Eating Disorders Inventory (EDI) Report Form

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Patient's information	
Name:	Date of birth:
Gender:	Date of assessment:
Results interpretation section	
I. Drive for thinness score:	
Interpretation:	
II. B. III. III.	
II. Bullimia score:	
Interpretation:	
III. Body dissatisfaction score:	
Interpretation:	
IV. Ineffectiveness score:	
Interpretation:	
V. Perfectionism score:	
Interpretation:	

VI. Interpersonal distrust score:
Interpretation:
VII. Introceptive awareness score:
Interpretation:
VIII. Maturity fears score:
Interpretation:
IX. Asceticism score:
Interpretation:
X. Impulse regulation score:
Interpretation:
XI. Social insecurity score:
Interpretation:

Overall assessment	
Treatment plan	
Examiner/healthcare professional information	
Name:	License ID:
Signature:	Date of assessment: