

## Screening for Eating Disorder concerns

Based on the SCOFF questionnaire

Please answer “yes” or “no” to the five questions below.

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|----|---|-----|----|
| 1. | Do you make yourself sick because you feel uncomfortably full?      | yes | no |
| 2. | Do you worry you have lost control over how much you eat?           | yes | no |
| 3. | Have you recently lost more than 14 pounds in a three-month period? | yes | no |
| 4. | Do you believe yourself to be fat when others say you are thin?     | yes | no |
| 5. | Would you say that food dominates your life?                        | yes | no |

If you answered “yes” to two or more of the questions above, it is possible that you have concerns about weight, shape, eating and food that could benefit from treatment.

Please contact your local mental health clinic, or search for an eating disorders professional online at [www.edreferral.com](http://www.edreferral.com) or [www.something-fishy.org](http://www.something-fishy.org), to set up an initial evaluation.

Please note that this screen is not a diagnostic interview. To fully understand whether or not you are suffering from an eating disorder or eating / weight / shape concerns that warrant treatment, you must visit with a trained mental health professional who can conduct a clinical interview to determine whether a diagnosis exists and what treatment course may be most beneficial for you.

Reference: Morgan, Reid & Lacey. The SCOFF questionnaire: Assessment of a new screening tool for eating disorders. *British Medical Journal*. 1999; 319: 1467-8.