

Eating Disorders

[THIS MODULE BEGINS WITH WEIGHT AND EATING BEHAVIOURS SUMMARY WHICH DIRECTS TO A RELEVANT SECTION TO ADMINISTER. AN OPTIONAL SUPPLEMENTARY INFORMATION FOR EATING DISORDERS SECTION IS ALSO AVAILABLE AT THE END OF THIS MODULE TO GATHER INFORMATION THAT MAY BE CLINICALLY RELEVANT BUT NOT DIAGNOSTICALLY NECESSARY. ANY RESPONSE OPTION WITH ☒ SHOULD RESULT IN STOPPING ALL FURTHER QUERY IN THIS MODULE REGARDLESS OF THE SECTION BEING ASSESSED.]

1. **Do you have significant difficulty with eating behaviour, body weight, or the way you feel about your shape and weight?** **A** **S** **P**
☒ ☒
2. **How tall are you?** _____ ft/m
_____ in/cm
3. **What is your current weight?** _____ lbs/kg

[WEIGHTS BELOW REPRESENT BMI OF 18.5 AT THE RESPECTIVE HEIGHT]

HEIGHT (ft/m)	6'4/1.93	6'3/1.91	6'2/1.88	6'1/1.85	6'0/1.83
WEIGHT (lb/kg)	152.0/68.95	148.0/67.13	144.0/65.32	140.5/63.73	136.5/61.92
HEIGHT (ft/m)	5'11/1.80	5'10/1.78	5'9/1.75	5'8/1.73	5'7/1.70
WEIGHT (lb/kg)	132.5/60.10	129.0/58.51	125.5/56.93	122.0/55.34	118.0/53.52
HEIGHT (ft/m)	5'6/1.68	5'5/1.65	5'4/1.63	5'3/1.60	5'2/1.57
WEIGHT (lb/kg)	114.5/51.94	111.5/50.58	108.0/48.99	104.5/47.40	101.5/46.04
HEIGHT (ft/m)	5'1/1.55	5'0/1.52	4'11/1.50	4'10/1.47	
WEIGHT (lb/kg)	98.0/44.45	95.0/43.09	91.5/41.50	88.5/40.14	

- [CURRENT BMI IS ≤ 18.5] **A** **P**
- [PAST WEIGHT:]
4. **What was your highest weight?** _____ lbs/kg
 5. **When was this period of high weight?** _____
 6. **How long did you maintain this weight?** _____
 7. **What was your lowest weight?** _____ lbs/kg
 8. **When was this period of low weight?** _____
 9. **How long did you maintain this weight?** _____

- [BMI AT LOWEST WEIGHT ≤ 18.5 AND MAINTAINED > 3 MONTHS] **A** **P**
10. [ESTIMATE PERCENTAGE WEIGHT LOSS, IF CURRENT WEIGHT IS < HIGHEST WEIGHT:]
[1 – {current weight _____ / highest weight _____}] x 100 _____ %

[WEIGHT LOSS IS SIGNIFICANT, E.G., ≥ 15%] **A** **P**

11. What is your ideal weight? _____ lbs/kg
12. Are you presently dieting or restricting your food intake because you are afraid of gaining weight or becoming fat? **A** **P**
 [IF YES:] What do you think your natural weight would be if you weren't doing these things? _____ lbs/kg

[IF ONE OF: BMI IS ≤ 18.5 , PERCENTAGE WEIGHT LOSS IS $\geq 15\%$, OR A BMI OF ≤ 18.5 WAS MAINTAINED ≥ 3 MONTHS; AND #12 IS CODED P, PROCEED TO ANOREXIA NERVOSA AND OTHER SPECIFIED FEEDING OR EATING DISORDER—ATYPICAL ANOREXIA NERVOSA SECTION]

13. Have you been disinterested in eating food or not wanted to eat certain foods because you couldn't tolerate the texture, appearance, taste, or smell, or because you were afraid that something bad might happen (e.g., choking, vomiting)? **A** **P**

[IF #13 IS CODED P, PROCEED TO AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER SECTION]

14. Have you ever had periods of time when you've eaten too much and lost control over your eating? **A** **P**

15. Have you ever done something to try to get rid of or compensate for the food you ate? **A** **P**

[IF #14 IS CODED P AND #15 IS CODED A, PROCEED TO BINGE EATING DISORDER AND OTHER SPECIFIED FEEDING OR EATING DISORDER—BINGE EATING DISORDER OF LOW FREQUENCY AND/OR LIMITED DURATION SECTION]

