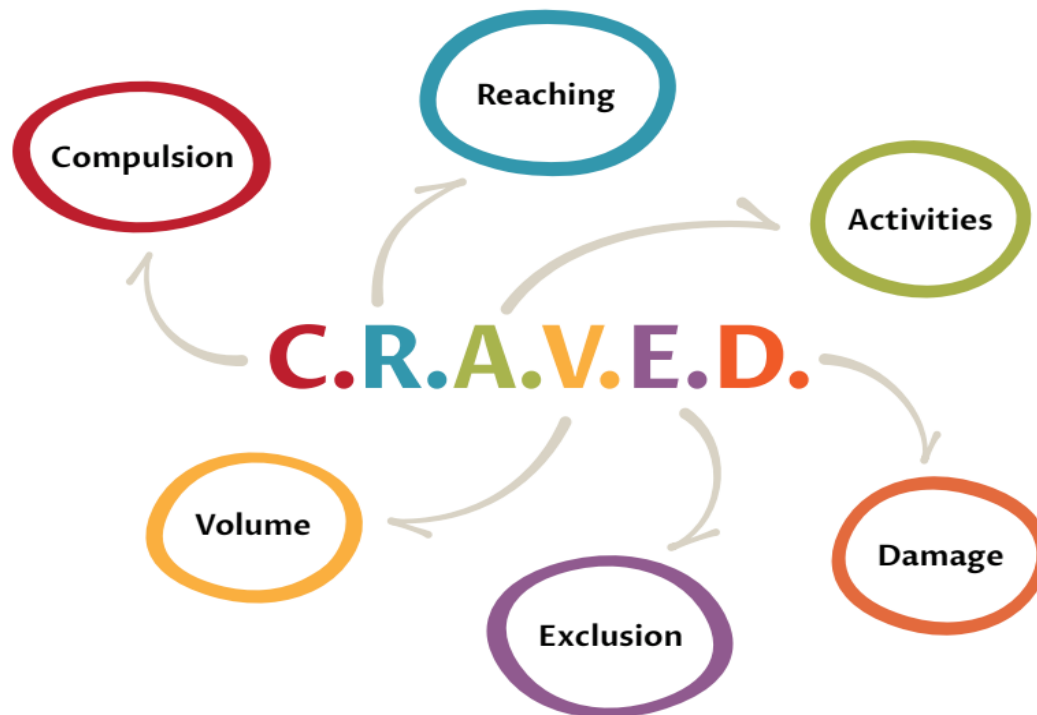


An ICD-10 based food-behaviour questionnaire



C. COMPULSION

Powerful urges to consume

R. REACHING FOR MORE

Increased tolerance and need

A. ACTIVITIES NEGLECTED

Ignoring what you once valued

V. VOLUME

Having more than you intended

E. EXCLUSION

Elimination causes withdrawal

D. DAMAGE

Despite awareness, use continues

What is CRAVED?

CRAVED is a food-behaviour-based questionnaire that can either be used directly by patients to assess their own symptoms of addiction related to certain foods, or as a simple screening tool guided by a healthcare professional in a clinical setting. It has been developed by Heidi Giaever and Dr Jen Unwin, to build awareness for the extent to which increasing numbers of people struggle to control their consumption of certain foods, often leading to both an inability to comply with dietary advice to improve their physical health and weight, but also resulting in mental health challenges including self-loathing, despair and hopelessness.

The six 'yes or no' questions that make up CRAVED are based on the 6 criteria for disorders due to substance use, in the WHO's International Classification of Disease, ICD-10. The term 'these foods' is used in the CRAVED questionnaire to replace the term for whichever substance that would be used when screening for addictions such as alcohol, drugs, nicotine etc.

Why is it important to use CRAVED to assess for Food Addiction?

The evidence is increasing, particularly with metabolic diseases such as Type 2 Diabetes, that a patient's lack of compliance to dietary advice given by a health professional or from their own knowledge, may be related to the effects of certain foods on the brain's reward circuitry. It would appear that with some people, certain foods will have a similar effect as drugs and alcohol have on drug addicts and alcoholics. As such, moderation of the food(s) in question is unlikely to work and so for the individual to have the chance of dietary compliance they will need to be introduced to other therapies and treated differently.

Versions of CRAVED:

There are two optional ways to work with CRAVED:

(i) As a quick 6-question 'yes/no' screening tool (Page 4)

CRAVED may easily be used in a clinical setting simply as a 6-question screening tool, where 3 or more 'yes' answers suggests symptoms of addiction-like behaviour. To account for the very real possibility encountered particularly in mature adults, that they are already trying and possibly succeeding in taking back control of some of these symptoms, there is a possibility to score 'yes' as an experience from the past. 'Yes' can therefore be scored; (i) In the past month, (ii) In the past year or (iii) more than a year ago. If it is more than a year ago, this symptom is considered to be in remission.

(ii) As a therapeutic tool (Pages 5-7)

CRAVED may also be used as a therapeutic tool by asking the patient or client to answer the 'yes or no' questions on a chart. The patient or client is asked to note down their appropriate age on the horizontal axis, from early childhood to current age.

For more information about the use and scoring of this tool, or to support the development & validation of its use, please contact Heidi Giaever and Jen Unwin at:

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In this version of CRAVED, each question is preceded by the question ‘Have you ever....’, and where the answer is a ‘yes’, it is followed by the questions ‘how old were you the first time and how old were you the last time you experienced this?’

Once all the questions are answered, the patient or client should be encouraged to draw a line between the ‘first age’ and the ‘last time’ and to consider the extent of time during which they have been embedding the habit and allowing the addiction-like symptoms to become ingrained and a ‘hard-wiring’ of the brain’s reward circuitry.

This process is intended to help the client or patient to start to appreciate that this is nothing to be ashamed of and that it is due to no fault of their own, nor an indication of their own lack of willpower, but that it is actually a deep-rooted problem that will need time, effort and help to resolve. It is also an opportunity for the healthcare professional to identify whether certain traumatic experiences or life events may have impacted the progression or exacerbation of the addiction symptoms and whether these need additional attention.

The formats for both these versions of CRAVED are included in the following pages.

How to start the process of working with CRAVED with patients:

Before reading the questions, recommend that your patient or client, **spends a few minutes thinking about what foods and / or drinks they feel they struggle to control** their intake of, once they start.

This is a guide you can read to your patient or client:

- (i) Are there any foods and/ or (non-alcoholic) drinks that occupy your mind a lot and that you may feel control you, rather than you being able to control them.
- (ii) Write yourself a list with all of these foods and drinks.
- (iii) The questions you are about to answer in CRAVED use the common term ‘these foods’ to make it personal to you, and to mean exactly those foods you have listed.

If you are using the therapeutic version of CRAVED (see above) then add the following point;

- (iv) You are now ready to answer the questions and complete your answers on the blank chart, using the example provided on the final page that shows you how to complete it.

How to follow up with patients who have scored >3 on CRAVED:

On the final page (8) of this document is a simple flow-chart guide to help you to follow up with your patients in a clinical setting.



Name (or reference):

Date:

Have you ever CRAVED certain foods or drinks?

This is a questionnaire to assess whether you experience cravings for foods or drinks that might make it difficult for you to sustain changes to your diet.

Spend a few minutes thinking about any foods or drinks you struggle to control your intake of. Include foods and drinks that occupy your mind. Write a list of these foods and drinks in the box:

Now answer the following questions about these foods or drinks. For each question, tick the relevant box on the right.

