



## 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.

### The EDE rating scheme

#### *Severity ratings*

*0 - Absence of the feature*

*1 - Feature almost, but not quite absent*

*2 -*

*3 - Severity midway between 0 and 6*

*4 -*

*5 - Severity almost meriting a rating of 6*

*6 - Feature present to an extreme degree*

#### *Frequency ratings*

*0 - Absence of the feature*

*1 - Feature present on 1 to 5 days*

*2 - Feature present on 6 to 12 days*

*3 - Feature present on 13 to 15 days*

*4 - Feature present on 16 to 22 days*

*5 - Feature present almost every day (23 to 27 days)*

*6 - Feature present every day*

Rate 8 if, despite adequate questioning, it is impossible to decide upon a rating

Rate 9 for missing values (or "not applicable")

If it is difficult to choose between two ratings, the lower rating (i.e. less symptomatic) should be chosen,

## THE INTERVIEW SCHEDULE

### ORIENTATION TO THE TIME PERIOD

What we are going to do now is a partially structured interview in which I will ask you about your eating habits and your feelings about your shape, and weight. Because a standard set of questions is going to be asked, please note that some may not apply to you.

Most of the questions will focus on the last 4 weeks (that is, the last 28 days), but there will be some questions that extend out to cover the previous three (and six months). I know this will test your memory because the weeks tend to blend together.

What I have done to help you is to make this calendar for the last 28 days; it ends on yesterday because today isn't over yet. So it goes from yesterday (day and date) to (day and date). I know it's strange to have the weekends in the middle, but that is just the way it has worked out.

And here are the dates for the two months before that, (date) to (date), and the three months prior to that, (date) to (date). And to help you remember these periods, I've noted down the holidays (e.g., Thanksgiving).

What I would like you to do now is tell me about any events that have happened in the past 28 days ..... events that might have disrupted your normal eating routine, or stressful events that might have affected your eating. Then we can note these down on the calendar.

[These should be noted at the appropriate point on the calendar.]

Also, it would be helpful to know of any other events out of the ordinary ..... anything that might help bring back these 28 days into your mind ..... like any celebrations you might have had, or trips away, or days off from work.

[These should be noted at the appropriate place on the calendar.]

### THE CORE INTERVIEW SCHEDULE

[Having oriented the subject to the specific time period being assessed, it is best to open the interview by asking a number of introductory questions designed to obtain a general picture of the subject's eating habits. Suitable questions are suggested below.]

To begin with I would like to get a general picture of your eating habits over the last four weeks.

What has been your usual eating pattern?

Have your eating habits varied much from day to day?

Have weekdays differed from weekends?

[The definition (and number) of weekdays and weekend days that best fits the patient's lifestyle needs to be established at this point (e.g., check if the subject's days off work regularly fall on weekdays).]

Have there been any days when you haven't eaten anything?

[Ask about months 2 and 3]

What about the previous two months (specify months) ..... Were your eating habits much the same or were they different?

[Ask about months 4, 5 and 6]

How about the three months prior to that ..... that is between (specify month) and (specify month)? What were your eating habits like then?

**POST SURGERY ONLY**

**PLUGGING**

\*Over the past four weeks have you had problems with the small opening in your stomach becoming plugged, or food becoming stuck in the small opening of your stomach?

Month	1	2	3	4	5	6
Days	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]



### How do you react?

1. Waiting until gone

2. Spontaneous vomiting

3. Self induced vomiting

4. Visit Emergency room

5. Other

0-feature absent

1 -feature present

### DUMPING

**\*Over the past four weeks have you had problems with dumping during or up to 3 hours after food intake?**

If Yes: Review SIGSTAD'S CLINICAL DIAGNOSTIC INDEX and rate if index total score is  $\geq 5$ .

Total Index Score [ ]

Month	1	2	3	4	5	6
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Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Episodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### What foods cause dumping?

1. Sweets

2. Ice cream

3. Dairy products [ ]

4. Syrup [ ]

5. Other \_\_\_\_\_ [ ]

0-feature absent  
1 -feature present

**Does dumping come as a surprise to you, that is, happen unexpectedly? [ ]**

0-Never  
1 -Sometimes  
2-Always

**How do you react?**

1. Rest [ ]

2. Emergency room [ ]

3. Other [ ]

0-feature absent  
1 -feature present

**SIGSTAD's CLINICAL DIAGNOSTIC INDEX:** Weighting factors allocated to postprandial symptoms and signs of the dumping syndrome. Identify those that usually occur following sweet ingestion.

**Pre-shock, shock + [ ] 5**

**"Almost fainting", syncope, unconsciousness + [ ] 4**

**Desire to lie or sit down + [ ] 4**

**Breathlessness, dyspnea + [ ] 3**

<b>Weakness, exhaustion</b>	<b>+ [ ] 3</b>
<b>Sleepiness, drowsiness, yawning, apathy, falling asleep</b>	<b>+ [ ] 3</b>
<b>Palpitation (rapid heart rate)</b>	<b>+ [ ] 3</b>
<b>Restlessness</b>	<b>+ [ ] 2</b>
<b>Dizziness</b>	<b>+ [ ] 2</b>
<b>Headache</b>	<b>+ [ ] 1</b>
<b>Feeling of warmth, sweating, pallor, clammy skin</b>	<b>+ [ ] 1</b>
<b>Nausea</b>	<b>+ [ ] 1</b>
<b>Fullness in the abdomen, meteorismus (bloating)</b>	<b>+ [ ] 1</b>
<b>Borborygmia (stomach noises)</b>	<b>+ [ ] 1</b>
<b>Eructation (belching)</b>	<b>- [ ] 1</b>
<b>Vomiting</b>	<b>- [ ] 4</b>

A clinical diagnostic index of +7 or above indicates dumping

- Indices of 5-6 indicates subthreshold dumping and should be rated
- Indices of + 4 or below indicates non-dumping.
- Eructation and vomiting are weighted negatively in order to distinguish dumping from the afferent loop and small stomach syndromes.

### **OTHER-SYMPTOMS**

**Abdominal cramps** [ ]

Pain [ ]

Diarrhea [ ]

Hunger, increased appetite [ ]

Lactose intolerance [ ]

### EATING HABITS

We are interested in possible changes in eating habits before and after you had bariatric surgery.

In the last 28 days, how would you describe your level of hunger?

0 1 2 3 4 5

None Constant  
Extreme

How would you describe your appetite?

0 1 2 3 4 5

None Constant  
Extreme

What are your favorite foods?

- 1.
- 2.
- 3.
- 4.
- 5.

How would you rate your level of enjoyment while eating?

0 1 2 3 4 5



None

Extreme

Do you experience cravings for food? [ ] yes [ ] no

If yes, what foods?

How would you rate the strength of your cravings?

0 1 2 3 4 5

None

Extreme

Please rate the following aspects of eating:

Speed of eating 0 1 2 3 4 5

Extremely Slow

Extremely Fast

Importance of eating 0 1 2 3 4 5

None

Extreme

Time spent of food preparation 0 1 2 3 4 5  
None Extreme

Time spent Chewing 0 1 2 3 4 5

Minimal

Extreme

Other\_\_\_\_\_ 0 1 2 3 4 5

## PATTERN OF EATING

\*I would like to ask about your pattern of eating. Over the past four weeks which of these meals or snacks have you eaten on a regular basis?

	Days	Rate
- <u>breakfast (meal eaten shortly after waking)</u>		
- mid-morning snack #1	[ ]	[ ]
- mid-morning snack #2	[ ]	[ ]
- mid-morning snack #3	[ ]	[ ]
- <u>lunch (mid-day meal)</u>	[ ]	[ ]
- mid-afternoon snack #1	[ ]	[ ]
- mid-afternoon snack #2	[ ]	[ ]
- mid-afternoon snack #3	[ ]	[ ]
- <u>evening meal</u>	[ ]	[ ]
- evening snack #1	[ ]	[ ]
- evening snack #2	[ ]	[ ]
- evening snack #3	[ ]	[ ]
- nocturnal eating(i.e., an episode of eating after the subject has been to sleep)	[ ]	[ ]

[Rate each meal and snack separately, usually accepting the subject's classification (within the guidelines above). Ask about weekdays and weekends separately. Meals or snacks should be rated even if they lead on to a "binge". "Brunch" should generally be classed as lunch. With the exception of nocturnal eating, rate up (i.e., give a higher rating) if it is difficult to choose between two ratings. Rate 8 if meals or snacks are difficult to classify (e.g., due to shift work).]

