PATIENT SELF-ASSESSMENT

HOW LOUD IS YOUR FOOD NOISE?

The Batash Food Noise Assessment Tool

WHAT FOOD NOISE MEANS

Persistent or intrusive thoughts about food that may feel difficult to control, take up mental space, cause distress, or interfere with daily life. **It is not a failure of willpower.**

Name: _____ **Date:** _____

Current treatment (optional): _____

Part 1. Validated Food Noise Questionnaire (FNQ)

Think only about the last two weeks. Mark one response for every statement.

Statement	Strongly disagree 0	Disagree 1	Neither 2	Agree 3	Strongly agree 4
1. I find myself constantly thinking about food throughout the day.	☐	☐	☐	☐	☐
2. My thoughts about food feel uncontrollable.	☐	☐	☐	☐	☐
3. I spend too much time thinking about food.	☐	☐	☐	☐	☐
4. My thoughts about food have negative effects on me and/or my life.	☐	☐	☐	☐	☐
5. My thoughts about food distract me from what I need to do.	☐	☐	☐	☐	☐

Core scoring: add the selected values (0–4). Total FNQ score: _____ / 20

A higher total indicates more food noise. Research has not established diagnostic or mild/moderate/severe cutoff scores.

Part 2. Batash Clinical Conversation Prompts

KEEP SEPARATE FROM THE FNQ SCORE

The questions on this page are not part of the validated FNQ and are not added to the 0–20 score. They help you and your care team understand context, triggers, eating patterns, and treatment needs.

During the last two weeks, when was food noise most noticeable?

☐ Morning ☐ Afternoon ☐ Evening ☐ Overnight ☐ Before meals ☐ After meals ☐ Between meals
☐ Varied/no pattern

Which situations seemed to turn up the volume?

☐ Physical hunger ☐ Stress/anxiety ☐ Boredom ☐ Fatigue ☐ Food cues ☐ Social settings
☐ Restriction/dieting ☐ Medication timing ☐ Pain/discomfort ☐ Alcohol/cannabis ☐ Menstrual/hormonal change
☐ Unsure

What did the food noise tend to lead to?

☐ No action ☐ Unplanned eating ☐ Eating past fullness ☐ Repeated checking/ordering
☐ Avoiding food/social events ☐ Distress or shame

How often did you notice physical hunger at the same time?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Nearly always ☐ Unsure

What helped quiet or redirect the thoughts, even briefly?

How much did food noise interfere with the following?

AREA	NOT AT ALL	A LITTLE	QUITE A BIT	EXTREMELY
Concentration or work	☐	☐	☐	☐
Sleep or rest	☐	☐	☐	☐
Relationships or social life	☐	☐	☐	☐
Eating decisions	☐	☐	☐	☐
Emotional well-being	☐	☐	☐	☐

TELL YOUR CLINICIAN PROMPTLY

Food noise can overlap with binge eating, restrictive eating, purging, compulsive exercise, anxiety, depression, or obsessive thoughts. If thoughts or behaviors feel unsafe, distressing, or difficult to control, **ask for appropriate evaluation rather than relying on this score alone.**

Part 3. Your Food Noise Pattern Map

Complete one example from the past two weeks. The goal is curiosity, not judgment.

1. Situation or cue	*Where were you? What was happening?*
2. Thought or mental image	*What did your mind keep returning to?*
3. Body signal	*Hungry, full, tired, tense, restless, nauseated, or unsure?*
4. Emotion	*Stressed, bored, lonely, excited, deprived, ashamed, or something else?*
5. Action	*What did you do next?*
6. Short-term result	*What changed during the next hour?*
7. A supportive next experiment	*What small, realistic response could you try next time?*

Bring these questions to your Batash visit

- [ ] Could hunger biology, medication timing, sleep, stress, or restriction be contributing?
- [ ] Does my eating pattern suggest that I need nutrition, behavioral-health, or eating-disorder support?
- [ ] What change should we track before the next visit?
- [ ] How should treatment response be evaluated beyond body weight?
- [ ] When should I contact the team between visits?

THE BATASH METHOD

Food noise may be influenced by biology, environment, habits, emotions, and treatment. Batash care can coordinate medical evaluation, procedural options when appropriate, nutrition guidance, and OnTrack coaching — **instead of treating the experience as a willpower problem.**

Part 4. Tracking Change Over Time

Use the same two-week recall period each time. A score can support conversation and trend review; it does not by itself determine diagnosis, medication dose, procedural eligibility, or treatment success.

DATE	FNQ TOTAL 0–20	TREATMENT OR DOSE CHANGE	WHAT IMPROVED OR WORSENED?	NEXT STEP

How to interpret the result safely

- 0–20 is a continuum: higher scores indicate greater food noise.
- There are currently no validated cutoff scores for “low,” “moderate,” “high,” or “clinically significant” food noise.
- A change in score may be useful for follow-up, but the FNQ’s clinical utility and responsiveness to treatment still require further study.
- Review the score together with distress, impairment, nutrition status, symptoms, eating behavior, and the patient’s goals.

Clinician notes

Evidence and source note

Diktas HE, Cardel MI, Foster GD, et al. Development and validation of the Food Noise Questionnaire. *Obesity (Silver Spring)*. 2025;33(2):289–297. doi:10.1002/oby.24216. PMID: 39828656. The final five-item FNQ demonstrated high internal consistency and test-retest reliability in its initial validation study; further research is needed to establish clinical utility.

Original questionnaire and scoring guide: https://www.pbrc.edu/research-and-faculty/research-programs/Clinical-Science-Labs/food-noise-questionnaire/files/fnq-scoringguide.pdf