	YES: In the past month	YES: In the past year	YES: More than one year ago	NO: Never
1. Have you ever had such a strong desire or sense of compulsion at the thought of having these foods or drinks that you could not resist the urge to consume them?				
2. Have you ever noticed that you need to use increasing amounts of these foods or drinks to get the same effect compared to when you first had them?				
3. Have you ever noticed that you neglect planning activities because you are too tired, sick or preoccupied due to having too much of these foods or drinks?				
4. Have you ever consumed more of these foods or drinks than you intended on more than one occasion?				
5. Have you ever experienced at least two of the following withdrawal symptoms when you cut down or stopped consuming these foods or drinks?				
<ul style="list-style-type: none"> • Headache • Nausea or vomiting • Anxiety • Depressed or low mood • Irritability • Shakes 	<ul style="list-style-type: none"> • Sweating • Heart Racing /Palpitations • Fast or shallow breathing • Diarrhoea or constipation • Sleep disturbance or vivid dreams 			
6. Have you ever continued to consume these foods or drinks despite you or someone else believing that difficulties with weight gain, diabetes, memory, concentration, anxiety, unexplained mood swings, depression, panic attacks or other physical or mental health problems could be due to your consumption of these foods or drinks?				

Scoring: Three or more symptoms in the past year could indicate addictive behaviours related to certain foods and / or drinks.

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Therapeutic Version of CRAVED

Please answer yes or not to the following questions and use your answers to complete the chart on the next page?

- C** 1. Have you ever had such a strong desire or sense of **compulsion** at the thought of eating these foods that you could not resist the urge to eat them? If yes, how old were you the first time and how old were you the last time you experienced this? (25) (*Compulsion*)
- R** 2. Have you ever noticed that you need to use **increasing amounts** of these foods to get the same effect compared to when you started. If yes, how old were you the first time and how old were you the last time you experienced this? (30) (*Increased Tolerance = Reaching for more*)
- A** 3. Have you ever noticed a **growing neglect** towards planning of activities because you were too tired /hungover/ sick due to overeating these foods? If yes, how old were you the first time and how old were you the last time you experienced this? (38) (*Growing Neglect (of Activities)*)
- V** 4. Have you ever used **more of these foods than you intended** on more than one occasion? If yes, how old were you the first time and how old were you the last time you experienced this? (27) (*Loss of Control = more Volume*)
- E** 5. Have you ever experienced at least two of the following **withdrawal symptoms** (see i-list) when you cut down or stopped using these foods? If yes, how old were you the first time and how old were you the last time you experienced this? (61) (*Withdrawal symptoms from stopping or cutting down = Exclusion of foods causing withdrawal symptoms*)
- D** 6. Have you (ever) **continued to use these foods despite** you or someone else believing that your memory and concentration challenges, anxiety, unexplained mood swings, depression, panic attacks etc or other mental or physical health problems were likely to be due to your use of these foods? If yes, how old were you the first time and how old were you the last time you experienced this? (43) (*Continued Use Despite Damage awareness*)