- 0 - Meal or snack not eaten
- 1 - Meal or snack eaten on 1 to 5 days
- 2 - Meal or snack eaten on less than half the days (6 to 12 days)
- 3 - Meal or snack eaten on half the days (13 to 15 days)
- 4 - Meal or snack eaten on more than half the days (16 to 22 days)
- 5 - Meal or snack eaten almost every day (23 to 27 days)
- 6 - Meal or snack eaten every day

## PICKING OR NIBBLING

**\*Over the past four weeks have you picked at (or nibbled) food between meals and snacks. By "picking" I mean eating in an unplanned and repetitious way.**

**What have you typically eaten at these times?**

**Why would you not call these episodes snacks?**

**Have you known in advance how much you are going to eat?**

[Rate the number of days on which picking (nibbling) has occurred. To count as picking (or nibbling) the episode of eating should have been unplanned, the amount eaten should have been uncertain at the time that the episode started, and the eating should have had a repetitious element to it. The total amount eaten should not have been trivial (e.g., not simply one edge of a piece of toast). Picking (nibbling) may be contrasted with eating a "snack". A snack is an episode of eating in which the amount eaten was modest (smaller than a meal), known at the outset with some certainty and without the repetitious element. Episodes of picking which merge into meals or "binges" should not be rated.]

0 - No nibbling

1 - Nibbling on 1 to 5 days

2 - Nibbling on less than half the days (6 to 12 days)

3 - Nibbling on half the days (13 to 15 days)

4 - Nibbling on more than half the days (16 to 22 days)

5 - Nibbling almost every day (23 to 27 days)

6 - Nibbling every day

**Days Rate**

[ ] [ ]

## RESTRAINT OVER EATING

(Restraint subscale)

**\*Over the past four weeks have you been consciously trying to restrict (cut back) the overall amount that you eat, whether or not you have succeeded?**

**Has this been to influence your shape or weight, or to avoid triggering an episode of overeating?**

[Rate the number of days on which the subject has consciously attempted to restrict his or her *overall* food intake (i.e., energy intake), whether or not he or she has succeeded. The restriction should have affected a range of food items and not just certain specific foods (c.f., "Food avoidance"). This restriction should have been intended either to influence shape, weight or body composition, or to avoid triggering an episode of overeating, although this may not have been the sole or main reason. It should have consisted of planned attempts at restriction, rather than spur-of-the-moment attempts such as the decision to resist a second helping.]

- 0 - No attempt at restraint
- 1 - Attempted to exercise restraint on 1 to 5 days
- 2 - Attempted to exercise restraint on less than half the days (6 to 12 days)
- 3 - Attempted to exercise restraint on half the days (13 to 15 days)
- 4 - Attempted to exercise restraint on more than half the days (16 to 22 days)
- 5 - Attempted to exercise restraint almost every day (23 to 27 days)
- 6 - Attempted to exercise restraint every day

**Days Rate**

[ ] [ ]

Some people consciously try to restrict their eating for other reasons. In the last 28 days have you been consciously trying to restrict the overall amount that you eat for the following reasons?

	Days Rate
To avoid physical discomfort	[ ] [ ]
To avoid plugging	[ ] [ ]
To avoid vomiting	[ ] [ ]
Other _____	[ ] [ ]

**AVOIDANCE OF EATING**  
**(Restraint subscale)**

Over the past four weeks have you gone for periods of eight or more waking hours without eating anything?

Has this been to influence your shape or weight, or to avoid triggering an

**episode of overeating?**

[Rate the number of days on which there has been at least eight hours abstinence from eating food (soup and milkshakes count as food, whereas drinks in general do not) during waking hours. It may be helpful to illustrate the length of time (e.g., 9 a.m. to 5 p.m.). The abstinence must have been at least partly *self-imposed* rather than being due to force of circumstances. It should have been intended to influence shape, weight or body composition, or to avoid triggering an episodes of overeating, although this may not have been the sole or main reason (i.e., fasting for religious or political reasons would not count). The rating should be compatible with those obtained earlier on "Pattern of eating".]

- 0 - No such days
- 1 - Avoidance on 1 to 5 days
- 2 - Avoidance on less than half the days (6 to 12 days)
- 3 - Avoidance on half the days (13 to 15 days)
- 4 - Avoidance on more than half the days (16 to 22 days)
- 5 - Avoidance almost every day (23 to 27 days)
- 6 - Avoidance every day

**Days Rate**

[ ] [ ]

Some people have gone for periods of 8 or more waking hours without eating anything for other reasons. In the last 28 days have you gone 8 or more waking hours without eating anything for the following reasons?

	Days	Rate
To avoid physical discomfort	[ ]	[ ]
To avoid plugging	[ ]	[ ]
To avoid vomiting	[ ]	[ ]
Other _____	[ ]	[ ]

**EMPTY STOMACH**

**(Restraint subscale)**

**\*Over the past four weeks have you wanted your stomach to be empty?**

**If yes: Has this been to influence your weight or shape?**

[Rate the number of days on which the subject has had a *definite desire* to have a completely empty stomach for reasons to do with dieting, shape or weight. This desire should not simply be a response to episodes of perceived overeating; rather, it should exist between any such episodes. The rating of "Empty stomach" should not be confused with a desire for the stomach to *feel empty* or *be flat* (c.f., "Flat stomach".)]

- 0 - No definite desire to have an empty stomach
- 1 - Definite desire on 1 to 5 days
- 2 - Definite desire on less than half the days (6 to 12 days)
- 3 - Definite desire on half the days (13 to 15 days)
- 4 - Definite desire on more than half the days (16 to 22 days)
- 5 - Definite desire almost every day (23 to 27 days)
- 6 - Definite desire every day

**Days Rate**

[ ] [ ]

**Some people want their stomach to be empty for other reasons. In the last 28 days have you wanted your stomach to be empty for the following reasons?**

	Days Rate
To avoid physical discomfort	[ ] [ ]
To avoid plugging	[ ] [ ]
To avoid vomiting	[ ] [ ]
Other _____	[ ] [ ]

**FOOD AVOIDANCE**

**(Restraint subscale)**

**\*Over the past four weeks have you tried to avoid eating any foods which you like, whether or not you have succeeded?**

**What foods? Have you been attempting to exclude them altogether?**

**Has this been to influence your shape or weight, or to avoid triggering an episode of overeating?**

[Rate the number of days on which the subject has actively *attempted* to avoid eating *specific* foods (which he or she likes) whether or not he or she succeeded. The goal should have been to exclude the foods altogether and not merely to restrict their consumption. Drinks do not count as food. The avoidance should have been planned and intended either to influence shape, weight or body composition, or to avoid triggering an episode of overeating, although this may not have been the sole or main reason.]

- 0 - No attempts to avoid foods
- 1 - Attempted to avoid foods on 1 to 5 days
- 2 - Attempted to avoid foods on less than half the days (6 to 12 days)
- 3 - Attempted to avoid foods on half the days (13 to 15 days)
- 4 - Attempted to avoid foods on more than half the days (16 to 22 days)
- 5 - Attempted to avoid foods almost every day (23 to 27 days)
- 6 - Attempted to avoid foods every day

**Days Rate**

[ ] [ ]

**Some people have tried to avoid eating specific foods that they like for other reasons. In the last 28 days have tried to avoid eating any foods which you like for the following reasons?**

	<b>Days Rate</b>
To avoid physical discomfort	[ ] [ ]
To avoid plugging	[ ] [ ]
To avoid vomiting	[ ] [ ]
Other _____	[ ] [ ]

**DIETARY RULES**

**(Restraint subscale)**

**\*Over the past four weeks have you tried to follow certain definite rules regarding your eating; for example, a calorie limit, pre-set quantities of food, or rules about what you should or should not eat or when you should eat?**

**Have there been occasions when you have been aware that you have broken a dietary rule that you have set for yourself?**

**What are these rules? How have you felt about breaking them? OR How would you have felt if you had broken one of your rules?**

**Why have you tried to follow them? Have they been designed to influence your shape or weight?**

**Have they been definite rules or general principles? Examples of definite rules would be "I must not eat eggs" or "I must not eat cake", whereas you could have the general principle "I should try to eat healthy food".**

[Dietary rules should be rated as present if the subject has been attempting to follow "definite" (i.e., specific) dietary rules regarding his or her food intake. The rules should be self-imposed, although originally they may have been prescribed (i.e., prescribed rules can be rated if they have been adopted by the subject). They should have concerned what the subject should have eaten or when eating should have taken place. They might consist of a calorie limit (e.g., below 1,200 kcals), not eating before a certain time of day, not eating certain types of food or not eating at all. They should have been specific rules and not general guidelines. If the subject is aware that he or she has occasionally broken a personal dietary rule, this indicates that one or more specific rules has been present. In such cases the interviewer should ask in detail about the transgression in an attempt to identify the underlying rule. The rules should have been intended to influence shape, weight or body composition, although this may not have been the sole or main reason. Rate 0 if no dietary rule can be identified. If there has been more than one rule straddling different time periods within the four weeks, these periods should be combined to make the rating.]

