

**OLJABET HOSPITAL**

**NYAHURURU**

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*‘Healthcare that cares’*

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**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE\_\_\_\_\_\_\_\_\_\_\_\_HEIGHT\_\_\_\_\_\_\_\_\_ WEIGHT\_\_\_\_\_\_\_BMI\_\_\_\_\_\_\_**

**What Is the SCOFF Questionnaire?**

**The SCOFF questionnaire utilizes an acronym (Sick, Control, One, Fat, Food),**

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| **QUESTION** | **ANSWER** |
| **Do you make yourself Sick (induce vomiting) because you feel uncomfortably full?** | **YES, NO** |
| **Do you worry you have lost Control over how much you eat?** | **YES, NO** |
| **Have you recently lost more than One stone [6.35kg] in a 3 month period?** | **YES, NO** |
| **Do you believe yourself to be Fat when others say you are too thin?** | **YES, NO** |
| **Would you say that Food dominates your life?** | **YES, NO** |
| **SCORE** |  |

**Answering "yes" to 2 or more of the following questions indicates a possible case of anorexia nervosa, bulimia nervosa, or other eating disorder**: