mYFAS 2.0 English Version (13 items)

Instruction: Indicate how often you have experienced the following situations in the past 12 months.

Use the following scale:

0 = Never | 1 = Once a month | 2 = 23 times a month | 3 = Once a week |

4 = 2 times a week | 5 = 34 times a week | 6 = Every day | 7 = Several times a day

1. Over the past 12 months, I have found that certain foods make me eat more than I planned.

2. I have experienced starting to eat certain foods and then not being able to stop, even though I tried.

3. Even though I tried to cut down or stop eating certain foods, I was not successful.

4. I spent a lot of time thinking about food, getting food, eating it, or recovering from overeating.

5. I felt a strong desire or urge to eat certain types of food.

6. I continued to eat certain foods even though I knew it caused me psychological or physical problems.

7. Eating got in the way of taking care of my responsibilities (e.g., school, work, family).

8. I kept overeating even though it caused problems in my relationships.

9. I lost interest in other activities because of food.

10. I ate larger amounts of certain foods to get the same feeling of satisfaction I used to get (tolerance).

11. I felt anxious, irritable, or had other withdrawal symptoms when I could not eat certain foods.

12. I used food as a way to cope with negative emotions (e.g., sadness, stress).

13. I felt guilt or remorse after overeating certain foods.

Source: Schulte, E. M., Gearhardt, A. N., & Grilo, C. M. (2018). A latent class analysis of the Modified Yale Food Addiction Scale 2.0 in a large nationally representative sample of U.S. adults. Appetite, 123, 382-388.

https://doi.org/10.1016/j.appet.2018.01.018