- 0 - Has not attempted to obey such rules
- 1 - Attempted to obey such rules on 1 to 5 days
- 2 - Attempted to obey such rules on less than half the days (6 to 12 days)
- 3 - Attempted to obey such rules on half the days (13 to 15 days)
- 4 - Attempted to obey such rules on more than half the days (16 to 22 days)
- 5 - Attempted to obey such rules almost every day (23 to 27 days)



6 - Attempted to obey such rules every day

Days Rate

[ ] [ ]

Some people have tried to follow definite rules regarding their eating for other reasons. In the last 28 days have tried to follow certain definite rules regarding your eating for the following reasons?

	Days	Rate
To adhere to recommendations made by dietician	[ ]	[ ]
To avoid physical discomfort	[ ]	[ ]
To avoid plugging	[ ]	[ ]
To avoid vomiting	[ ]	[ ]
Other _____	[ ]	[ ]

### PREOCCUPATION WITH FOOD, EATING, OR CALORIES

(Eating Concern subscale)

\*Over the past four weeks have you spent much time between meals thinking about food, eating, or calories?.....

\*..... Has thinking about food, eating, or calories interfered with your ability to concentrate? How about concentrating on things that you are actively interested in, for example, working, following a conversation or reading?

[Concentration is regarded as impaired if there have been *intrusive thoughts about food, eating, or calories which have interfered with activities* rather than one's mind simply drifting off the matter at hand. Rate the number of days on which this has happened, whether or not bulimic episodes occurred.]

0 - No concentration impairment

1 - Concentration impairment on 1 to 5 days

2 - Concentration impairment on less than half the days (6 to 12 days)

3 - Concentration impairment on half the days (13 to 15 days)

- 4 - Concentration impairment on more than half the days (16 to 22 days)
- 5 - Concentration impairment almost every day (23 to 27 days)
- 6 - Concentration impairment every day

**Days Rate**

[ ] [ ]

## FEAR OF LOSING CONTROL OVER EATING

(Eating Concern subscale)

**\*Over the past four weeks have you been afraid of losing control over eating?**

[Rate the number of days on which a *definite fear* of losing control over eating has been present, irrespective of whether the subject has felt he or she has been in control. "*Loss of control*" involves a sense that one will not be able to resist or stop eating. If the subject feels unable to answer this question because he or she has already totally lost control, rate 9.]

- 0 - No Fear of losing control
- 1 - Fear of losing control present on 1 to 5 days
- 2 - Fear of losing control present on less than half the days (6 to 12 days)
- 3 - Fear of losing control present on half the days (13 to 15 days)
- 4 - Fear of losing control present on more than half the days (16 to 22 days)
- 5 - Fear of losing control present almost every day (23 to 27 days)
- 6 - Fear of losing control present every day

**Days Rate**

[ ] [ ]

## BULIMIC EPISODES AND OTHER EPISODES OF OVEREATING

(Diagnostic item)

### Classificatory Scheme

Four forms of episodic "overeating" are distinguished. The distinction is based upon the presence or absence of two characteristics:

- i. **loss of control** (required for both types of "bulimic episode")
  
- ii. **the consumption of what would generally be regarded as a "large" amount of food** (required for "objective bulimic episodes" and "objective

overeating").

The classificatory scheme is summarised below.

	"Large" amount eaten (EDE definition)	Amount eaten not "large" but viewed by subject as excessive
"Loss of control" present	Objective bulimic episodes	Subjective bulimic episodes
No "loss of control"	Objective overeating	Subjective overeating

### Definitions

**"Loss of control"**. The interviewer should ask the subject whether he or she experienced a sense of loss of control over eating at any point in the episode. If this is clearly described, "Loss of control" should be rated as present. Similarly, if the subject describes having felt "driven" or "compelled" to eat, "Loss of control" should be rated as present.

If the subject reports having had no sense of loss of control yet describes having felt unable to stop eating once eating had started or having felt unable to prevent the episode from occurring, "Loss of control" should be rated as present. If subjects report that they are no longer trying to control their eating because overeating is inevitable, "Loss of control" should once again be rated as present. Thus "Loss of control" may be rated positively even if the episode had been planned (i.e., the subject knew that he or she was going to overeat and had made provision for this).

The decision whether or not "loss of control" was present should be made by the interviewer; it does not require the agreement of the subject. If the interviewer remains in doubt, "Loss of control" should be rated as absent.

**"Large amount of food"**. The decision whether or not the amount eaten was "large" should also be made by the interviewer; it does not require the agreement of the subject. The notion of "large" may refer to the amount of any particular type of food consumed or the overall quantity of food eaten. The amount should have been unequivocally large but it does not have to have been enormous. *(Guidelines for what constitutes "large" are included at the end of the schedule.)* In deciding whether the amount was "large", *the interviewer should take into account what would be the usual amount eaten under the circumstances.* This requires some knowledge of the eating habits of the subject's general, but not

necessarily immediate, social group (e.g., those of students, women in their 50s) as well as circumstances that tend to influence eating (e.g., Thanksgiving Day). What else was eaten during the day is not taken into account when making this rating, nor is the speed of eating or whether or not the subject subsequently spat out or vomited the food.

If the interviewer remains in doubt, the amount should not be classified as "large".

Interviewers should not share with the patient their view on the amount eaten and they should avoid using potentially emotive terms such as "binge" and "large".

**The number of episodes of overeating.** When calculating the number of episodes of overeating, the subject's definition of separate episodes should be accepted unless, within a period of eating, there was an hour or more when the subject was not eating. In this case the initial episode should be regarded as having been completed. An exception is if the episode was temporarily interrupted by an outside event and then restarted afterwards, and it was experienced as one single episode (somewhat like operating the pause button on a tape recorder). When estimating the length of any gap, do not count the time spent vomiting. *Note that "purging" (self-induced vomiting or laxative misuse) is not used to define the end of individual episodes of overeating.*

### **Guidelines for Proceeding Through the Overeating Section**

The interviewer should ask about each form of overeating. It is important to note that *the four forms of overeating are not mutually exclusive*: it is possible for subjects to have had several different forms within the time period being considered. With some subjects it is helpful to explain the classificatory scheme.

There are five steps in making this series of ratings:

1. In general it is best to start by asking the asterisked questions to identify the various types of perceived or true overeating that have occurred over the previous 28 days.
2. Each form should be noted down on the blank section of the coding sheet.
3. Then, detailed information should be obtained about a *representative example* of each form of overeating to decide whether or not it involved eating a "large" amount of food and whether or not there was "loss of control" (as defined above).
4. The next task is to establish for each form of overeating the number of days on which it occurred and the total number of occasions.
5. Finally, check with the subject to ensure that no misunderstandings have arisen (e.g., that no types of episode have been omitted).

It is advisable to make comprehensive notes.

## QUESTIONS FOR IDENTIFYING BULIMIC EPISODES AND OTHER EPISODES OF OVEREATING

[The asterisked questions should be asked in every case.]

### Main Probe Questions

**\*I would like to ask you about any episodes of overeating that you might have had over the past four weeks.**

**\*Different people mean different things by overeating. I would like you to describe any times when you have felt that you have eaten too much in one go (at one time).**

### Additional Probe Questions

**\*Have there been any times when you have felt that you have eaten too much, but others might not agree?**

**\*Have there been any times when you have felt that you have eaten an ordinary amount of food but others might well have regarded you as having overeaten?**

[For subjective bulimic episodes to be eligible, they must have been viewed by the subject as having involved eating an excessive amount of food (i.e., they involved "overeating").]

### Subsidiary Probe Questions

To assess the amount of food eaten

**Typically what have you eaten at these times?**

For subjective bulimic episodes (i.e., where the amount is not viewed by the interviewer as "large")

**Did you view this amount as excessive?**

To assess the social context

**What were the circumstances?**

**What were others eating at the time?**

To assess "loss of control"

**Did you have a sense of loss of control at the time?**

**Did you feel you could have stopped eating once you had started?**

**Did you feel you could have prevented the episode from occurring?**

[For objective bulimic episodes, subjective bulimic episodes and episodes of objective overeating the following two ratings should be made:

i. number of days (rate 00 if none)

ii. number of episodes (rate 000 if none)

In general, it is best to calculate the number of days first and then the number of episodes.

Rate 777 if the number of episodes is so great that their frequency cannot be calculated. Episodes of subjective overeating are not rated.]

**Objective Bulimic Episodes (OBE)**

Month	1	2	3	4	5	6
Days	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Episodes	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

**Objective Overeating Episodes (OOE)**

Month	1	2	3	4	5	6
-------	---	---	---	---	---	---

Days                          

Episodes                     

**Subjective Bulimic Episodes (SBE)**

Month           1     2     3     4     5     6

Days                          

Episodes                     

**Subjective Overeating Episodes (SOE)**

Month           1     2     3     4     5     6

Days                          

Episodes                     

**Sense of Loss of Control While Eating (LOC)**

Month           1     2     3     4     5     6

Days                          

Episodes                     

**DSM-IV BINGE EATING DISORDER MODULE**

[Only enter this module if the subject has had at least 12 objective bulimic episodes over the past three months. These questions need not be asked of patients who have regularly "purged" (i.e., vomited or misused laxatives or diuretics) defined as at least 24 episodes of *one* of these forms of behaviour over the past three months.]