[IF #15 IS CODED P, PROCEED TO BULIMIA NERVOSA, PURGING DISORDER, AND OTHER SPECIFIED FEEDING OR EATING DISORDER—BULIMIA NERVOSA OF LOW FREQUENCY AND/OR LIMITED DURATION SECTION]

Anorexia Nervosa and Other Specified Feeding or Eating Disorder— Atypical Anorexia Nervosa

- | | | |
|---|----------|------------|
| 1. [SIGNIFICANT LOW BODY WEIGHT IS PRESENT, E.G., CURRENT BMI IS ≤ 18.5] | A | P |
| 2. [SIGNIFICANT WEIGHT LOSS IS PRESENT, E.G., PERCENTAGE WEIGHT LOSS FROM HIGHEST WEIGHT IS $\geq 15\%$] | A | P |
| 3. [LOWEST BMI MAINTAINED FOR 3 OR MORE MONTHS WAS ≤ 18.5] | A | P |
| [IF #1 IS CODED A (CURRENT BMI IS IN HEALTHY RANGE) AND #3 IS CODED P, COMPLETE ITEMS BELOW ASKING ABOUT <u>PAST PERIOD</u> OF LOW WEIGHT] | | |
| 4. [WEIGHT LOSS OR MAINTENANCE OF CURRENT LOW WEIGHT APPEARS TO BE MOTIVATED/ DELIBERATE. IF NOT KNOWN, ASK:]
When you first lost weight, did you change your eating and activity? Please describe.
Are you still eating and being active in a way intended to control your weight? | A | P |
| 5a. Are you very afraid of gaining weight or getting fat?
Can you tell me more about this fear? Do you worry about your percentage body fat or muscle definition or tone? | A | S P |

[NOTES:]

- 5b. **In addition to dieting or restricting your food intake, have you engaged in any of the following behaviours to lose or maintain your weight in the past 3 months:**

[RESTRICTING BEHAVIOURS:]

- ☐ **Fasted (skipped multiple meals)**

How long have you been fasting like this?

- ☐ **Increased your level of physical activity**

Thinking only of the times when you are making up for eating, what type(s) and how much physical activity do you do? How long have you been using exercise in this way?

- ☐ **Other:** _____

[AT LEAST ONE #5b IS CHECKED]

A P

- 5c. **In addition to dieting or restricting your food intake, have you engaged in any of the following behaviours to lose or maintain your weight in the past 3 months:**

[PURGING BEHAVIOURS:]

- ☐ **Made yourself vomit after eating**

How often? How do you make yourself vomit? How long have you been engaging in vomiting?

☐ **Used laxatives to try to rid yourself of the food**

How often? What type and how many are you taking each time? How long have you been using laxatives in this way?

☐ **Used diuretics or other medications, such as diet pills, insulin, thyroid medications**

What type and how many are you taking each time? How long have you been using diuretics or these medication in this way?

☐ **Other:** _____

[AT LEAST ONE #5c IS CHECKED]

A**P**

[AT LEAST ONE #5 ITEM CODED P]

A**P**

I would like to ask you now about how your feelings about weight or shape impact how you feel about yourself.

6a. **Do you often feel that you are overweight?****A****S****P**

Are there parts of your body that you worry about being too large, even though others might not think you have reason to be concerned?

6b. **Compared to other domains of your life that are important to you (e.g., family, friends, relationships, school, career, hobbies), do your weight and shape have a significant impact on how you feel about yourself or your worth?****A****S****P**

What % would you rate weight and shape in terms of importance?

_____ %

How bad do you feel about yourself if your weight or shape changes in an unfavourable manner? Does an unfavourable weight change ever make you feel like a failure or like you are weak or out of control?

6c. [LACK OF RECOGNITION OF THE SERIOUSNESS OF LOW BODY WEIGHT. IF NOT KNOWN ASK:]

A**S****P**

Do you think that your current weight poses any problems for you?

[AT LEAST ONE #6 ITEM IS CODED P]

A**P**☒

[NOTES:]

I would like to ask you now about your eating.

[BINGE EPISODE:]

7. **In the past 3 months, have you had episodes when you ate an amount of food that is definitely larger than what most people would eat in a short period of time (e.g., within 2 hours) and in similar circumstances?****A****S****P**

Can you give a typical example of this?

[NOTE: TO CODE P, MUST BE AN OBJECTIVELY LARGE AMOUNT OF FOOD, I.E., MORE OF THE TYPE AND/OR AMOUNT OF FOOD THAN MOST PEOPLE WOULD TYPICALLY HAVE IN THAT CIRCUMSTANCE]

8. During these episodes did you feel like you lacked control over your eating (e.g., feeling like you could not stop eating even though you felt you shouldn't be eating this much, or this kind of food)?

