Client Handout: Questions for Nutrition Professionals to Use for Night Eating Syndrome (NES) Evaluation

These open-ended questions are meant to prompt useful information from the client, free from upset or distress, and may be asked in any order. If preferred, dietitians may refer to the criteria for other specified feeding and eating disorders as listed in the *Diagnostic and Statistical Manual of Mental Disorders, 5th edition*.

Q: “How much of your food for the day is eaten before/after dinner?”
A: ≥25% intake eaten after the evening meal

Q: “How has your appetite been most mornings?”
A: No/low appetite most mornings

Q: “How often do you skip breakfast in a week?”
A: Four or more days/week

Q: “How often do you wake up during the night each week to eat?”
A: Two or more times/week

Q: “It sounds like you remembered the previous night’s behavior when you woke up the next day.”
A: Client may state it was “hazy” or otherwise; NES doesn’t include amnesia
Alternate Q: “How aware were you of your eating/behavior that night?
Alternate A: Somewhat to completely; NES doesn’t include amnesia

Q: “How do you feel when you’re eating?”
A: “Out of control,” “can’t stop eating,” loss of control, but may lack physical hunger

Q: “Can you show me [using hands] about how much you ate before you first went back to bed?”
A: Large objective amount/single episode

Q: “How’s your sleep been since we last spoke?”
A: Insomnia, frequent waking four or more nights/week

Q: “How many hours per night of sleep do you get?”
A: Minimum of seven is adequate; may consult with a hospital’s sleep medicine team for recommendations

Q: “How long does it take you to fall asleep?”
A: Insomnia, delayed sleep onset four or more nights/week

Q: “Tell me about your mood lately.”
A: Symptoms of depression, often in evening hours; symptoms of anxiety

Q: “Are there specific foods you crave when you wake up?”
A: High carbohydrate content, sweets, desserts

Q: “How do you feel after [NES episodes]?”
A: Guilt, shame, embarrassment, disgust about eating behavior
Q: “Why do you think you wake up to eat during the night?”
A: Belief that eating is necessary to fall sleep or resume sleeping

Q: “Have there been any changes to your medications?”
A: Use/dosage change of zolpidem (Ambien), other sleep aids, antidepressants, etc.