## **Six-month Frequency of Binge Eating**

[In line with the DSM-IV criteria for binge eating disorder, the focus of the six-month assessment is on the number of days on which objective bulimic episodes have occurred rather than on the number of individual episodes.

Since it is difficult for subjects to provide a six-month average, it is best to focus initially on the preceding two months (months 2 and 3) and then move on to the three months prior to that (months 4 to 6). The goal is to arrive at a six-month figure.]

**\* What about the two months prior to the month that we have been talking about (refer to the dates of Month 1)?**

**..... Did you have any episodes like ..... (describe a representative objective bulimic episode)?**

**Did you have any other equivalent episodes ..... (refer, if applicable, to other types of objective bulimic episode that the subject reported)?**

**Did they occur more or less often than in the past 28 days?**

[Now ask about the three months prior to that.]

**\* What about the three months prior to that (specify the months)? .....**

**..... Did you have episodes like ..... (describe the representative objective bulimic episode)?**

**Did you have any other equivalent episodes ..... (refer, if applicable, to other types of objective bulimic episode that the subject reported)?**

**Did they occur more or less often than in the past 28 days?**

[Finally, estimate the average number of days per week on which objective bulimic episodes have occurred over the past six months.]

**Let's estimate together, on average over the past six months (specify**



months), how many days per week have you had episodes like .....  
(refer to the representative objective bulimic episodes)?

[Rate between 0 and 7. Rate 9 if not asked.] [ ]

[Also rate the longest continuous period in weeks free (not due to force of circumstances, such as illness) from objective bulimic episodes over the past six months. Rate 99 if not asked.]

### OBE

"Over the past 3 months has there been a period of two or more consecutive weeks in which you have not had an episode like [OBE]?"

If yes:

"Over the past 3 months what has been the longest period of time, in consecutive weeks, that you have been completely free from such episodes [OBE]?"

[ ]

Over the past six months, has there been a period of two or more weeks in a row in which you have not had a single episode like ..... (refer to objective bulimic episodes)?

If yes:

What has been the longest continuous period (in weeks) you have had free from such episodes (refer to objective bulimic episodes)?

[ ]

### SBE

"Over the past 3 months has there been a period of two or more consecutive weeks in which you have not had an episode like [SBE]?"

If yes:

"Over the past 3 months what has been the longest period of time, in consecutive weeks, that you have been completely free from such episodes

[SBE]?"

[ ]

Over the past six months, has there been a period of two or more weeks in a row in which you have not had a single episode like ..... (refer to subjective bulimic episodes)?

If yes:

What has been the longest continuous period (in weeks) you have had free from such episodes (refer to subjective bulimic episodes)?

[ ]

#### Features Associated with Binge Eating (DSM-IV Appendix)

[Only rate these items if, on average over the past six months, there have been at least two days per week on which episodes of binge eating have occurred. Otherwise rate 9.]

During these episodes (refer to typical objective bulimic episodes), have you *typically* .....

..... Eaten much more rapidly than normal? [ ]

..... Eaten until you have felt uncomfortably full? [ ]

..... Eaten large amounts of food when you haven't felt physically hungry? [ ]

..... Eaten alone because you have felt embarrassed about how much you were eating? [ ]

..... Felt disgusted with yourself, depressed, or very guilty?

[Rate each feature individually using the binary scheme below.]

0 - Feature not present

1 - Feature present

#### Distress About Binge Eating

(DSM-IV Appendix)

In general, over the past six months how distressed or upset have you felt about these episodes (refer to the objective bulimic episodes)? [ ]

- 1 - Not at all
- 2 - Slightly
- 3 - Moderately
- 4 - Greatly
- 5 - Extremely

Now I would like to ask you a few questions regarding the course of your overeating episodes.

Over the last 28 days, on average, how long have your episodes of overeating lasted from beginning to end? [ ] [ ]hours [ ] [ ]minutes

What has been the longest? [ ] [ ]hours [ ] [ ]minutes

What has been the shortest? [ ] [ ]hours [ ] [ ]minutes

What percentage of your overeating episodes have lasted 2 hours or less? [ ] [ ]%

What percentage of your overeating episodes have lasted more than 2 hours? [ ] [ ]%

Have the participant complete the section below.

---

Please rate how often you experience the following during a typical episode of overeating. Consider the following scale as you respond to the questions below and rate episodes that are 2 hours or less separately from those episodes that are more than 2 hours.

Never            Rarely            Sometimes            Usually            Always

|\_\_\_\_\_||\_\_\_\_\_||\_\_\_\_\_||\_\_\_\_\_||

\_\_\_\_\_ |

1                      2                      3                      4                      5

								<u>≤</u> 2hrs	>2hrs
1.	Eat much more rapidly than normal							[ ]	[ ]
2.	Eat until you feel uncomfortably full							[ ]	[ ]
3.	Eat large amounts when you do not feel physically hungry							[ ]	[ ]
4.	Eat alone because you feel embarrassed about how much you are eating							[ ]	[ ]
5.	Feel disgusted with yourself, depressed, or very guilty							[ ]	[ ]
6.	Eat fairly continuously							[ ]	[ ]
7.	Eat intermittently with breaks							[ ]	[ ]
8.	Sense of loss of control or driven/compelled to eat							[ ]	[ ]

### AGE OF ONSET OF BINGE EATING & DIETING

[Ask the Age of Onset questions, then continue with next section of the EDE]

**At what age did you first begin having episodes like this, where you ate a large amount of food and had a sense of loss of control?**

[ ] [ ]

**When did you first start having regular eating episodes like this, with that I mean, on average, at least two episodes per week over a six month period? That is, what we are trying to determine here, you and I together, is at what age did binge eating become a regular, persistent pattern (which we are viewing as at least two times a week for a minimum of six consecutive months?)**

[ ] [ ]

**Have you ever dieted or avoided eating for three months or more?**

What did this involve?

How old were you when you first dieted or avoided eating for three months or more?

[[[]]]

To the best of your knowledge, did your episodes of binge eating precede your first attempt at dieting, or did dieting precede your binge eating?

[[[]]]

### Night Eating Questionnaire

At what age did your weight first become a problem? \_\_\_\_\_

What has been your heaviest weight? \_\_\_\_\_

**Directions: Please circle ONE answer for each question.**

1. How hungry are you usually in the morning?

0	1	2	3	4
Not at all	A little	Somewhat	Moderately	Very

2. When do you usually eat for the first time?

0	1	2	3	4
Before 9am	9:01 to 12pm	12:01 to 3pm	3:01 to 6pm	6:01 or later

3. Do you have cravings or urges to eat snacks after supper, but before bedtime?

0	1	2	3	4
Not at all	A little	Somewhat	Very much so	Extremely so

**4. How much control do you have over your eating between supper and bedtime?**

0	1	2	3	4
Not at all	A little	Somewhat	Very much	Completely

**5. How much of your daily food intake do you consume after suppertime?**

0	1	2	3	4
0%	1-25%	26-50%	51-75%	76-100%
(None)	(up to a quarter)	(about half)	(more than half)	(almost all)

**6. Are you currently feeling blue or down in the dumps?**

0	1	2	3	4
Not at all	A little	Somewhat	Very much so	Extremely so

**7. When you are feeling blue, is your mood lower in the:**

0	1	2	3	4	[ ]
Early Morning	Late Morning	Afternoon	Early Evening	Late Evening/ Nighttime	Check here if your mood does not change

**8. How often do you have trouble getting to sleep?**

0	1	2	3	4
Never	Sometimes	About half the time	Usually	Always

**9. Other than only to use the bathroom, how often do you get up at least once in the middle of the night?**

0	1	2	3	4
Never	Less than once a week	About once a week	More than once a week	Every night

**If 0 on #9, PLEASE STOP HERE**

**10. Do you have cravings or urges to eat snacks when you wake up at night?**

0	1	2	3	4
Not at all	A little	Somewhat	Very much so	Extremely so

**11. Do you need to eat in order to get back to sleep when you awake at night?**

0	1	2	3	4
Not at all	A little	Somewhat	Very much so	Extremely so

**12. When you get up in the middle of the night, how often do you snack?**

0	1	2	3	4
Never	Sometimes	About half the time	Usually	Always

**If 0 on #12, PLEASE STOP HERE**

**13. When you snack in the middle of the night, how aware are you of your eating?**

0	1	2	3	4
Not at all	A little	Somewhat	Very much	Completely

14. How much control do you have over your eating while you are up at night?

0                      1                      2                      3                      4

Not at all              A little                  Somewhat              Very much              Complete

15. How long have your current difficulties with night eating been going on?

\_\_\_ mos. \_\_\_ year

### DIETARY RESTRICTION OUTSIDE BULIMIC EPISODES

(Diagnostic item)

[Only rate this item if there have been at least 12 days on which there have been objective bulimic episodes over the past three months.]

