Orthorexia Test

Case Scenario

Orthorexia Test

Please read each statement carefully and select the response that best reflects your experiences over the past month.

I often spend significant time researching foods' health benefits and nutritional content.

Never	Rarely	Sometimes	Often	Always

I strictly adhere to specific dietary rules or restrictions (e.g., avoiding gluten, dairy, and processed foods) to maintain my health.

Never	Rarely	Sometimes	Often	Always

I experience feelings of guilt or anxiety when I eat foods that I consider unhealthy or deviate from my usual dietary regimen.

Never	Rarely	Sometimes	Often	Always

I avoid social gatherings or events where certain foods are served because they do not align with my dietary preferences or restrictions.

Never	Rarely	Sometimes	Often	Always

I feel a sense of accomplishment or superiority when I stick to my healthy eating plan or follow my dietary rules strictly.

Never	Rarely	Sometimes	Often	Always

I frequently read food labels and nutrition information to ensure that the foods I consume meet my health standards.

Never	Rarely	Sometimes	Often	Always

I experience physical symptoms such as fatigue, digestive issues, or nutrient deficiencies due to my restrictive eating habits.

Never	Rarely	Sometimes	Often	Always

I prioritize the healthfulness of my food choices over the enjoyment of eating or trying new foods.

Never   Rarely   Sometimes   Often   Always

Others have expressed concern about my eating habits or dietary restrictions.

Never   Rarely   Sometimes   Often   Always

I need to control my foods and the ingredients used in my meals.

Never   Rarely   Sometimes   Often   Always
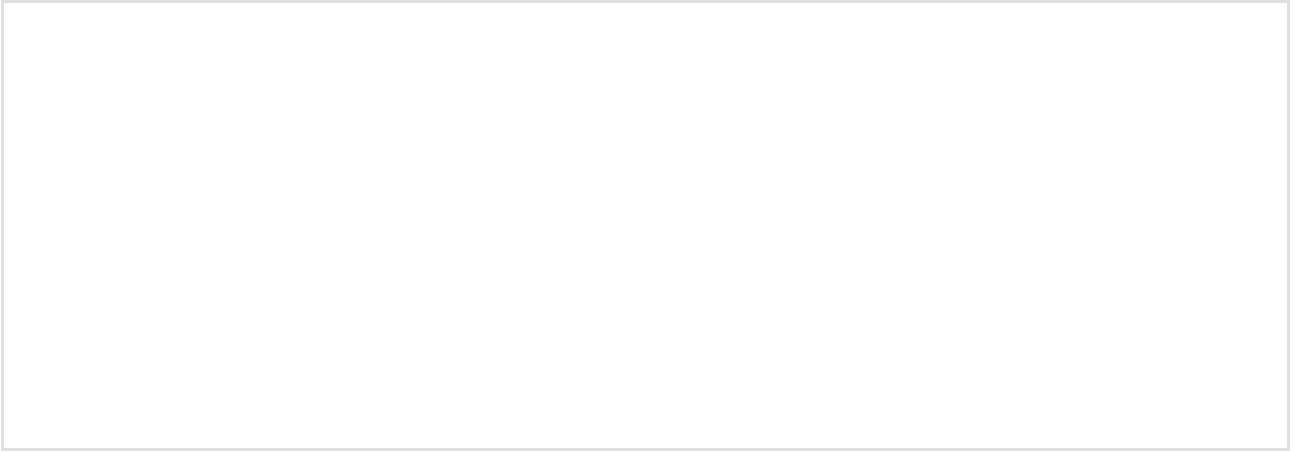
Scoring

- Add the points corresponding to your responses for each question (Never = 0, Rarely = 1, Sometimes = 2, Often = 3, Always = 4).

- The total score will indicate your tendencies towards orthorexic behaviors:

  - 0-10: Low risk

  - 11-20: Moderate risk

  - 21-30: High risk

  - 31-40: Very high risk

Total Score: _____

Interpretation

Recommendation