A S P

[NOTES:]

9. [PURGING BEHAVIOUR HAS BEEN ENDORSED IN THE PAST 3 MONTHS. IF NOT KNOWN, SEE #5c – PURGING BEHAVIOURS]

A P

DIAGNOSTIC IMPRESSION:

#1, #5, AND #6 ARE CODED P:
ANOREXIA NERVOSA

A S P

[SPECIFY:]

BOTH #7 AND #8 AND/OR #9 ARE CODED P

BINGE-EATING/
PURGING TYPE☐

#7, #8 AND #9 ARE CODED A

RESTRICTING TYPE

☐

[SPECIFY:]

ANOREXIA NERVOSA WAS PREVIOUSLY PRESENT, BMI HAS BEEN IN THE
HEALTHY RANGE FOR A SUSTAINED PERIOD OF TIME (E.G., 3 MONTHS),
BUT SOME SYMPTOMS REMAIN

IN PARTIAL
REMISSION☐

NO SYMPTOMS HAVE BEEN PRESENT FOR A SUSTAINED PERIOD OF TIME
(E.G., 3 MONTHS)

IN FULL
REMISSION☐

[SPECIFY:]

BMI ≥ 17

MILD

☐

BMI 16-16.99

MODERATE

☐

BMI 15-15.99

SEVERE

☐

BMI < 15

EXTREME

☐

DIAGNOSTIC IMPRESSION:

#1 IS CODED A AND #2 IS CODED P:
OTHER SPECIFIED FEEDING OR EATING DISORDER—ATYPICAL ANOREXIA NERVOSA

A S P
☒

[SPECIFY:]

PANIC ATTACKS ARE PRESENT IN THE CONTEXT OF THIS DISORDER

WITH PANIC
ATTACKS☐

[NOTE: TO ASSESS SYMPTOMS OF A PANIC ATTACK,
SEE PANIC ATTACK SPECIFIER AND PANIC DISORDER MODULE]

10. **How old were you when these symptoms first began?** _____
11. **How old were you when these symptoms began to be a problem for you?** _____
12. **On a scale from 0 to 10, 0 meaning not at all and 10 meaning extremely, how much are you bothered by your symptoms?** _____

Avoidant/Restrictive Food Intake Disorder

1. I would like to ask you about your eating. Have you:

- ☐ Felt like you were not interested in eating food?
- ☐ Not wanted to eat certain foods because you couldn't tolerate the texture of the food, or the appearance, taste or smell of the food?
- ☐ Not wanted to eat certain foods because you were afraid that something bad might happen (like you might vomit, or choke, or have other unpleasant symptoms)?

[AT LEAST ONE #1 ITEM IS CHECKED]

A
☒

P

2. Because of your lack of interest in or concern about eating food:

- ☐ Have you experienced significant weight loss?
How much weight have you lost?
- ☐ Has your doctor been concerned that you are lacking in important nutrients? [OR MEDICAL EVIDENCE IS AVAILABLE TO SUPPORT THIS]
- ☐ Have you had to have tube feeding or oral supplements to keep your weight in a safe medical range? [OR MEDICAL EVIDENCE IS AVAILABLE TO SUPPORT THIS]
- ☐ Has your social life, work or school, family life, or romantic life been significantly impacted?

[AT LEAST ONE #2 ITEM IS CHECKED]

A
☒

P

3. [EATING DISTURBANCE IS NOT DUE TO THE INABILITY TO ACCESS FOOD OR BECAUSE OF CULTURAL OR RELIGIOUS PRACTICES. IF NOT KNOWN, ASK:]

Were you unable to eat because you could not get access to food or because you were following practices set out by your culture or religion?

A
☒

S

P

4. [ANOREXIA NERVOSA OR BULIMIA NERVOSA IS NOT PRESENT AND THERE IS NO EVIDENCE OF DISTURBANCE IN BODY IMAGE. IF NOT KNOWN, ASK:]

I would like to ask you now about your feelings about your weight and shape. Are you particularly bothered by your weight or shape? Compared to other domains of your life that are important to you (e.g., family, friends, relationships, school, career, hobbies), do your weight and shape have a significant impact on how you feel about your worth? What % would you rate weight and shape in terms of importance to your self-worth?

A
☒

P

_____ %

5. [THE SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY A MEDICAL CONDITION. IF A MEDICAL CONDITION IS PRESENT, THE SEVERITY OF THE EATING DISTURBANCE IS NOT TYPICAL OF WHAT IS ROUTINELY ASSOCIATED WITH THE CONDITION. IF NOT KNOWN, ASK:]

Did you have any medical conditions just before these symptoms began? Do you think this may have caused your symptoms or made them worse?

