



PhenX Measure: Eating Disorders Screener (#120600)

PhenX Protocol: Eating Disorder Diagnostic Scale (DSM-5) (#120602)

Date of Interview/Examination (MM/DD/YYYY): \_\_\_\_\_

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

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

<b>Over the <u>past 3 months</u>...</b>	Not at all	Slightly	Moderately	Extremely
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1. Have you felt fat?	0	1	2	3	4	5	6
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2. Have you had a definite fear that you might gain weight or become fat?	0	1	2	3	4	5	6
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3. Has your weight or shape influenced how you judge yourself as a person?	0	1	2	3	4	5	6
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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

NO

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

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

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

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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 friends and family, work performance, and school performance?	Not at all	Slightly	Moderately	Extremely		
	1	2	3	4	5	6

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

What is your age? \_\_\_\_\_