



Eating Disorders and Outward Bound

Past experience has shown that students with a non-stable eating disorder generally have a difficult time on our courses. Many factors contribute to this situation, but the most significant is that the new environment that students find themselves in tends to create a sense of “loss of control,” which (as you may know) is a central issue for individuals who are struggling with an eating disorder. Another significant issue deals with the extremely high level of community living and as a result does not offer a lot of personal time.

In addition, food becomes a strong component/focus during the course.

Students are responsible for packing and carrying all their own food.

Staples of the OB diet consist of many of the high-fat, high-calorie foods that sometimes people are trying to avoid (cheese, peanut butter, nuts, breads and pastas, etc.)

Students prepare all of the meals for the duration of the course.

Mealtimes can be irregular with frequent snacks all depending on the activities of the day.

“Solo” may be a time of partial restriction of calories.

Because students are so physically active for most of the time that they are on the course (with the exception of portions of Sail or Kayak courses, and the “solo” experience) there is a potential that they will lose weight.

These conditions, coupled with the other stresses inherent to an Outward Bound® course create a situation that seems to exacerbate symptoms, unless you have been in recovery and have been successfully utilizing a plan for an extended period. **Outward Bound® requires that the applicant have no eating disorder symptoms and individuals with active eating disorders are generally not permitted to attend. All applicants with symptoms within the last (6) months will be asked to complete this form prior to participating in a course.**

Please take the time to share this information with your therapist and/or physician. After you discuss this information with your physician and complete the questionnaire please return the form to our office and we will make a decision concerning your participation.

Thank you for your time.

Student Assessment Manager



Eating Disorder History Questionnaire

You may complete your responses electronically. Type into the fields then digitally sign and email back.

Student Name: _____ **Course#** _____

You indicated that you have a history with an eating disorder. Please answer the following questions so we can have a better perspective in order to make a safe and healthy decision about your participation.

General:

1. Type of Eating Disorder: Anorexia Bulimia Excessive exercise Use of laxatives/diuretics
2. When did the eating disorder first begin?
3. Is the eating disorder active or in remission? When was the last occurrence (binge/purge/restricting)?
4. What do you think were the precipitating factors?
5. How did the disorder manifest- i.e. what behaviors/practices?
6. Are you currently in counseling? Yes No
7. How long have you been in recovery? Describe how it is going?
8. During the course of your eating disorder or your recovery process, did you experience depression?
 Yes No
9. Did you ever have any suicidal ideations or attempts? Yes No
If yes, please describe in detail.
10. Did you, or do you, participate in any type of treatment program? If yes, please describe the program and give the date of completion or anticipated completion.
11. Are you currently attending or utilizing a support group? If yes, what is type of group and how often do you attend? How do you feel it will be for you to be away from this group?
12. What are some coping skills you currently use to help yourself deal with stress?
13. Have you had a complete exam including blood work since recovery? Yes No
 - a) Are your blood and electrolytes at normal levels? Yes No
14. Do you have digestive issues? Yes No
If yes, please describe



Eating Disorder History Questionnaire (*continued*)

15. Describe your current eating habits i.e. describe a typical day's meals. Do you have any dietary restrictions? If yes, please list.
16. Describe your current exercise level, noting specific activities and frequency.
17. Your course is likely to involve an increase in your activity level which in turn requires an increase in food intake. Can you adjust your food intake and feel comfortable with this increase? Yes No
18. Your course is also going to include a solo. This is an inactive time: for reflection, to be introspective, to enjoy time alone, to contemplate your life and your Outward Bound® experience, and an opportunity to do journal writing. How do you feel about the solo experience and being inactive? Explain any concerns you would like us to know about?
19. Why have you decided to take an Outward Bound® course at this time?
20. What goals or objectives do you hope to achieve on your Outward Bound® course?
21. Are you willing to identify the times when you are struggling and make a plan for the instructors to help you at that time? Yes No
22. Your health and safety is our primary concern. Are you willing to commit to maintaining healthy eating habits throughout the duration of your course? Yes No

Who filled out this questionnaire? The applicant Parent/Guardian Other:

Your physical and mental well-being is extremely important to us. Outward Bound® courses are physically and emotionally demanding and occur in remote areas removed from advanced medical care. **If you are deemed to be unstable with regard to your eating disorder while on your course (observation of anorexic or bulimic behaviors or other unstable psychological issues), we will need to evacuate you and require you to travel to your home at your expense. These additional expenses associated with the evacuation and transportation facility will be your responsibility.**

Signature Required:

My/Our signature(s) below indicates that I/We have read completely the above material and answered all questions truthfully.

Participant Signature

Date

Parent/Guardian Signature

(If 21 years old or under)

Date