Data Collection Worksheet

**Eating Disorder Diagnostic Scale (EDDS) – DSM-5 VERSION**

Please carefully complete all questions, choosing NO or 0 for questions that do not apply.

**Over the past 3 months…**

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you felt fat?</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Have you had a definite fear that you might gain weight or become fat?</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. Has your weight or shape influenced how you judge yourself as a person?</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
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<tr>
<td>4. During the past 3 months have there been times when you have eaten what other people would regard as an unusually large amount of food (e.g., a pint of ice cream) given the circumstances?</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. During the times when you ate an unusually large amount of food, did you experience a loss of control (e.g., felt you couldn't stop eating or control what or how much you were eating?)</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6. How many times per month on average over the past 3 months have you eaten an unusually large amount of food and experienced a loss of control?

[ ] 0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16+

**During episodes of overeating with a loss of control, did you...**

7. Eat much more rapidly than normal?

[ ] YES
[ ] NO

8. Eat until you felt uncomfortably full?

[ ] YES
[ ] NO

9. Eat large amounts of food when you didn't feel physically hungry?

[ ] YES
[ ] NO

10. Eat alone because you were embarrassed by how much you were eating?

[ ] YES
[ ] NO
11. Feel disgusted with yourself, depressed, or very guilty after overeating?

[ ] YES
[ ] NO

12. If you have episodes of uncontrollable overeating, does it make you very upset?

[ ] YES
[ ] NO

In order to prevent weight gain or counteract the effects of eating, how many times per month on average over the past 3 months have you:

13. Made yourself vomit? 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+

14. Used laxatives or diuretics? 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+

15. Fasted (skipped at least 2 meals in a row)? 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+

16. Engaged in more intense exercise specifically to counteract the effects of overeating

17. How many times per month on average over the past 3 months have you eaten after awakening from sleep or eaten an unusually large amount of food after your evening meal and felt distressed by the night eating? 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+

18. How much do eating or body image Not at all Slightly Moderate Extreme?
problems impact your relationships with friends and family, work performance, and school performance?


_____lbs.  -or-  ___kg.

20. How tall are you? _____ft. _____in.  -or-  _______cm.

21. What is your highest weight at your current height?___________lbs. -or-  ___kg

22. What is your sex?

[ ] MALE

[ ] FEMALE

What is your age? ________

Protocol source: https://www.phenxtoolkit.org/protocols/view/120602#Source