**Outside the times when you have lost control over eating ..... (refer to objective and subjective bulimic episodes), ..... how much have you been restricting the amount that you eat? What have you eaten on a typical day?**

**Has this been to influence your shape or weight?**

[Ask about actual food intake outside the objective and subjective bulimic episodes. *Rate a typical day (whether or not it involves an episode of overeating).* The dietary restriction should have been intended to influence shape, weight or body composition, although this may not have been the sole or main reason. Rate each of the past three months separately. Rate 9 if not asked.]

0 - No extreme restriction outside objective bulimic episodes

1 - Extreme restriction outside objective bulimic episodes  
(i.e., purposeful low energy intake (<1,200 kcals))

2 - No eating outside objective bulimic episodes (i.e., purposeful "fasting")

month 1 [ ]

month 2 [ ]

month 3 [ ]

### SOCIAL EATING

(Eating Concern subscale)



**\*Outside the times when you have eaten large amounts of food (refer to objective bulimic episodes and episodes of objective overeating), over the past four weeks have you been concerned about other people seeing you eat?**

**How concerned have you been? Has this concern led you to avoid such occasions? Could it be worse?**

[NB: This is the first severity item. Rate the degree of concern about eating normal or less than normal amounts of food in front of others. *Do not consider objective bulimic episodes or episodes of objective overeating.* Also, do not consider concern restricted to family members if they are aware that the subject has an eating problem. One index of the severity of such concern is whether it has led to avoidance. In common with all severity items, the rating should represent the *mode for the entire month*. If the possibility of eating with others has not arisen, rate 9. ]

[ ]

0 - No concern about being seen eating by others and no avoidance of such occasions.

1 -

2 - Has felt slight concern at being seen eating by others

3 -

4 - Has felt definite concern at being seen eating by others

5 -

6 - Has felt extreme concern at being seen eating by others

### **EATING IN SECRET**

**(Eating Concern subscale)**

**\*Outside the times when you have eaten large amounts of food (refer to objective bulimic episodes and episodes of objective overeating), over the past four weeks have you eaten in secret?**

[Rate the number of days on which there has been at least one episode of secret eating. *Do not consider objective bulimic episodes or episodes of objective overeating.* Secret eating refers to eating which is furtive and which the subject wishes to conceal because he or she does not want to be seen eating. Do not rate secrecy that stems from a desire not to be interrupted or a wish not to share food. Avoidance of eating in front of others should be rated under "Social eating". If the possibility of eating with others has not arisen, rate 9. ]

- 0- Has not eaten in secret
- 1- Has eaten in secret on 1 to 5 days
- 2- Has eaten in secret on less than half the days (6 to 12 days)
- 3- Has eaten in secret on more than half the days (16 to 22)
- 4- Has eaten in secret almost every day (23 to 27 days)
- 5- Has eaten in secret almost every day (23 to 27)
- 6- Has eaten in secret every day

### GUILT ABOUT EATING

(Eating Concern subscale)

**\*Outside the times when ..... (refer to objective bulimic episodes), over the past four weeks have you felt guilty after eating?**

**Have you felt that you have done something wrong? Why?**

**On what proportion of the times that you have eaten have you felt guilty?**

[NB: This rating is based on occasions. Rate the *proportion of times* on which feelings of guilt have followed eating. *Do not consider objective bulimic episodes*, but do consider other episodes of overeating. These feelings of guilt should relate to the effects of eating on shape, weight or body composition. *Distinguish guilt from regret*: guilt refers to a feeling that one has done wrong.]

- 0 - No guilt after eating
- 1 -
- 2 - Has felt guilty after eating on less than half the *occasions*
- 3 -
- 4 - Has felt guilty after eating on more than half the *occasions*
- 5 -
- 6 - Has felt guilty after eating on every *occasion*

### SELF-INDUCED VOMITING

**\*Over the past four weeks have you made yourself vomit as a means of controlling your shape or weight?**

[Rate the number of discrete episodes of self-induced vomiting. Accept the subject's definition of an episode. Rate 777 if the number is so great that it cannot be calculated. Rate 000 if no vomiting.]

**Self Induced Vomiting: Weight and Shape Related**

Month            1    2    3    4    5    6

Days            []   []   []   []   []   []

Episodes        []   []   []   []   []   []

**Which foods cause plugging?**

How distressed were you about the vomiting? (Rate from 0 = not at all to 6 = extreme) []

**\*Some people make themselves vomit for other reasons. In the last 28 days have you made yourself vomit for any of the following reasons?**

0 - Feature not present

1 - Feature present

To avoid physical discomfort            []

To avoid plugging                            []

To avoid dumping                            []

Other \_\_\_\_\_ []

**Self Induced Vomiting: Not Weight and Shape Related**

Month            1    2    3    4    5    6

Days            []   []   []   []   []   []

Episodes        []   []   []   []   []   []

**Which foods cause plugging?**

How distressed were you about the vomiting? (Rate from 0 = not at all to 6 = extreme) [ ]

**\*Over the past four weeks have you vomited spontaneously to influence your shape or weight?**

[Rate the number of discrete episodes of spontaneous vomiting. Accept the subject's definition of an episode. Rate 777 if the number is so great that it cannot be calculated. Rate 000 if no vomiting.]

**Spontaneous Vomiting: Weight and Shape Related**

Month	1	2	3	4	5	6
Days	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Episodes	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

**Which foods cause plugging?**

How distressed were you about the vomiting? (Rate from 0 = not at all to 6 = extreme) [ ]

**\*Some people have vomited spontaneously for other reasons. In the last 28 days have you spontaneously vomited for any of the following reasons?**

- 0 - Feature not present
- 1 - Feature present

- To avoid physical discomfort [ ]
- To avoid plugging [ ]
- To avoid dumping [ ]
- Other \_\_\_\_\_ [ ]

**Spontaneous Vomiting: Not Weight and Shape Related**

Month            1     2     3     4     5     6

Days                          

Episodes                      

**Which foods cause plugging?**

How distressed were you about the vomiting? (Rate from 0 = not at all to 6 = extreme)

**CHEWING AND SPITTING**

**\*Over the past four weeks have you chewed food and spit it out without swallowing it to influence your weight or shape?**

**What Foods?**

- 1.
- 2.
- 3.
- 4.
- 5.

**Chewing and Spitting: Weight and Shape Related**

Month            1     2     3     4     5     6

Days                          

Episodes                      

**Which foods cause plugging?**

How distressed have you been about chewing and spitting?(0 = not at all 6 = extreme) [ ]

**\*Some people chew food and spit it out for other reasons. In the last 28 days have you chewed food and spit it out any of the following reasons?**

0 - Feature not present

1 - Feature present

To get the taste of foods that may cause plugging or dumping?" [ ]

Because you enjoy the sense of chewing? " [ ]

Other \_\_\_\_\_ [ ]

What Foods?

1.

2.

3.

4.

5.

### **Chewing and Spitting: Not Weight and Shape Related**

Month	1	2	3	4	5	6
-------	---	---	---	---	---	---

Days	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
------	-----	-----	-----	-----	-----	-----

Episodes	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
----------	-----	-----	-----	-----	-----	-----

Which foods cause plugging?

How distressed have you been about chewing and spitting? (0 = not at all 6 = extreme) [ ]

### **RUMINATION**

**\*Over the past four weeks have you ruminated food, that is, on purpose, brought food back up again, chewed and swallowed it again to influence your shape or weight?**

What Foods?

- 1.
- 2.
- 3.
- 4.
- 5.

**Rumination: Weight and Shape Related**

Month            1    2    3    4    5    6

Days                          

Episodes                      

**Which foods cause plugging?**

**How distressed have you been about (rumination)? [ ]**

(0 = not at all 6 = extreme)

**\*Some people ruminate food for other reasons. In the last 28 days have you ruminated food for any of the following reasons?**

0 - Feature not present

1 - Feature present

**To get the taste of foods that may cause plugging or dumping? [ ]**

**Because you enjoy the sense of chewing? [ ]**

**Other \_\_\_\_\_ [ ]**

**What Foods?**

- 1.
- 2.
- 3.
- 4.
- 5.

