Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

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... Not at all Slightly Moderately Extremely

1. Have you felt fat? 0 1 2 3 4 5 6

2. Have you had a definite fear that you might gain weight or become fat? 0 1 2 3 4 5 6

3. Has your weight or shape influenced how you judge yourself as a person? 0 1 2 3 4 5 6

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?
   [ ] YES
   [ ] NO

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

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 problems impact your relationships with all friends and family, work performance, and school performance? Not at all Slightly Moderately Extremely

19. How much do you weigh? If uncertain, please give your best estimate. _____ 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
23. What is your age? _____

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