



## 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 EATING DISORDERS EXAMINATION

Proposed version for use with subjects aged 8-13

Revised August 15, 2014

### INTERVIEW SCHEDULE

#### 1. INTRODUCTION

The idea is to get a general picture of the subjects eating habits.

It is very difficult for children to get a clear grasp of the time span being discussed. Hopefully, we will have an agenda for the last three months that has been completed by the child's parent. At this point, ask the child if they think that the agenda is accurate, and if there were any other significant events that occurred over the last three months that they would like to add to the agenda. The child then keeps this agenda on which all this information is written throughout the interview and should be encouraged to refer to it.

Having used this agenda to orient the child to the specific time period being assessed, use the following questions as guidelines to ascertain the child's general eating habits.

\*To start with I'd like to get an idea of how your eating has been over the last four weeks.

\*Has your eating been very different from one day to the next?

\*Has your eating on weekends been different to days during the week?

\*Have there been any days when you haven't eaten anything at all? Recent sick days or vacation days during which you're eating might have been different?

\*What about during the past two months? (NB at this point you will almost

certainly have to use the agenda to aid recall.)

## **THE KEY PROBLEM**

Occasionally children will say that they "don't know" why it is they are avoiding certain foods etc. and therefore can't answer the key part of the item - is it to influence your weight or shape? Thus, on these items, they cannot be marked for these behaviors. However, when it becomes clearer later on that these are their main concerns and therefore prime motivation for engaging in a particular behavior - Fairburn suggests that you can go back and re-rate, although he may not have had such core concepts in mind.

## **SCORING DECISIONS**

a) It has been decided to rate child's answers as what they would do if they were allowed to by their parents. For example, for social eating children are made to do this but would almost certainly avoid it if they could, and therefore this should be rated as avoiding.

b) A lot of children put their answer under a cover of "I used to ... but now I feel differently". In the pilot study, this was often not convincing (although not exactly lying) but had to be rated as child answered, and hence some scores may be consistently underrating the child's psychopathology.

## **2. PATTERN OF EATING**

**Essence of question:** To get a clear picture of child's eating habits over the last 7 days.

### **Questions to ask:**

\*I would like to ask about your pattern of eating: Over the past 7 days (not including today), which of these meals or snacks have you eaten regularly? (Check understanding of regularly).

### **Guidelines**

- Ask about weekdays and weekends separately
- Meals or snacks should be rated even if they lead on to a "binge"
- "Brunch" should generally be classified as lunch

### **Rating**

Rate each meal and snack separately, usually accepting the subject's classification.

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.

Rate each meal according to the rating table below.

If a usual week, ask about a typical week in the past month.

**Scoring:** Fill in the brackets after each meal with the most appropriate score from the table below.

|  | SCORE |
|--|-------|
| Breakfast  | [ ]   |
| Mid-morning snack                                | [ ]   |
| Lunch  | [ ]   |
| Mid-afternoon snack                              | [ ]   |
| Evening meal                                     | [ ]   |
| Nocturnal snack (i.e., after having been asleep) | [ ]   |

Rating table:

0 - meal or snack not taken

1 -

2 - meal or snack eaten on less than half the days

3 -

4 - meal or snack eaten on more than half the days

5 -

6 - meal or snack eaten every day

### **3. RESTRAINT OVER EATING** (Restraint subscale)

**Essence of question:** To ascertain whether the child has consciously been attempting to restrict what he/she eats, regardless of whether their attempts have been successful.

#### **Questions to ask:**

\*Over the past four weeks have you deliberately been trying to cut down on what you eat, even if you haven't managed to do this?

\*How often?

\*What is the purpose of cutting down?

\*Have you done this to try to change your shape or weight?

#### **Guidelines**

- The restraint should have been intended to influence shape, weight or body composition, although this may not be the sole of 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.

#### **Rating**

Rate the number of days on which the subject has consciously attempted to restrict his/her food intake, whether or not he/she has succeeded.

**Scoring:** Circle the most appropriate score.

0 [ ] - No attempt at restraint

1 [ ] -

2 [ ] - Attempted to exercise restraint on less than half the days

3 [ ] -

3 [ ] - Attempted to exercise restraint on more than half the days

5 [ ] -

6 [ ] - Attempted to exercise restraint every day

[ ]

#### **4. AVOIDANCE OF EATING** (Restraint subscale)

**Essence of question:** To ascertain whether the child has gone for periods of 8 hours or more without eating, and if not, would they, were they allowed. In either instance, determine how often this occurred over the past four weeks.

#### **Questions to ask:**

\*Over the past four weeks have you even not eaten anything for most of the day? (Expand by asking about skipping meals, usual times for breakfast, supper, etc., to clarify whether the eight hour criterion is satisfied.)