A
☒

P

6. [THE SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY ANOTHER MENTAL DISORDER. IF A MENTAL DISORDER IS PRESENT, THE SEVERITY OF THE EATING DISTURBANCE IS NOT TYPICAL OF WHAT IS ROUTINELY ASSOCIATED WITH THE DISORDER.]

A
☒

P

DIAGNOSTIC IMPRESSION:
AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER

A **S** **P**
☒ ☐ ☐

[SPECIFY:]

FULL SYMPTOMS OF THE DISORDER HAVE NOT BEEN
PRESENT FOR A SUSTAINED PERIOD OF TIME

IN REMISSION ☐

[SPECIFY:]

PANIC ATTACKS ARE PRESENT IN THE CONTEXT OF THIS DISORDER

WITH PANIC ☐
ATTACKS

[NOTE: TO ASSESS SYMPTOMS OF A PANIC ATTACK,
SEE PANIC ATTACK SPECIFIER AND PANIC DISORDER MODULE]

7. How old were you when these symptoms first began? _____
8. How old were you when these symptoms began to be a problem for you? _____
9. On a scale from 0 to 10, 0 meaning not at all and 10 meaning extremely, how much are you bothered by your symptoms? _____

Binge Eating Disorder and Other Specified Feeding or Eating Disorder— Binge Eating Disorder (of Low Frequency and/or Limited Duration)

I would like to ask you about your eating.

- 1a. Have you had periods of time when you ate an amount of food that was definitely larger than what most people would eat in a short period of time (e.g., within 2 hours) and in similar circumstances? A S P

Can you give a typical example of this?

[NOTE: TO CODE P, MUST BE AN OBJECTIVELY LARGE AMOUNT OF FOOD, I.E., MORE OF THE TYPE AND/OR AMOUNT OF FOOD THAN MOST PEOPLE WOULD TYPICALLY HAVE IN THAT CIRCUMSTANCE]

- 1b. During these episodes did you feel like you lacked control over your eating (e.g., feeling like you could not stop eating even though you felt you shouldn't be eating this much, or this kind of food)? A S P

[#1a AND #1b ARE CODED P]

A P
☒

[NOTES:]

2. When someone eats a large amount of food within a 2-hour period of time and feels out of control of the eating, we call this a binge. When you binge eat, do you:

- ☐ Eat much more quickly than you typically eat?
- ☐ Eat until you feel uncomfortably full?
- ☐ Eat large amounts of food even though you are not feeling hungry?
- ☐ Eat alone or in secret because you feel embarrassed by the amount of food you are eating?
- ☐ Feel disgusted with yourself, sad, or guilty afterwards?

[AT LEAST THREE #2 ITEMS ARE CHECKED]

A P
☒

3. Are you greatly distressed by your binge eating? A P

☒

4. [FREQUENCY AND DURATION OF PEAK BINGE EATING BEHAVIOUR]

4a. At its peak, how many times would you typically binge eat in a week? _____

[BINGE EATING HAS OCCURRED AT LEAST ONCE PER WEEK]

A P

4b. At its peak, how long were you binge eating at this frequency? _____

[BINGE EATING PRESENT FOR AT LEAST 3 MONTHS]

A P

[BOTH #4 ITEMS ARE CODED P;
I.E., BINGE EATING ≥ ONCE PER WEEK FOR AT LEAST 3 MONTHS]

A P

5. **Were you bingeing at the same frequency [REPORTED IN #4a] for the past 3 months?** **A** **P**
6. [IF #5 IS CODED A, ASSESS CURRENT BINGE EATING FREQUENCY:]
Over the past 3 months, how many times have you typically binged in a week? _____
7. [FREQUENCY OF CURRENT BINGE EATING (I.E., PAST 3 MONTHS):]
[IF BINGE EATING OCCURS \geq 1 TIMES PER WEEK FOR AT LEAST 3 MONTHS, CODE P;
IF BINGE EATING OCCURS $<$ 1 TIME PER WEEK, CODE S;
BINGE EATING WAS NOT PRESENT IN THE LAST 3 MONTHS, CODE A] **A** **S** **P**
8. [BINGE EATING IS NOT ASSOCIATED WITH EFFORTS TO COMPENSATE FOR THE FOOD
EATEN, E.G., VOMITING, LAXATIVES, DIURETICS, FASTING, PHYSICAL ACTIVITY] **A** **P**
☒
9. [ANOREXIA NERVOSA OR BULIMIA NERVOSA IS NOT PRESENT] **A** **P**
☒