**Rumination: Not Weight and Shape Related**

Month            1    2    3    4    5    6

Days            [ ] [ ] [ ] [ ] [ ] [ ]

Episodes       [ ] [ ] [ ] [ ] [ ] [ ]

**Which foods cause plugging?**

**How distressed have you been about (rumination)?(0 = not at all 6 = extreme) [ ]**

### **BOWEL FUNCTIONING**

**\*Have there been any changes in your bowel movements since surgery?"**

0 - Feature not present

1 - Feature present

No change                    [ ]

Occasional diarrhea       [ ]

Looser                         [ ]

Constipation                 [ ]

Softer                         [ ]

More frequent               [ ]

More urgency                [ ]

Less frequent                [ ]

Other\_\_\_\_\_                 [ ]

### **LAXATIVE MISUSE**



**\*Over the past four weeks have you taken laxatives as a means of controlling your shape or weight?**

[Rate the number of episodes of laxative-taking as a means of controlling shape, weight or body composition. This should have been the *main* reason for the laxative-taking, although it may not have been the sole reason. Only rate the taking of substances with a true laxative effect. Rate 00 if there was no laxative use or there is doubt whether the laxative-taking was primarily to influence shape, weight or body composition.]

**Laxative Use: Weight and Shape Related**

Month	1	2	3	4	5	6
Days	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Episodes	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

**Which foods cause plugging?**

[Rate the average number of laxatives taken on each occasion. Rate 999 if not applicable. Rate 777 if not quantifiable, e.g., use of bran.] [ ]

[Note the type of laxative taken.] Type \_\_\_\_\_

**\*Some people use laxatives for other reasons. In the last 28 days have you taken laxatives for any of the following reasons?**

0 - Feature not present

1 - Feature present

Constipation [ ]

Prescribed by physician [ ]

Other \_\_\_\_\_ [ ]

**Laxative Use: Not Weight and Shape Related**

Month	1	2	3	4	5	6
-------	---	---	---	---	---	---

Days                          

Episodes                     

**Which foods cause plugging?**

[Rate the average number of laxatives taken on each occasion. Rate 999 if not applicable. Rate 777 if not quantifiable, e.g., use of bran.]

[Note the type of laxative taken.] Type \_\_\_\_\_

**DIURETIC MISUSE**

**\*Over the past four weeks have you taken diuretics as a means of controlling your shape or weight?**

[Rate the number of episodes of diuretic-taking as a means of controlling shape, weight or body composition. This should have been the *main* reason for the diuretic-taking, although it may not have been the sole reason. Only rate the taking of substances with a true diuretic effect. Rate 00 if there was no diuretic use or there is doubt whether the diuretic-taking was primarily to influence shape, weight or body composition.]

**Diuretic Use: Weight and Shape Related**

Month            1      2      3      4      5      6

Days                          

Episodes                     

**Which foods cause plugging?**

[Rate the average number of diuretics taken on each occasion. Rate 999 if not applicable] [ ]

[Note the type of diuretic taken.] Type \_\_\_\_\_

**\*Some people use diuretics for other reasons. In the last 28 days have you**

used diuretics for any of the following reasons?

0 - Feature not present

1 - Feature present

Bloating

Prescribed by physician

Other \_\_\_\_\_

**Diuretic Use: Not Weight and Shape Related**

Month            1    2    3    4    5    6

Days           

Episodes       

**Which foods cause plugging?**

[Rate the average number of diuretics taken on each occasion. Rate 999 if not applicable.]

[Note the type of diuretic taken.] Type \_\_\_\_\_

**DRIVEN EXERCISING**

(Diagnostic item)

**\*Over the past four weeks have you exercised as a means of controlling your weight, altering your shape or amount of fat, or burning off calories?**

**\*Have you felt driven or compelled to exercise?**

**Typically, what form of exercise have you taken?**

**How hard have you exercised? Have you pushed yourself?**

**Have you exercised even when it might be doing you harm?**

**Have there been times when you have been unable to exercise for any reason? How has this made you feel?**

[Rate the number of days on which the subject has engaged in "driven" exercising. Such exercising should have had a "compulsive" quality to it. The subject should describe having felt compelled to exercise. Other indices of this compulsive quality are exercising even when it might have done one harm (e.g., when possibly injured) or having had a strong negative reaction to being unable to exercise. Only rate driven exercising that was *predominantly* intended to use calories or change shape, weight, or body composition. If in doubt, the exercising should not be classed as "driven". Rate 00 if no such driven exercising.]

**Driven Exercise**

Month	1	2	3	4	5	6
Days	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Episodes	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

**Which foods cause plugging?**

[Rate the *average* amount of time (in minutes) per day spent exercising in this way. Only consider days on which the subject exercised. Rate 999 if no such exercising.] [ ]

**ABSTINENCE FROM EXTREME WEIGHT-CONTROL BEHAVIOUR**

**(Diagnostic item)**

[Only ask this question if at least one of the key forms of weight-control behaviour has been rated positively at the specified severity level over the past three months (see the section on "Eating disorder diagnoses"). The five forms of behaviour are as follows:

- fasting
- self-induced vomiting
- laxative misuse

- diuretic misuse
- driven exercise

**Over the past three months has there been a period of two or more weeks when you have not .....**

[Ask as for individual items. Ascertain the number of consecutive weeks over the past three months "free" (i.e., not above threshold levels) from all five forms of extreme weight-control behaviour. Do not

**I am now going to ask you some questions about your shape and weight .....**

### **DISSATISFACTION WITH WEIGHT**

**(Weight Concern subscale)**

**\*Over the past four weeks have you been dissatisfied with your weight (..... the number on the scale)? What has this been like?**

**Why have you been dissatisfied with your weight? Have you been so dissatisfied that it has made you unhappy? Could you have felt worse? How long has this feeling lasted?**

[Only rate dissatisfaction due to weight being regarded as too high. Assess the subject's attitude to his or her weight and rate accordingly. In common with all severity items, the rating should represent the *mode for the entire month*. Only rate 4, 5 or 6, if there has been distress. Do not prompt with the terms "slight", "moderate" or "marked". This rating can be made with subjects who do not know their exact weight. Only rate 9 with subjects who are totally unaware of their weight.]

[ ]

- 0 - No dissatisfaction
- 1 -
- 2 - Slight dissatisfaction (no associated distress)
- 3 -
- 4 - Moderate dissatisfaction (some associated distress)
- 5 -
- 6 - Marked dissatisfaction (extreme concern and distress; weight totally

unacceptable)

## DESIRE TO LOSE WEIGHT

(Weight Concern subscale)

**\*Over the past four weeks have you wanted to weigh less (again I am referring to the number on the scale)?**

Have you had a strong desire to lose weight?

[Rate the number of days on which there has been a *strong desire* to lose weight. This rating can be made with subjects who do not know their exact weight. Only rate 9 with subjects who are totally unaware of their weight.]

- 0 - No strong desire to lose weight
- 1 - Strong desire on 1 to 5 days
- 2 - Strong desire on less than half the days (6 to 12 days)
- 3 - Strong desire on half the days (13 to 15 days)
- 4 - Strong desire on more than half the days (16 to 22 days)
- 5 - Strong desire almost every day (23 to 27 days)
- 6 - Strong desire every day

Days Rate

[ ] [ ]

## DESIRED WEIGHT

**\*On average, over the past month what weight have you wanted to be?**

[Rate weight in kilograms. Rate 888 if the subject is not interested in his or her weight. Rate 777 if no specific weight would be low enough. Rate 666 if the subject is primarily interested in his or her shape but has some concern about weight (but not a specific weight).]

[ ]

## WEIGHING

**\*Over the past four weeks how often have you weighed yourself?**

[Calculate the approximate frequency that the subject has weighed himself or herself. Do not count being weighed by others. If the subject has not weighed

himself or herself determine whether this is the result of avoidance. Rate 777 if it is due to avoidance.]

[ ]

## REACTION TO PRESCRIBED WEIGHING

(Weight Concern subscale)

**\*Over the past four weeks how would you have felt if you had been asked to weigh yourself once each week for the subsequent four weeks ..... just once a week; no more often and no less often?**

[Rate the strength of negative reaction to the prospect of having to weigh once weekly (no more often, no less often) over the subsequent four weeks. This assumes that the subject would thereby be made aware of his or her weight. Positive reactions should be rated 9. In common with all severity items, the rating should represent the *mode for the entire month*. Ask the subject to describe in detail how he or she would have reacted and rate accordingly. Check whether other aspects of the subject's life would have been influenced. Do not prompt with the terms "slight", "moderate" or "marked". If the subject would not have complied with such weighing because it would have been extremely disturbing, rate 6.]

[ ]

0 - No reaction

1 -

2 - Slight reaction

3 -

4 - Moderate reaction (definite reaction, but manageable)

5 -

6 - Marked reaction (pronounced reaction which would affect other aspects of the subject's life)

## TO WEIGHT GAIN

**\*Over the past four weeks what amount of weight gain, over a period of one week, would have definitely upset you?**

[Ascertain what weight gain (from the subject's average weight over the past four weeks) would have led to a *marked negative reaction*. Check several numbers. Be particularly careful to code the number correctly. This should represent the average degree of sensitivity for the entire month.]