How often has this happened?

Why have you done this?

Have you done this to try and change your shape and weight?

#### **Guidelines**

- It may be helpful to illustrate the length of time (e.g., 9am to 5pm).
- The abstinence must have been at least partly self-imposed, rather than being due to force of circumstance.
- It should have been intended to influence shape, weight or body composition, although this may not have been the sole or main reason.
- Check that avoidance has not been to annoy a parent.

#### **Rating**

Rate the number of days on which there has been at least eight hours abstinence from eating food (soup and milk-shakes count as food, whereas drinks in general do not) during waking hours.

**Scoring:** Circle the most appropriate score.

0 [ ] - No such days

1 [ ] -

2 [ ] - Avoidance on less than half the days

3 [ ] -

4 [ ] - Avoidance on more than half the days

5 [ ] -

6 [ ] - Avoidance every day

[ ]

## **5. EMPTY STOMACH** (Restraint subscale)

**Essence of question:** To ascertain whether the child has a definite desire to have an empty stomach and if so, how often. It is important to differentiate between the desire to have an empty stomach and the desire for the stomach to feel empty or be flat.

### **Questions to ask:**

\*Over the past four weeks have you wanted your tummy to **BE** empty - I mean not to have anything in it at all?

\*Why have you wanted to have an empty stomach?

\*Is it because you like to feel hungry?

\*How often have you wanted this?

### **Guidelines**

- This item must be differentiated from a desire for the stomach to **FEEL** empty or to be flat.

### **Rating**

Rate the number of days on which the subject has a definite desire to have a completely empty stomach for reasons to do with dieting, shape or weight.

**Scoring:** Circle the most appropriate score.

0 [ ] - No definite desire to have an empty stomach

1 [ ] -

2 [ ] - Definite desire to have an empty stomach on less than half the days

3 [ ] -

4 [ ] - Definite desire to have an empty stomach on more than half the days

5 [ ] -

6 [ ] - Definite desire to have an empty stomach every day

## **6. FOOD AVOIDANCE** (Restraint subscale)

**Essence of question:** To ascertain whether, and how often, the child has been attempting to avoid liked foods, whether successful in those attempts or not.

### **Questions to ask:**

\*What foods do you really like / did you like before?

\*Over the past four weeks have you tried to not eat any foods that you especially like, even if you haven't managed this? (It may be easier to elicit liked foods first, then as the question).

\*How often?

\*Why have you stopped eating those foods?

\*Have you done this to try to change your shape or weight?

### **Guidelines**

- The goal should have been to avoid the foods altogether and not merely to restrict their consumption.
- Drinks do not count as food.
- The avoidance should have been intended to influence shape, weight or body composition, although this may not have been the sole or main reason.
- It should be a strong desire, not a passing thought.

### **Rating**

Rate the number of days on which the subject has actively attempted to avoid eating specific foods (which he/she likes) whether or not he/she has succeeded.

**Scoring:** Circle the most appropriate score.

0 [ ] - No attempts to avoid food

1 [ ] -

2 [ ] - Attempted to avoid food on less than half the days

3 [ ] -

4 [ ] - Attempted to avoid food on more than half the days

5 [ ] -

## **7. DIETARY RULES.** (Restraint Subscale)

**Essence of question:** To ascertain whether the child has any dietary rules as opposed to general eating principles, and if so, how often the child attempts to obey these rules.

### **Questions to ask:**

\*Over the past four weeks have you tried to stick to certain definite rules about your eating; for example, only allowing yourself a certain number of calories, or a certain amount of food, or rules about what you should eat or when you should eat?

\*Have there been times when you know you have broken one of your own rules about eating?

\*Would you keep to them if you were not made to break them by your parents?

\*How have you felt about breaking them?

\*How would have felt if you had broken one of your eating rules?

\*What are your rules?

\*Why have you tried to stick to them?

\*Did you make them to try to change your shape or weight?

\*Do you try to stick to them every day (how often ...)?

\*Tell me more about your rules. Are they about certain foods or are they more general? (You will need to give some examples at this point. Examples of definite rules would be "I must not eat eggs" or "I must not eat cake", whereas a general principle would be "I should try to eat healthy food".

### **Guidelines**

- Dietary rules should be rated as present if the subject has been attempting to follow "definite" (i.e., specific) dietary rules regarding his/her food intake.
- The rules should have been self-imposed, although originally they may have been prescribed.
- They should have been concerned with 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 calories a day), not eating before a certain time of day, not eating

certain kinds of food, or not eating at all.

- There should have been specific rules and not general guidelines, and there may have been distress should they have been broken.
- If the subject is aware that she has occasionally broken a personal dietary rule, this suggests 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.
- Ensure that the dietary rules are not purely, for example, obsessive compulsive or control related.
- It should be noted that "dietary rules" are regarded as having been present if there have been clear attempts to obey specific dietary rules.