DIAGNOSTIC IMPRESSION:

#7 IS CODED P: **A** **S** **P**
BINGE EATING DISORDER

[SPECIFY:]

#4 IS CODED P AND #7 IS CODED S:
DISORDER WAS PREVIOUSLY PRESENT BUT BINGE EATING FREQUENCY IS NOW
TYPICALLY $<$ 1 EPISODE PER WEEK FOR A SUSTAINED PERIOD OF TIME
(E.G., 3 MONTHS) IN PARTIAL ☐
REMISSION

#4 IS CODED P AND #7 IS CODED A:
FULL SYMPTOMS OF THE DISORDER HAVE NOT BEEN PRESENT FOR A SUSTAINED
PERIOD OF TIME (E.G., 3 MONTHS) IN FULL ☐
REMISSION

NOTE: SEVERITY IS BASED ON FREQUENCY OF BINGE EPISODES PER WEEK. DEGREE OF
SEVERITY MAY BE INCREASED TO REFLECT OTHER SYMPTOMS AND THE DEGREE OF
FUNCTIONAL DISABILITY.

[SPECIFY:]

AVERAGE OF 1-3 EPISODES OF BINGE EATING PER WEEK MILD ☐
AVERAGE OF 4-6 EPISODES OF BINGE EATING PER WEEK MODERATE ☐
AVERAGE OF 7-13 EPISODES OF BINGE EATING PER WEEK SEVERE ☐
AVERAGE OF 14+ EPISODES OF BINGE EATING PER WEEK EXTREME ☐

DIAGNOSTIC IMPRESSION:

#4a AND/OR #4b IS CODED A: **A** **S** **P**
OTHER SPECIFIED FEEDING OR EATING DISORDER OF LOW FREQUENCY AND/OR
LIMITED DURATION ☒

[SPECIFY:]

PANIC ATTACKS ARE PRESENT IN THE CONTEXT OF THIS DISORDER

[NOTE: TO ASSESS SYMPTOMS OF A PANIC ATTACK,

SEE PANIC ATTACK SPECIFIER AND PANIC DISORDER MODULE]

WITH PANIC ☐
ATTACKS

- 10 How old were you when these symptoms first began? _____
11. How old were you when these symptoms began to be a problem for you? _____
12. On a scale from 0 to 10, 0 meaning not at all and 10 meaning extremely, how much are you bothered by your symptoms? _____

Bulimia Nervosa and Other Specified Feeding or Eating Disorders— Purging Disorder and Bulimia Nervosa (of Low Frequency and/or Limited Duration)

I would like to ask you about your eating.

- 1a. **Have you had periods of time when you ate an amount of food that was definitely larger than what most people would eat in a short period of time (e.g., within a 2 hour period) and in similar circumstances?** A S P

Can you give a typical example of this?

[NOTE: TO CODE P, MUST BE AN OBJECTIVELY LARGE AMOUNT OF FOOD, I.E., MORE OF THE TYPE AND/OR AMOUNT OF FOOD THAN MOST PEOPLE WOULD TYPICALLY HAVE IN THAT CIRCUMSTANCE]

[NOTES:]

- 1b. **During these episodes, did you feel like you lacked control over your eating (e.g., feeling like you could not stop eating even though you felt you shouldn't be eating this much, or this kind of food)?** A S P

- 1c. [BOTH #1 ITEMS ARE CODED P] A P

[IF 1c IS CODED P, PROCEED TO #2]

[IF 1c IS CODED A, PROCEED TO #6]

2. **When someone eats a large amount of food within a 2-hour period of time and feels out of control of the eating, we call this a binge. At its peak:**

- 2a. **How many times would you typically binge eat in a week?**

[BINGE EATING HAS OCCURRED AT LEAST ONCE PER WEEK] A P

- 2b. **How long were you binge eating at this frequency?**

[BINGE EATING PRESENT FOR AT LEAST 3 MONTHS] A P

[BOTH #2 ITEMS ARE CODED P; A P

I.E., BINGE EATING ≥ ONCE PER WEEK FOR AT LEAST 3 MONTHS]

3. **Were you bingeing at the same frequency for the past 3 months?** A P

[IF #3 IS CODED A, ASSESS CURRENT BINGE EATING FREQUENCY:]

4. **Over the past 3 months, how many times have you typically binged in a week?** _____

5. [FREQUENCY OF CURRENT BINGE EATING (I.E., PAST 3 MONTHS):]