- 0 - 7 lb OR 3.5 kg (or more) would have generated a marked negative reaction, or no amount of weight gain would generate this type of reaction
- 1 - 6 lb or 3 kg would have generated a marked negative reaction
- 2 - 5 lb or 2.5 kg would have generated a marked negative reaction
- 3 - 4 lb or 2 kg would have generated a marked negative reaction
- 4 - 3 lb or 1.5 kg would have generated a marked negative reaction
- 5 - 2 lb or 1 kg would have generated a marked negative reaction
- 6 - 1 lb or 0.5 kg (i.e., any weight gain) would have generated a marked negative reaction

## DISSATISFACTION WITH SHAPE

### (Shape Concern subscale)

**\*Over the past four weeks have you been dissatisfied with your overall shape (your figure)? What has this been like?**

**Why have you been dissatisfied with your shape? Have you been so dissatisfied that it has made you unhappy? Could you have felt worse? How long has this feeling lasted?**

[Only rate dissatisfaction with overall shape or figure because it is viewed as too large. This dissatisfaction may include concerns about relative proportions of the body but not dissatisfaction restricted to specific body parts. Do not rate concerns about body tone. Assess the subject's attitude to his or her shape and rate accordingly. In common with all severity items, the rating should represent the *mode for the entire month*. Only rate 4, 5, or 6, if there has been associated distress. Do not prompt with the terms "slight", "moderate" or "marked". Reports of disgust or revulsion should be rated 6.]

- 0 - No dissatisfaction with shape
- 1 -
- 2 - Slight dissatisfaction with shape (no associated distress)
- 3 -
- 4 - Moderate dissatisfaction with shape (some associated distress)
- 5 -
- 6 - Marked dissatisfaction with shape (extreme concern and distress; shape totally unacceptable)

## PREOCCUPATION WITH SHAPE OR WEIGHT



## (Shape and Weight Concern subscales)

**\*Over the past four weeks have you spent much time thinking about your shape or weight?.....**

**\*..... Has thinking about your shape or weight interfered with your ability to concentrate? How about concentrating on things that you are actively interested in, for example, working, following a conversation or reading?**

[Concentration is regarded as impaired if there have been *intrusive thoughts about shape or weight which have interfered with activities* rather than one's mind simply drifting off the matter at hand. Rate the number of days on which this has happened.]

[ ]

- 0 - No concentration impairment
- 1 - Concentration impairment on 1 to 5 days
- 2 - Concentration impairment on less than half the days (6 to 12 days)
- 3 - Concentration impairment on half the days (13 to 15 days)
- 4 - Concentration impairment on more than half the days (16 to 22 days)
- 5 - Concentration impairment almost every day (23 to 27 days)
- 6 - Concentration impairment every day

## IMPORTANCE OF WEIGHT

(Diagnostic item, Weight Concern subscale)

**\*I am now going to ask you a rather complex question - you may not have thought about this before. Over the past four weeks has your weight (the number on the scale) been important in influencing how you feel about (judge, think, evaluate) yourself as a person?**

**.....\*If you imagine the things which influence how you feel about (judge, think, evaluate) yourself - such as (your performance at work, being a parent, your marriage, how you get on with other people) - and put these things in order of importance, where does your weight fit in?**

**(If, over the past four weeks, your weight had changed in any way, would this have affected how you felt about yourself?)**

**(Over the past four weeks has it been important to you that your weight does not change? Have you been making sure that it does not change?)**

[Rate the degree of importance the subject has placed on body weight and its position in his or her scheme for self-evaluation. The rating can be made with subjects who do not know their exact weight - the importance of their presumed weight can be rated. To make the rating, comparisons need to be made with other aspects of the subject's life which are of importance in his or her scheme for self-evaluation (e.g., quality of relationships, being a parent, performance at work or in leisure activities). In common with all severity items, the rating should represent the *mode for the entire month*.

This can be a difficult item to rate. It is recommended that the two mandatory probe questions be asked in tandem. Then the interviewer should help the subject formulate his or her answer. It is then often a good idea to repeat the two probe questions to ensure that the subject has fully grasped what is being assessed. The questions in brackets should only be asked if the subject is denying that weight is important yet his or her behaviour suggests otherwise. Do not prompt with the terms "some", "moderate" or "supreme". If the subject has regarded both shape and weight as being of equivalent "supreme" importance, rate 6 on this item and on "Importance of shape".]

0 - No importance

1 -

2 - Some importance (definitely an aspect of self-evaluation)

3 -

4 - Moderate importance (definitely one of the main aspects of self-evaluation)

5 -

6 - Supreme importance (nothing is more important in the subject's scheme for self-evaluation)

month 1 [ ]

month 2 [ ]

month 3 [ ]

## **IMPORTANCE OF SHAPE**

**(Diagnostic item, Shape Concern subscale)**

**\*I am now going to ask you a rather complex question - you may not have thought about this before. Over the past four weeks has your shape been important in influencing how you feel about (judge, think, evaluate)**

**yourself as a person? .....**

**.....\*If you imagine the things which influence how you feel about (judge, think, evaluate) yourself - such as (your performance at work, being a parent, your marriage, how you get on with other people) - and put these things in order of importance, where does your shape fit in?**

**(If, over the past four weeks, your shape had changed in any way, would this have affected how you felt about yourself?)**

**(Over the past four weeks has it been important to you that your shape does not change? Have you been making sure that it does not change?)**

[Rate the degree of importance the subject has placed on body shape and its position in his or her scheme for self-evaluation. To make this rating, comparisons need to be made with other aspects of the subject's life which are of importance in his or her scheme for self-evaluation (e.g., quality of relationships, being a parent, performance at work or in leisure activities). In common with all severity items, the rating should represent the *mode for the entire month*.

This can be a difficult item to rate. It is recommended that the two mandatory probe questions be asked in tandem. Then the interviewer should help the subject formulate his or her answer. It is then often a good idea to repeat the two probe questions to ensure that the subject has fully grasped what is being assessed. The questions in brackets should only be asked if the subject is denying that shape is important yet his or her behaviour suggests otherwise. Do not prompt with the terms "some", "moderate" or "supreme". If the subject has regarded both shape and weight as being of equivalent "supreme" importance, rate 6 on this item and on "Importance of weight".]

0 - No importance

1 -

2 - Some importance (definitely an aspect of self-evaluation)

3 -

4 - Moderate importance (definitely one of the main aspects of self-evaluation)

5 -

6 - Supreme importance (nothing is more important in the subject's scheme for self-evaluation)

**month 1 [ ]**

**month 2 [ ]**

## ACCEPTANCE OF SHAPE AND WEIGHT

**\*Over the past four weeks, to what extent have you been able to accept your shape and weight - see them as simply being the way you are.**

**Have you had negative thoughts about your shape or weight?**

[Rate degree of acceptance. Note that acceptance is not the same as resignation. Complete acceptance is a positive state in which subjects do not view their shape or weight at all negatively. Moderate acceptance commonly includes a preference for being somewhat thinner or lighter (or heavier) although this preference must not have a significant effect on their psychological well-being. In common with all severity items, the rating should represent the *mode for the entire month.*]

[ ]

0 - Complete acceptance (viewed as fine; no desire for shape/weight to be different)

1 -

2 - Moderate acceptance (viewed as okay, although would prefer shape/weight to be different)

3 -

4 - Some acceptance (viewed as tolerable but would much prefer shape/weight to be different)

5 -

6 - No acceptance (viewed as intolerable)

## NEGATIVE SELF-EVALUATION DUE TO SHAPE OR WEIGHT

**\*Over the past four weeks have you criticised yourself (or thought negatively about yourself) as a person for being the shape or weight that you are. What thoughts have passed through your mind? How long have they lasted?**

**Have you blamed yourself for being the shape or weight you are?**

**Have you thought that your shape or weight reflect badly on you as a person?**

[Rate the extent to which subjects have evaluated themselves negatively as a result of their shape (which may be viewed as too large or too small) or weight (too high or too low). Rate the more salient of the two. Note that this rating is not about control over eating.

Typical thoughts include the view that their shape or weight reflect lack of self-control or willpower, or they are evidence of lack of self-respect. The rating should be based on their own views and not those of others. In common with all severity items, the rating should represent the *mode for the entire month.*]

[ ]

0 - No shape or weight-related negative self-evaluation

1 -

2 - Some shape or weight-related negative self-evaluation (such thoughts have occurred at times but have either been infrequent or mild in intensity)

3 -

4 - Moderate shape or weight-related negative self-evaluation (such thoughts have occurred and have either been moderately frequent or intense or both)

5 -

6 - Extreme shape or weight-related negative self-evaluation (such thoughts have been frequent and intense)

### IMPORTANCE OF CONTROL OVER EATING

**\*Over the past four weeks has it been important to you to maintain complete control over your eating?**

**\*Has your ability to maintain complete control your eating been important in influencing how you feel about (judge, think, evaluate) yourself as a person? .....**

**.....\*If you imagine the things which influence how you feel about (judge, think, evaluate) yourself - such as (your performance at work, being a parent, your marriage, how you get on with other people) - and put these things in order of importance, where does maintaining complete control over your eating fit in?**

[Rate the degree of importance the subject has placed on maintaining complete control over eating and its position in his or her scheme for self-evaluation. To make the rating, comparisons need to be made with other aspects of the subject's life which are of importance in his or her scheme for self-evaluation (e.g., quality of relationships, being a parent, performance at work or in leisure activities). In

common with all severity items, the rating should represent the *mode for the entire month*.