### Rating

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 summated to make the ratings.

**Scoring:** Circle the most appropriate score.

0 [ ] - Has not attempted to obey such rules

1 [ ] -

2 [ ] - Attempted to obey such rules on less than half the days

3 [ ] -

4 [ ] - Attempted to obey such rules on more than half the days

5 [ ] -

6 [ ] - Attempted to obey such rules every day

[ ]

### **8. PREOCCUPATION WITH FOOD, EATING OR CALORIES** (Eating Concern subscale)

**Essence of question:** To ascertain whether thinking about food, etc. has at any time impaired concentration, and if so, how often.

**Questions to ask:**

\*Over the past four weeks have you spent much time between meals thinking about food, eating or calories (not because you were hungry)?

\*How often?

\*Has thinking about food, eating or calories made it hard for you to concentrate on or pay attention to what you are doing?

\*How about concentrating on things that you like doing, like watching television, reading, playing computer games (etc.)?

### Guidelines

- Concentration is regarded as impaired if there have been intrusive thoughts about food, eating or calories which have interfered with activities.
- Ask if the child could stop thinking about food if they tried, in order to ascertain whether the thoughts are intrusive or not.

### Rating

Rate the number of days on which concentration has been impaired due to preoccupation with food, eating or calories, whether or not bulimic episodes have occurred.

**Scoring:** Circle the most appropriate score.

0 [ ] - No concentration impairment.

1 [ ] -

2 [ ] - Concentration impairment on less than half the days

3 [ ] -

4 [ ] - Concentration impairment on more than half the days

5 [ ] -

6 [ ] - Concentration impairment every day

[ ]

## **9. FEAR OF LOSING CONTROL OVER EATING** (Eating concern subscale)

**Essence of question:** To ascertain how often a fear of losing control over eating has occurred, regardless of whether the child felt in control of his/her eating behaviors.

### Questions to ask:

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

Have you been afraid that you won't be able to stop eating? (That is, once you've started eating, have you been scared that you won't be able to stop, or have you avoided starting to eat because of fears that you won't be able to stop eating when you wanted to?)

How often have you felt like this?

### Guidelines

- You are looking to identify instances of fear of losing control as opposed to instances of loss of control.
- "Loss of control" involves a sense that one will not be able to resist or stop eating.

### Rating

Rate the number of days on which definite fear has been present, irrespective of whether the subject feels he/she has been in control.

If the subject feels unable to answer this question because he/she has already lost control, rate 9.

**Scoring:** Circle the most appropriate score.

0 [ ] - No fear of losing control.

1 [ ] -

2 [ ] - Fear of losing control present on less than half the days

3 [ ] -

4 [ ] - Fear of losing control present on more than half the days

5 [ ] -

6 [ ] - Fear of losing control present every day

[ ]

## **10. BULIMIC EPISODES AND OTHER EPISODES OF OVEREATING** (Diagnostic item)

**Essence of question:** To determine how many episodes of each of four different types of overeating have occurred (if any) in the specified period.

**Guidelines for interviewers:** Four forms of 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 large amounts of food (required for both types of "objective" episodes).

To facilitate the decision of what kind of overeating episode has occurred, use this table:

|                      | "Large"(EDE definition)   | Not "large", but viewed by subject as excessive. |
|----------------------|---------------------------|--|
| "Loss of control"    | Objective Bulimic Episode | Subjective Bulimic Episode                       |
| No "loss of control" | Objective Overeating      | Subjective Overeating                            |

The interviewer should ask about each form of overeating. It is important to note that the forms of overeating are not mutually exclusive: it is possible for subjects to have had several different forms of overeating episodes over the preceding month.

#### **Definition of key terms:**

Loss of control: The interviewer should ask the subject whether he or she experienced a loss of control over eating at the time that the episode of overeating occurred.

- If this is clearly described, loss of control should be rated as present.
- Loss of control may be rated positively even if the episode has been planned.
- If the subject uses terms such as "driven to eat" etc., loss of control should be rated as present.

#### For chronic cases only:

- If the subject reports no sense of loss of control, yet describes having not been able to stop eating once eating had started, or having not been able to prevent the episode from occurring, loss of control should be rated as present.
- If the subjects report that they are no longer trying to control their eating because overeating is inevitable, loss of control should be rated as present.

If the interviewer is 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 be made by the interviewer and should not require the agreement of the subject.

- "Large" may be used to refer to the amount of any particular types or the overall quantity of food consumed.
- The interviewer should take into account what would be the usual amount eaten under the circumstances. This required some knowledge of the eating habits of the subject's general (but not necessarily immediate) social group.
- What else was eaten and whether or not the subject subsequently spits or vomits the food.