[IF BINGE EATING OCCURS \geq 1 TIMES PER WEEK FOR AT LEAST 3 MONTHS, CODE P;
 IF BINGE EATING OCCURS $<$ 1 TIME PER WEEK, CODE S;
 IF BINGE EATING WAS NOT PRESENT IN THE LAST 3 MONTHS, CODE A]

A S P

6. [AT LEAST ONE COMPENSATORY BEHAVIOUR IS PRESENT. IF NOT KNOWN, ASK:] Do you try to compensate or make up for your eating to prevent you from gaining weight by doing any of the following:

A S P

- ☐ Making yourself vomit after eating
How often? How do you make yourself vomit?
- ☐ Using laxatives to try to rid yourself of the food
How often? What type and how many are you taking each time?
- ☐ Using diuretics or other medications (e.g., diet pills, insulin, thyroid medication) after eating
What type and how many are you taking each time? How long have you been using diuretics or other medications in this way?
- ☐ Fasting (skipping multiple meals) after eating
How long have you been fasting like this?
- ☐ Increasing your physical activity to rid yourself of calories from eating
Thinking only of the times when you are making up for eating, what type(s) and how much physical activity do you do? How long have you been using exercise in this way?
- ☐ Are there other ways in which you compensate for your eating?
[DESCRIBE:] _____

[NOTES:]

7. [QUERY FREQUENCY AND DURATION OF ALL COMPENSATORY BEHAVIOURS REPORTED IN #6:]

At its peak, how many times in a typical week would you try to compensate or make up for eating by [compensatory behaviour reported in #6]? How long were you using these strategies in this way?

[FREQUENCY:]

[DURATION:]

- | | |
|---|---|
| <input type="checkbox"/> [VOMITING:] _____ [TIMES/WEEK] | <input type="checkbox"/> [AT LEAST 3 MONTHS?] |
| <input type="checkbox"/> [LAXATIVES:] _____ [DAYS/WEEK] | <input type="checkbox"/> [AT LEAST 3 MONTHS?] |
| <input type="checkbox"/> [DIURETICS:] _____ [DAYS/WEEK] | <input type="checkbox"/> [AT LEAST 3 MONTHS?] |
| <input type="checkbox"/> [FASTING:] _____ [DAYS/WEEK] | <input type="checkbox"/> [AT LEAST 3 MONTHS?] |
| <input type="checkbox"/> [PHYSICAL ACTIVITY:] _____ [DAYS/WEEK] | <input type="checkbox"/> [AT LEAST 3 MONTHS?] |

[IF COMPENSATING \geq 1 TIMES PER WEEK FOR AT LEAST 3 MONTHS, CODE P;
 IF $<$ 1 TIME PER WEEK AND/OR $<$ 3 MONTHS, CODE S;
 IF COMPENSATORY BEHAVIOUR WAS NOT PRESENT IN LAST 3 MONTHS, CODE A]

A S P

8. **Have you been engaging in [COMPENSATORY BEHAVIOUR] at the same frequency for the past 3 months?** **A** **P**

9. [IF #8 IS CODED A, ASSESS CURRENT FREQUENCY OF COMPENSATORY BEHAVIOURS:]

Over the past 3 months, how many times have you typically compensated for eating in a week? _____

10. [FREQUENCY OF CURRENT COMPENSATORY BEHAVIOURS (I.E., PAST 3 MONTHS):]

[IF COMPENSATORY BEHAVIOUR OCCURS \geq 1 TIMES PER WEEK FOR AT LEAST 3 MONTHS, CODE P;

IF COMPENSATORY BEHAVIOUR OCCURS < 1 TIME PER WEEK, CODE S;

IF COMPENSATORY BEHAVIOUR WAS NOT PRESENT IN THE LAST 3 MONTHS, CODE A]

A **S** **P**

11. [IMPACT OF WEIGHT ON SELF-EVALUATION; SHOULD BE CLEAR THAT WEIGHT AND/OR SHAPE IS THE MOST OR ONE OF THE MOST IMPORTANT CONTRIBUTORS TO SELF-WORTH:]

I would like to ask you now about how your feelings about weight or shape impact how you feel about yourself. Compared to other domains of your life that are important to you (e.g., family, friends, relationships, school, career, hobbies), do your weight and shape have a significant impact on how you feel about yourself or your worth?

A **S** **P**

What % would you rate weight and shape in terms of importance? _____ %

How bad do you feel about yourself if your weight or shape changes in an unfavourable manner? Does an unfavourable weight change ever make you feel like a failure or like you are weak or out of control?