This can be a difficult item to rate. It is recommended that the second and third mandatory probe questions be asked in tandem. Then the interviewer should help the subject formulate his or her answer. It is then often a good idea to repeat these two probe questions to ensure that the subject has fully grasped what is being assessed. Do not prompt with the terms "some", "moderate" or "supreme".]

[ ]

- 0 - No importance
- 1 -
- 2 - Some importance (definitely an aspect of self-evaluation)
- 3 -
- 4 - Moderate importance (definitely one of the main aspects of self-evaluation)
- 5 -
- 6 - Supreme importance (nothing is more important in the subject's scheme for self-evaluation)

### FEAR OF WEIGHT GAIN

(Diagnostic item, Shape Concern subscale)

**\*Over the past four weeks have you been afraid that you might gain weight?**

[With subjects who have recently gained weight the question may be rephrased as "..... have you been afraid that you might gain *more* weight".]

**What has this been like? How afraid have you been?**

[Rate the number of days on which a definite fear has been present. Exclude reactions to actual weight gain.]

- 0 - No definite fear of fatness or weight gain
- 1 - Definite fear of fatness or weight gain on 1 to 5 days
- 2 - Definite fear of fatness or weight gain on less than half the days (6 to 12 days)
- 3 - Definite fear of fatness or weight gain on half the days (13 to 15 days)
- 4 - Definite fear of fatness or weight gain on more than half the days (16 to 22 days)
- 5 - Definite fear of fatness or weight gain almost every day (23 to 27 days)
- 6 - Definite fear of fatness or weight gain every day

	Days Rate	
month 1	[ ]	[ ]
month 2	[ ]	[ ]
month 3	[ ]	[ ]

### DISCOMFORT SEEING BODY

(Shape Concern subscale)

**\*Over the past four weeks have you felt uncomfortable seeing your body, for example, in the mirror, in shop window reflections, while undressing, or while taking a bath or shower?**

**What has this been like? Could you have felt worse? Have you avoided seeing your body?**

[Only rate discomfort about overall shape or figure because it is viewed as too large. The discomfort should not stem from sensitivity about specific aspects of appearance (e.g., acne) or from modesty. One index of the severity of such discomfort is whether it has led to avoidance (ask for examples, e.g., when washing). In common with all severity items, the rating should represent the *mode for the entire month.*]

[ ]

- 0 - No discomfort about seeing body
- 1 -
- 2 - Some discomfort about seeing body
- 3 -
- 4 - Definite discomfort about seeing body
- 5 -
- 6 - Extreme discomfort about seeing body

### DISCOMFORT ABOUT EXPOSURE

(Shape Concern subscale)

**\*Over the past four weeks have you felt uncomfortable about others seeing your body, for example, in communal changing rooms, when swimming, or when wearing clothes that show your shape? What about your partner or**

**friends seeing your body?**

**What has this been like? Could you have felt worse?**

**Have you avoided others seeing your body? Have you chosen to wear clothes that disguise your shape?**

[Only rate discomfort arising from concerns about overall shape or figure (because it is viewed as too large). The discomfort should not stem from sensitivity about specific aspects of appearance (e.g., acne) or from modesty. One index of the severity of such discomfort is whether it has led to avoidance (ask for examples, e.g., when dressing). If the possibility of exposure has not arisen, rate 9. In common with all severity items, the rating should represent the *mode for the entire month.* ]

[ ]

- 0 - No discomfort about seeing body
- 1 -
- 2 - Some discomfort about seeing body
- 3 -
- 4 - Definite discomfort about seeing body
- 5 -
- 6 - Extreme discomfort about seeing body

**<center**

**\*Over the past four weeks have you felt uncomfortable being in social or public situations as a result of your shape?**

**What has this been like? Could you have felt worse?**

**Have you avoided any such situations because of your concerns about your shape?**

[Only rate social discomfort arising from concerns about overall appearance (because it is viewed as too large). The discomfort should not stem from sensitivity about specific aspects of appearance (e.g., acne). One index of the severity of such discomfort is whether it has led to avoidance (ask for examples). In common with all severity items, the rating should represent the *mode for the entire month.* ]



- 0 - No social discomfort
- 1 -
- 2 - Some social discomfort
- 3 -
- 4 - Definite social discomfort
- 5 -
- 6 - Extreme social discomfort

**FEELINGS OF FATNESS**

**(Diagnostic item, Shape Concern subscale)**

**\*Over the past four weeks have you felt fat?** [With subjects who have already acknowledged such feelings, this question may need to be prefaced by an apology.]

[Rate the number of days on which the subject has "felt fat" accepting his or her use of this expression. Distinguish "feeling fat" from feeling bloated premenstrually, unless this is experienced as feeling fat.]

- 0 - Has not felt fat
- 1 - Has felt fat on 1 to 5 days
- 2 - Has felt fat on less than half the days (6 to 12 days)
- 3 - Has felt fat on half the days (13 to 15 days)
- 4 - Has felt fat on more than half the days (16 to 22 days)
- 5 - Has felt fat almost every day (23 to 27 days)
- 6 - Has felt fat every day

**Days Rate**

- month 1            [ ] [ ]
- month 2            [ ] [ ]
- month 3            [ ] [ ]

**REGIONAL FATNESS**

**\*Over the past month have you felt that any particular part of your body is too fat?**

[Rate the number of days on which the subject has felt that part of her body is

definitely too 'fat'.]

- 0 - No regional fatness
- 1 - Regional fatness on 1 to 5 days
- 2 - Regional fatness on less than half the days (6 to 12 days)
- 3 - Regional fatness on half the days (13 to 15 days)
- 4 - Regional fatness on more than half the days (16 to 22 days)
- 5 - Regional fatness almost every day (23 to 27 days)
- 6 - Regional fatness every day

**Days Rate**

[ ] [ ]

### VIGILANCE ABOUT SHAPE

**\*Over the past four weeks have you been keeping a close eye on your shape ..... for example, by checking that certain clothes fit, by measuring or pinching yourself, or by scrutinising yourself in the mirror?**

[Rate the number of days on which the subject has *actively monitored* his or her shape with the intention of detecting any changes. The subject should believe that the method used is capable of detecting change.]

- 0 - No vigilance
- 1 - Vigilance on 1 to 5 days
- 2 - Vigilance on less than half the days (6 to 12 days)
- 3 - Vigilance on half the days (13 to 15 days)
- 4 - Vigilance on more than half the days (16 to 22 days)
- 5 - Vigilance almost every day (23 to 27 days)
- 6 - Vigilance every day

**Days Rate**

[ ] [ ]

### FLAT STOMACH

**(Shape Concern subscale)**

[Omit this item if the subject is obviously overweight and rate 7.]

**\*Over the past four weeks have you had a definite desire to have a flat stomach?**

[Rate the number of days on which the subject has had a definite desire to have a flat or concave stomach. Subjects who already have a flat stomach can be rated,

whereas the desire to have a "flatter" (i.e., less protruding) stomach should not be rated.]

- 0 - No definite desire to have a flat stomach
- 1 - Definite desire to have a flat stomach on 1 to 5 days
- 2 - Definite desire to have a flat stomach on less than half the days (6 to 12 days)
- 3 - Definite desire to have a flat stomach on half the days (13 to 15 days)
- 4 - Definite desire to have a flat stomach on more than half the days (16 to 22 days)
- 5 - Definite desire to have a flat stomach almost every day (23 to 27 days)
- 6 - Definite desire to have a flat stomach every day

**Days Rate**

[ ] [ ]

## BODY COMPOSITION

**\*Over the past four weeks have you thought about the actual composition of your body ..... the percentage of fat as compared with muscle ..... the way you are under the skin?**

**How often have you thought about the composition of your body?**

[Rate the strength of the subject's concern about the proportion of fat in his or her body. *Do not rate concern about "being fat" or concerns about particular parts of the body.* Do not prompt with the terms 'slight', 'moderate' or 'marked'. In common with all severity items, the rating should represent the *mode for the entire month.*]

- 0 - No concern about body composition
- 1 -
- 2 - Slight concern about body composition (aware of the notion, but it is not of personal importance to the subject)
- 3 -
- 4 - Moderate concern about body composition (clearly interested in composition of body and regularly thinks about it)
- 5 -
- 6 - Marked concern about body composition (extreme interest in actual make-up of body and frequently thinks about it)

**Days Rate**

[ ] [ ]