sneak, lie and hide food	
Feel fat and yoyo diet	
Making sure food of choice is hidden in house/car, office	
Start going to Weightwatchers, Diet doctor or similar	
Try diet pills	
Try to starve, fast, over exercise more and more	
PHASE 2. Lifestyle changes, middle stage	
Yoyo dieting more and more	
Purging and/or trying to purge	
Family and friends object to weight and/or eating habits	
Family, friends are controlling and or "helping". I deny problems	
Weight is going up and down	
Step on the scale daily	
Try new different diets constantly	
Abuse laxatives	
Daily loss of control overeating	
Loss of control over starving	
Constantly breaking commitments to not overeat	
Loss of control overeating/starving/ exercise/ purging	
PHASE 3, "Hitting bottom", late stage	
Wake up and eat during night	
Gaining all weight lost back and more	
Constipated/diarrhoea	
Enemas, diverticulitis	
Shame over body	

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	Mark with an X for all that apply
Drastically change eating pattern, vegan, macrobiotic, only fluids etc	
Obsessively exercise	
Go to counselling, therapy, doctor, hope for bariatric surgery	
Problem with family/work/money	
Deeply depressed	
Guilt, lying about problem	
Start dieting every morning but cannot hold on for even a day	
Physical problems: stomach, intestines, heart, back, legs etc	
Constant cycle of overeating and starving	
Denial	
Break moral values, stealing food or money to buy food	
Spinning thinking, foggy brain, can't think clearly	
Borrowing money	
Panic anxiety	
Totally isolating, hiding	
Totally obsessed with body, eating and weight	
Praying for a miracle to happen	
Excuses collapse	
Admit defeat	
Want to wire jaws/bariatric surgery to stop eating	
Hopelessness	
Bariatric surgery done	
Suicidal	
Other symptoms (Please specify below)	

How does an eating episode/binge end?

When my stomach hurts		When I fall asleep	
When I vomit		If I get interrupted	
When I run out of food		Other	

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MEDICAL HISTORY

Do you have, or have had any of the following?

	Yes	*No*		*Yes*	*No*
Heart & lung problems			Gastrointestinal problems		
High blood pressure			Osteoporosis		
Low blood pressure			Candida, dysbiosis		
Asthma/COD			Epilepsy		
Fibromyalgia /MS or other Autoimmune diseases			Ear infections, hearing problems		
Tuberculosis			Visual impairment, eye problems		
Gastritis /ulcer or such			Teeth and gum disease		
Poor immunity system			Tense jaw problems		
Chronic fatigue			Cancer		
Hepatitis			Psychiatric /emotional problems		
Liver cirrhosis			Stroke, heart attack		
Diabetes type I or II			Swollen lymph nodes		
Kidney stones			Food allergy		
Kidney/bladder infection			Allergy, other		
Men: prostate problems			Blood disease		
Thyroid problems			Elevated cholesterol		
Skin disease			Blood sugar swings		
Herpes			Epstein Barr syndrome, Mononucleosis, other viruses		

Actual symptoms, during LAST 6 months?

	Yes	*No*		*Yes*	*No*
Problem breathing. SOB			Men: discharge		
Chest pain			Women: Irregular periods and/or discharge		
Unusual pain			PMS		
Edema			Menopause symptoms		
Coughing >3 months			Unusual bleedings		
Muscle cramps			**Sleeping problems, *SATED**		
Numbness			Difficulty eating		
Weakness, tremor			Problem seeing, fuzzy vision		
Dizziness, fainting			Suicidal thoughts		
Tremors in arms legs			Emotional problems		
Long-term vomiting			Extreme fatigue		
Long-term diarrhoea			Loss of appetite		
Vomiting blood			Rapid pulse/heartbeats		
Blood in faeces			Blood in urine		
Stomach pains			Arthritis/joint pains		
Difficulty urinating			Sleep apnoea, snoring		

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Panic/anxiety			Hot flashes, shivers		
Repeated infections			Viruses, Herpes		
Do you sometimes feel like you are separated from your body- ie stand beside and look at yourself?			Do you often feel like you are daydreaming or robotic?		
Are you jumpy and easily fearful?			Do you often feel tense with other people?		
Do you, at times, feel emotionally numb?			Do you have blackouts when overeating or eating S/F?		
Do you have memory lapses related to important areas of your life?			Are you often worried without knowing why?		
Do you fear going crazy at times?			Other symptoms Ex: BRF: nail biting, picking, pulling hair, squeezing pimples etc		

***SATED: Screening tool for sleep disturbances**

		Rarely/ never (0)	Sometimes (1)	Usually/ always (2)
Satisfaction	Are you satisfied with your sleep ?			
Alertness	Do you stay awake all day without dozing?			
Timing	Are you asleep (or trying to sleep) between 2 a.m. and 4 a.m. ?			
Efficiency	Do you spend less than 30 minutes awake at night? (including the time it takes to fall asleep and awaken from sleep)			
Duration	Do you sleep between 6 and 8 hours per day?			
	My total :			

Total for all items ranges from 0 (poor sleep) - 10 (good sleep)

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Has your ability to function on a daily basis been compromised due to your problem?
How do you think your future will be 5 years from now?

	Yes	*No*
Do you have a GP?		
Does your doctor understand/ have knowledge about sugar/flour addiction?		
Have you been hospitalised due to physical problems? **Where and when?** **Cause? Surgery, accidents? What happened and how were you treated?**		
Have you been in therapy? **Where and when?**		
Have you been hospitalised due to psychiatric problems? **Where and when?** **Cause – diagnosis?**		

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Have you ever taken any prescription medication?

Name and for what?	*Used more than 5 times?*	*Used more then a month*	*Last time you used*

Are you on any prescription medication now? Please list below. For how long?

Who prescribed them?

Do you take any supplements and or "over the counter" pills? Please list all of them below.

Have you ever tried/used any of the following?

Psychoactive drugs	*Used more than 5 times?*	*Used for a month or more?*	*Last time using?*
Cannabis and such			
Speed/amphetamine/cocaine ADHD medication			
Tranquilizers / sleeping pills i.e. Benzodiazepines			
Hallucinogens/ LSD/Ecstasy, and such			
Painkillers, (prescription opioids)			
Nicotine in any form			
Caffeine / energy drinks			
Steroids, solvents			
Other? Please Specify:			

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Have you ever overdosed with medication or drugs? Or planned to overdose? Describe, please:	At what Age / When:

Have you ever self-mutilated? (cuts, burns, beating yourself etc) Describe please:	At what Age / When:

Have you ever been in treatment for addiction (what/when?)

Do you think you could have a process addiction? Underline which apply

	Yes	*No*
Money? Gambling? Debts?		
Sex? Relationships? Co-dependencies?		
Internet? Screens?		
Work?		
Exercise?		
Other?		

HEREDITY

Is anyone in your family of origin addicted?

Relation / Relationship:	Addiction & Age of onset:

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LIVING SITUATION

Does anyone live with you, husband, wife, partner, children, pets, other?
If married or in a relationship, how long have you been together?
Is your spouse/partner/relative/close friend supportive of you addressing your eating problem?
Do you have children, how old are they?
Do you have positive relationships with those close to you?
Do you work? Education, training and occupation?
How do you function at work?
Are you currently on sick leave?
Brief history of your childhood. – dominating feelings, thoughts, actions?

Please provide any additional information that might help me to help you.

Thank you / Bitten/ Eloise/ Heidi ©

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