[NOTES:]

12. [SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY ANOREXIA NERVOSA]

A **P**
☒

DIAGNOSTIC IMPRESSION:

#1, #2, #6, #7, #11 and #12 ARE CODED P:
BULIMIA NERVOSA

A **S** **P**

[SPECIFY:]

DISORDER WAS PREVIOUSLY PRESENT BUT CURRENT SYMPTOMS ARE BELOW THE DIAGNOSTIC THRESHOLD FOR > 3 MONTHS

IN PARTIAL REMISSION ☐

NO SYMPTOMS HAVE BEEN PRESENT FOR > 3 MONTHS

IN FULL REMISSION ☐

NOTE: SEVERITY IS BASED ON FREQUENCY OF CURRENT INAPPROPRIATE COMPENSATORY STRATEGIES. DEGREE OF SEVERITY MAY BE INCREASED TO REFLECT OTHER SYMPTOMS AND THE DEGREE OF FUNCTIONAL DISABILITY.

[SPECIFY:]

AVERAGE OF 1-3 EPISODES OF INAPPROPRIATE
COMPENSATORY BEHAVIOURS PER WEEK

MILD ☐

AVERAGE OF 4-6 EPISODES OF INAPPROPRIATE
COMPENSATORY BEHAVIOURS PER WEEK

MODERATE ☐

AVERAGE OF 7-13 EPISODES OF INAPPROPRIATE
COMPENSATORY BEHAVIOURS PER WEEK

SEVERE ☐

AVERAGE OF 14+ EPISODES OF INAPPROPRIATE
COMPENSATORY BEHAVIOURS PER WEEK

EXTREME ☐

DIAGNOSTIC IMPRESSION:

#1 IS CODED A AND #6 IS CODED P:
PURGING DISORDER

A S P

AT LEAST ONE OF #2 IS CODED A AND #7 IS CODED S:
OTHER SPECIFIED FEEDING OR EATING DISORDER—BULIMIA NERVOSA OF LOW
FREQUENCY AND/OR LIMITED DURATION

A S P

☒

[SPECIFY:]

PANIC ATTACKS ARE PRESENT IN THE CONTEXT OF THIS DISORDER
[NOTE: TO ASSESS SYMPTOMS OF A PANIC ATTACK,
SEE PANIC ATTACK SPECIFIER AND PANIC DISORDER MODULE]

WITH PANIC
ATTACKS ☐

13. How old were you when these symptoms (binge eating and purging) first began? _____
14. How old were you when these symptoms (binge eating and purging) began to be a problem for you? _____
15. On a scale from 0 to 10, 0 meaning not at all and 10 meaning extremely, how much are you bothered by your symptoms? _____

Supplementary Information for Eating Disorders

Now I am going to ask you about your eating and physical activity.

- | | | | |
|----|---|---|---|
| 1. | Is your eating different on weekends versus weekdays? | A | P |
| 2. | [IF APPLICABLE:] Is your eating different on days that you binge eat? | A | P |
| 3. | Take me through a typical day of eating for you, including food and liquids consumed. | | |

[TYPICAL DAY 1:]

[TYPICAL DAY 2:]

[BREAKFAST:]

[TIME:] _____

[DAYS:] / 7

[SNACK:]

[TIME:] _____

[DAYS:] / 7

[LUNCH:]

[TIME:] _____

[DAYS:] / 7

[SNACK:]

[TIME:] _____

[DAYS:] / 7

[DINNER:]

[TIME:] _____

[DAYS:] / 7

[SNACK:]

[TIME:] _____

[DAYS:] / 7

[BINGE:]

[TIME:] _____

[FREQUENCY/DAY:] _____

[DAYS:] / 7

4. **Do you engage in any of the following behaviours to manage your weight:**

- ☐ Skip meals
- ☐ Fast for whole day
- ☐ Restrict carbs (carbohydrates)
- ☐ Restrict fat
- ☐ Restrict fluids
- ☐ Drink liquids instead of eating
- ☐ Use diet pills or herbal remedies
- ☐ Have certain dietary restrictions (e.g., eating vegetarian or gluten-free)
- ☐ Misuse medications (e.g., insulin or thyroid medication)

[NOTES:]

5. **Do you do engage in physical activity each week?**

A

P

Can you give me some examples (e.g., cardio, resistance, stretching, daily activities, active job)? How many days per week do you exercise? How long is each of your exercise sessions?

[NOTES:]

Now I am going to ask you about your weight history and some information about your family members' eating and weight.