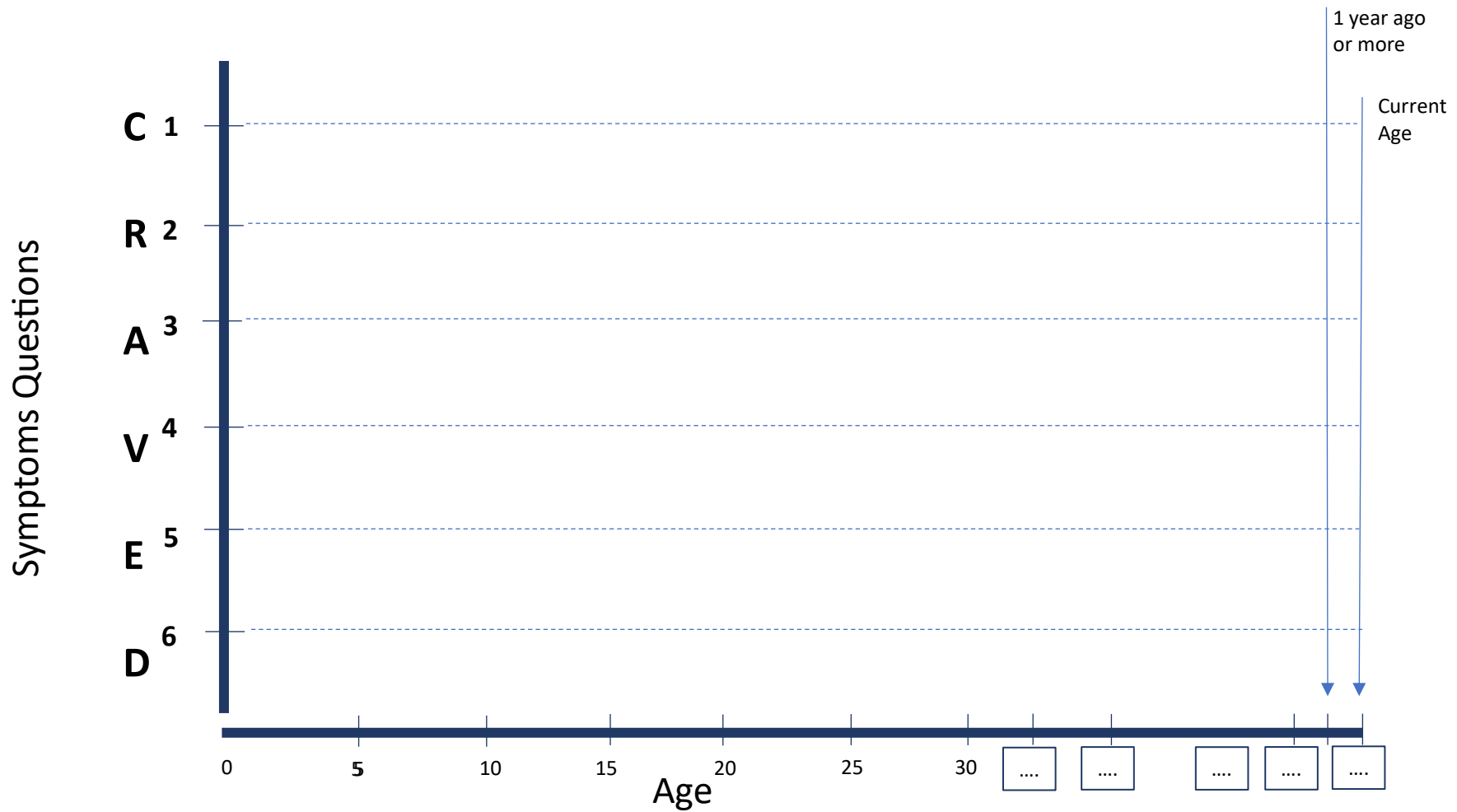
(i-list) Headaches, nausea, vomiting, anxiety, depressed/low mood, irritation, shakes, sweating, heart palpitations, fast or shallow breathing, diarrhoea/ constipation, sleep disturbances or vivid dreams or other symptoms you associate with cutting out these foods

