

## 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 Examination Questionnaire © (EDE-Q 6.0) Instructions: The following questions are concerned with the past four weeks (28 days) only. Please read each question carefully. Please answer all the questions. Thank you.

Questions 1 to 12: Please circle the appropriate number on the right. Remember that the questions only refer to the past four weeks (28 days) only.

On how many of the past 28 days...	No days	1–5 days	6–12 days	13–15 days	16–22 days	23–27 days	Every day
1. Have you been deliberately <u>trying</u> to limit the amount of food you eat to influence your shape or weight (whether or not you have succeeded)?	0	1	2	3	4	5	6
2. Have you gone for long periods of time (8 waking hours or more) without eating anything at all in order to influence your shape or weight?	0	1	2	3	4	5	6
3. Have you <u>tried</u> to exclude from your diet any foods that you like in order to influence your	0	1	2	3	4	5	6

shape or weight (whether or not you have succeeded)?							
4. Have you <u>tried</u> to follow definite rules regarding your eating (for example, a calorie limit) in order to influence your shape or weight (whether or not you have succeeded)?	0	1	2	3	4	5	6
5. Have you had a definite desire to have any <u>empty</u> stomach with the aim of influencing your shape or weight?	0	1	2	3	4	5	6
6. Have you had a definite desire to have a <u>totally flat</u> stomach?	0	1	2	3	4	5	6
7. Has thinking about <u>food, eating, or calories</u> made it very difficult to concentrate on things you are interested in (for example, working, following a conversation, or reading)?	0	1	2	3	4	5	6
8. Has thinking about <u>shape or weight</u> made it very difficult to concentrate on things you are interested in (for example, working, following a conversation, or reading)?	0	1	2	3	4	5	6

9. Have you had a definite fear of losing control over eating?	0	1	2	3	4	5	6
10. Have you had a definite fear that you might gain weight?	0	1	2	3	4	5	6
11. Have you felt fat?	0	1	2	3	4	5	6
12. Have you had a strong desire to lose weight?	0	1	2	3	4	5	6

**Questions 13–18: Please fill in the appropriate number in the boxes on the right. Remember that the questions only refer to the past four weeks (28 days).**

**Over the past four weeks (28 days)....**

13. Over the past 28 days, how many times have you eaten what other people would regard as an unusually large amount of food (given the circumstances)?

\_\_\_\_\_

14. On how many of these times did you have a sense of having lost control over your eating (at the time that you were eating)?

\_\_\_\_\_

15. Over the past 28 days, how many DAYS have such episodes of overeating occurred (i.e., you have eaten an unusually large amount of food and have had a sense of loss of control at the time)?

16. Over the past 28 days, how many times have you made yourself sick (vomit) as a means of controlling your shape or weight?

---

17. Over the past 28 days, how many times have you taken laxatives as a means of controlling your shape or weight?

---

18. Over the past 28 days, how many times have you exercised in a "driven" or "compulsive" way as a means of controlling your weight, shape, or amount of fat, or to burn off calories?

**Questions 19 to 21: please circle the appropriate number. Please note that the questions the term "binge eating" means eating what others would regard as an unusually large amount of food for the circumstances, accompanied by a sense of having lost control over eating.**

19. Over the past 28 days, on how many days have you eaten in secret (i.e., furtively)?  .....Do not count episodes of binge eating	No days	1–5 days	6–12 days	13–15 days	16–22 days	23–27 days	Every day
	0	1	2	3	4	5	6
20. On what proportion of the times that you have eaten have you	None of the times	A few of the times	Less than half	Half of the times	More than half	Most of the time	Every day

felt guilty (felt that you've done wrong) because of its effect on your shape or weight?  .....Do not count episodes of binge eating	0	1	2	3	4	5	6
--	---	---	---	---	---	---	---

21. Over the past 28 days, how concerned have you been about other people seeing you eat?  .....Do not count episodes of binge eating	Not at All		Slightly		Moderately		Markedly
	0	1	2	3	4	5	6

Questions 22 to 28: Please circle the appropriate number on the right. Remember that the questions only refer to the past four weeks (28 days).

Over the past 28 days.....	Not at all		Slightly		Moderately		Markedly
22. Has your <u>weight</u> influenced how you think about (judge) yourself as a person?	0	1	2	3	4	5	6
23. Has your <u>shape</u> influenced how you think about (judge) yourself as a person?	0	1	2	3	4	5	6
24. How much would it have upset you if you had been asked to weigh yourself once a week (no more, or less, often) for the next four weeks?	0	1	2	3	4	5	6

25. How dissatisfied have you been with your <u>weight</u> ?	0	1	2	3	4	5	6
26. How dissatisfied have you been with your <u>shape</u> ?	0	1	2	3	4	5	6
27. How uncomfortable have you felt seeing your body (for example, seeing your shape in the mirror, in a shop window reflection, while undressing or taking a bath or shower)?	0	1	2	3	4	5	6
28. How uncomfortable have you felt about <u>others</u> seeing your shape or figure (for example, in communal changing rooms, when swimming, or wearing tight clothes)?	0	1	2	3	4	5	6

What is your weight at present? (please give your best estimate) \_\_\_\_\_

What is your height? (Please give your best estimate) \_\_\_\_\_

If female: Over the past three-to-four months have you missed any menstrual periods? \_\_\_\_\_

If so, how many? \_\_\_\_\_

Have you been taking the "pill"? \_\_\_\_\_

### THANK YOU

**Scoring:** The EDE, and its self-reported versions, EDE-Q, generate two types of data. First they provide frequency data on key behavioral features of eating disorders in terms of number of episodes of the behavior and in some instances number of days on which the behavior has occurred. Second, they provide subscale scores reflecting the severity of aspects of the psychopathology of eating disorders. The subscales are Restraint, Eating Concern, Shape Concern and Weight Concern. To obtain a particular subscale score, the ratings for the relevant items (listed below) are added together and the sum divided by the total number of

items forming the subscales. If ratings are only available on some items, a score may nevertheless be obtained by dividing the resulting total by the number of rated items so long as more than half the items have been rated. To obtain an overall or "global" score, the four subscales scores are summed and the resulting total divided by the number of subscales (i.e. four). Subscales score are reported as means and standard deviations.

### **Subscale Items**

#### Restraint

- 1 Restraint over eating
- 2 Avoidance of eating
- 3 Food avoidance
- 4 Dietary Rules
- 5 Empty stomach

#### Eating Concern

- 7 Preoccupation with food, eating or calories
- 9 Fear of losing control over eating
- 19 Eating in secret
- 21 Social eating
- 20 Guilt about eating

#### Shape Concern

- 6 Flat stomach
- 8 Preoccupation with shape or weight
- 23 Importance of shape
- 10 Fear of weight gain
- 26 Dissatisfaction with shape
- 27 Discomfort seeing body
- 28 Avoidance of exposure

11 Feelings of fatness

Weight Concern

22 Importance of weight

24 Reaction to prescribed weighing

8 Preoccupation with shape or weight

25 Dissatisfaction with weight

12 Desire to lose weight

Protocol source: <https://www.phenxtoolkit.org/protocols/view/230104>