6. **How would you generally describe your childhood weight? [FOR FEMALES ASK RELATED TO PRE-MENARCHE]**

- ☐ Extremely thin
- ☐ Somewhat thin
- ☐ Normal weight
- ☐ Somewhat overweight
- ☐ Extremely overweight

7. **Were you ever teased or criticized about your weight (e.g., negative remarks, comparisons to others, recommendations to change, whether over or under weight)?**

A**P**

By whom? To what extent?

[NOTES:]

8. **To help us understand your weight and eating problems, I would like to review the ages at which you experienced significant weight changes, and any life events that may have affected your eating patterns.**

[TO COMPLETE THE TABLE BELOW, ASK EACH OF THE FOLLOWING QUESTIONS FOR EACH DEVELOPMENTAL PERIOD LISTED IN THE TABLE:]

- i. During your [developmental period] years, what weight changes did you experience?
- ii. What life events may have affected these weight changes?
- iii. How did these life events affect your eating pattern?

[NOTE SIGNIFICANT AGES, AND OVERALL HIGHEST AND LOWEST ADULT WEIGHT]

	[AGE/WEIGHT:]	[LIFE EVENTS:]	[EFFECTS ON EATING:]
[PERIOD:]			
[CHILDHOOD - BIRTH-12 YRS:]			
[ADOLESCENCE - 13-19 YRS:]			
[YOUNG ADULTHOOD - 20-34 YRS:]			
[MIDDLE ADULTHOOD - 35-54 YRS:]			

[AGE/WEIGHT:]	[LIFE EVENTS:]	[EFFECTS ON EATING:]
[LATE ADULTHOOD - ≥ 55 YRS:]		

Now I'm going to ask you about other members of your family and their weight.

9. How would you describe your:

Mother's weight: _____

Father's weight: _____

Siblings' weight: _____

10. What are your family's attitudes towards food, weight and appearances? Are there any dieters in your family?

[NOTES:]

11. Has anyone in your family (immediate or extended) had an eating disorder, weight problems, or obesity?

A

P

[NOTES:]

Now I am going to ask you about your health related to your problematic eating behaviour.

12. Have you had any medical problems related to your problematic eating behaviour, such as:

A

P

- ☐ Dizziness
- ☐ Low blood pressure
- ☐ High blood pressure
- ☐ Thyroid problems
- ☐ Diabetes
- ☐ Osteoporosis
- ☐ Gastrointestinal symptoms
- ☐ Electrolyte imbalance
- ☐ Other: _____

13. Have you had any dental problems related to your problematic eating behaviour (e.g., tooth erosion, cavities)?

A

P

[FOR FEMALES:] **Now I'm going to ask you about your menstrual period.**

14. [MENARCHE/FIRST MENSTRUAL PERIOD:] **How old were you when you first got your period?** _____ yrs

15. **Have you experienced any menstrual irregularities such as a skipped period, lighter flow, fewer days?** **A** **P**

Can you describe the changes? Are there any medical reasons for these menstrual irregularities?

[NOTES:]

16. **Have you ever lost your period for at least 3 months?** **A** **P**

At what age?

_____ yrs

For how many consecutive months did you not have your period?

_____ mos

17. **Are you taking any hormone medication such as birth control pills or estrogen?** **A** **P**

How long have you been taking hormone medication?

18. **Have your menstrual periods ceased when you stop taking birth control pills or hormone replacement medication?** **A** **P**

[NOTES:]

Now I would like to ask you about how your feelings about weight or shape impact how you feel about yourself.

19. **Compared to other domains of your life that are important to you (e.g., family, friends, relationships, school, career, hobbies), do your weight and shape have a significant impact on how you feel about yourself or your worth?** **A** **S** **P**

What % would you rate weight and shape in terms of importance?

_____ %

How bad do you feel about yourself if your weight or shape changes in an unfavourable manner? Does an unfavourable weight change ever make you feel like a failure or like you are weak or out of control?

[NOTES:]

20. Do you regularly engage in behaviours to check your weight or shape? For example:

A S P

- ☐ Weighing yourself more than once a week
 - ☐ Looking at yourself in reflective surfaces, more than you would think typical of most people
 - ☐ Pinching, pressing or poking parts of your body - multiple times daily
 - ☐ Measuring parts of your body
 - ☐ Trying on particular items of clothing for the purpose of checking your weight or shape (e.g., trying on a particular pair of jeans to see if your weight has changed)
 - ☐ Comparing your body to others and feeling that it hard to resist doing this when you are around other people
 - ☐ Seeking reassurance from others about your weight or shape
 - ☐ Taking pictures, or checking pictures of yourself, for the purpose of judging your weight and shape
 - ☐ Are there other ways in which you check your weight or shape? Please describe:
-