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CRAVED chart for completion

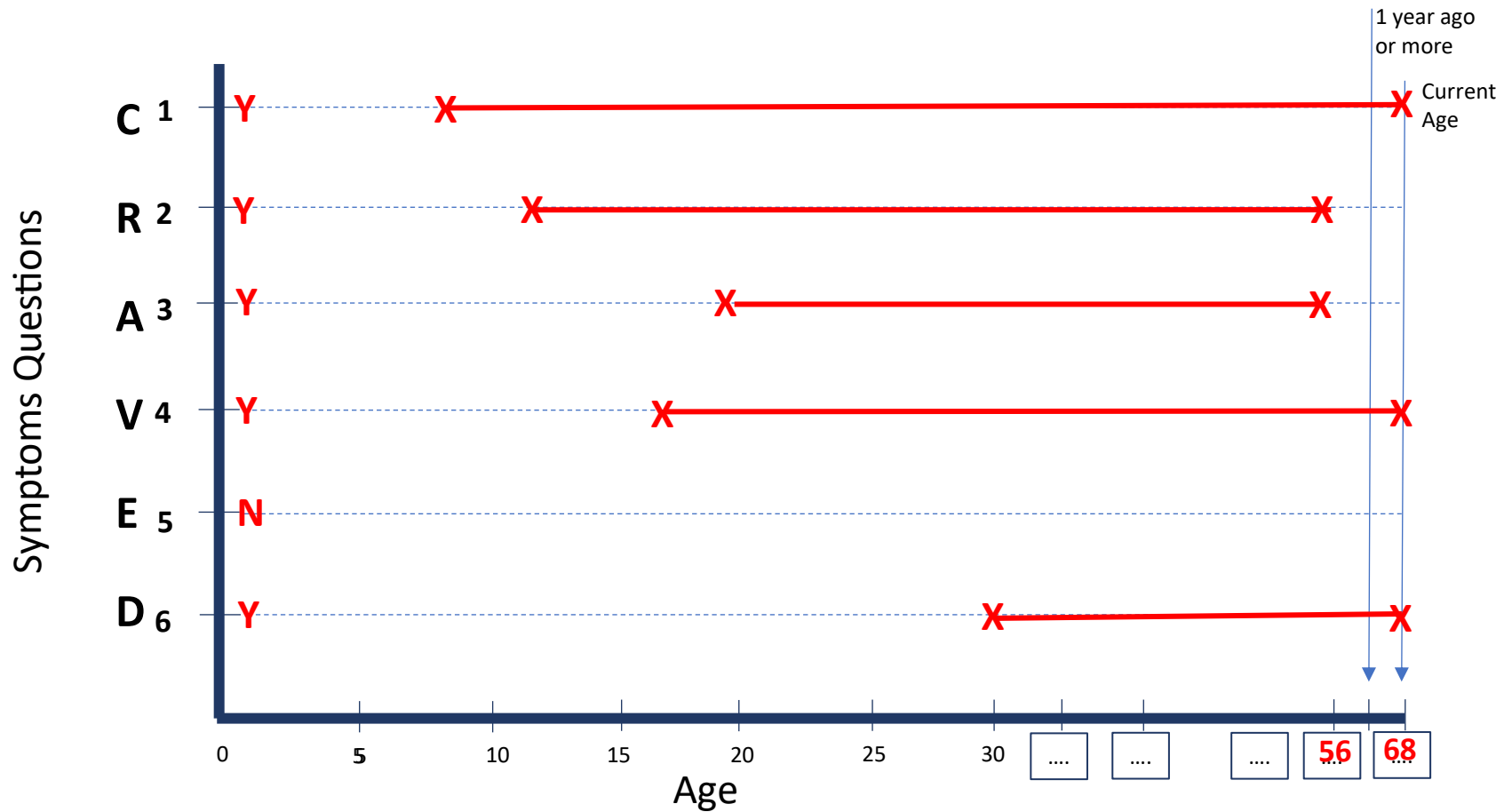


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Example of Completed CRAVED chart



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Where is My Patient at, and how can I Help?

Physiological and Psychological Manifestations of FA

Guidance for Patient Conversations regarding Food Addiction Recovery

Following Nutrition and Lifestyle Guidance being provided(*) by HCP: Any observed patient struggles with weight/ moods/ or other physical or psychological symptoms potentially associated with a nutrient-light or highly processed food diet (sugars, refined carbs)?

Symptoms of FA (3+):

- C
- R
- A
- V
- E
- D



3-6 months

Review changes to Symptoms of FA (3+):

- C
- R
- A
- V
- E
- D



3-6 months

Review changes to Symptoms of FA (3+):

- C R A V E D

Patient Perspective:

- Review of diet recall
- Review of small 'wins'
- Review of wellbeing

Chart Progress, using 'blue bar' if this is helpful to patient

Ongoing Recovery Protection

Helpful Advice at baseline (*):

- Understand addiction as a disease
- Abstain from 'drug foods'
- Nutrient dense 'real' foods
- One day at a time
- Non-food treats
- Support networks

Patient Conversation (ongoing):

- What have you learnt about yourself?
- What do you want to try next?
- Encourage a written Relapse Prevention Plan
- Have support networks been established?
- Are there other psychological needs

Congratulate Remission

- < 3 symptoms for 6 months
- Maintenance required
- Recovery Protection Plan
- New Habits & Lifestyle

(*) Review and establish patient is ready to make difficult changes before embarking on knowledge-building and action planning.