If the interviewer is in doubt, the amount should not be classified as 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 there was an hour or more within a period of eating when the subject was not eating.

- In this case, the initial episode should be regarded as having been completed.
- 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 an individual episode of overeating.

### Guidelines for rating the overeating section.

1. Ask the asterisked questions in order to identify the episodes of perceived or true overeating have occurred over the previous 28 days. Note down all the forms of overeating.
2. Obtain detailed information about each form of overeating to decide whether it involved eating "large" amounts of food and whether or not there was a "loss of control".
3. Then establish, for each form of overeating, the number of days on which it occurred and the total number of occasions. It is advisable to make comprehensive notes.
4. Finally, check with the subject to ensure that no misunderstandings have arisen.

### Questions for rating items:

\*I'd like to ask you about any times you have really eaten too much during the past four weeks.

\*Different people mean different things by eating too much, or overeating. Can you tell me about any times when **you** have felt that you have eaten too much in one go?

***(To assess amount eaten):***

What have you usually eaten at times like this?  
What was the rest of your family/friends eating when it happened?

***(To assess loss of control):***

Did you feel out of control, or that you just couldn't stop when it happened?

***(Chronic case only):***

Could you have made yourself stop eating once you had started?  
Could you have somehow stopped yourself from starting to overeat in the first place?

**Ask about the frequency of episodes, both over the last four weeks, and over the preceding two months.**

**Scoring:** For objective bulimic episodes, subjective bulimic episodes and episodes of objective overeating, make the following ratings:

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

Rate 9 if you do not ask about the preceding two months.

Episodes of subjective overeating are not rated.

**1) Objective Bulimic Episodes:**

i. Number of days on which one or more episodes have occurred in the last 28 days (rate 00 if none): [ ] [ ] [ ]

ii. Total number of episodes that have occurred in the last 28 days (rate 000 if none): [ ] [ ] [ ]

iii. Number of days - Month 2 [ ] [ ] [ ]

iv. Number of episodes - Month 2 [ ] [ ] [ ]

v. Number of days - Month 3 [ ] [ ] [ ]

vi. Number of episodes - Month 3 [ ] [ ]

2) Subjective Bulimic Episodes:

i. Number of days on which one or more episodes have occurred in the last 28 days (rate 00 if none): [ ] [ ]

ii. Total number of episodes that have occurred in the last 28 days (rate 000 if none): [ ] [ ]

iii. Number of days - Month 2 [ ] [ ]

iv. Number of episodes - Month 2 [ ] [ ]

v. Number of days - Month 3 [ ] [ ]

vi. Number of episodes - Month 3 [ ] [ ]

3) Objective Overeating:

i. Number of days on which one or more episodes have occurred in the last 28 days (rate 00 if none): [ ] [ ]

ii. Total number of episodes that have occurred in the last 28 days (rate 000 if none): [ ] [ ]

iii. Number of days - Month 2 [ ] [ ]

iv. Number of episodes - Month 2 [ ] [ ]

v. Number of days - Month 3 [ ] [ ]

vi. Number of episodes - Month 3

[ ] [ ]

### **DSM-5 BINGE EATING DISORDER MODULE**

[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.]

- 1) If a participant has 2+ OBEs on average each month for the past 3 months (regardless of # of SBEs), just ask the BED module questions about OBEs.
- 2) If a participant has 2+ LOC (OBEs and SBEs together) on average each month for the past 3 months, ask BED module questions about LOC in general.
- 3) If a participant has 2+SBEs on average each month for the past 3 months and no OBEs, ask the BED module questions about SBEs.

### **Three-month Frequency of Loss of Control Eating**

[In line with the DSM-5 criteria for binge eating disorder, the focus of the three-month assessment is on the number of days on which objective and/or subjective bulimic episodes have occurred rather than on the number of individual episodes.

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

1 [ ] - Not at all

2 [ ] - Slightly

3 [ ] - Moderately

4 [ ] - Greatly

5 [ ] - Extremely

[ ]

**\* 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 and/or subjective bulimic episode)?

Did you have any other equivalent episodes ..... (refer, if applicable, to other types of objective and/or subjective 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 the representative objective and/or subjective bulimic episodes have occurred over the past three months.]

1 [ ] - Not at all

2 [ ] - Slightly

3 [ ] - Moderately

4 [ ] - Greatly

5 [ ] - Extremely

[ ]

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

1 [ ] - Not at all

2 [ ] - Slightly

3 [ ] - Moderately

4 [ ] - Greatly

5 [ ] - Extremely

[ ]

### **LOC SEVERITY INDEX**

[Complete the LOC Severity Index only if a participant has reported 1+ LOC (subjective and/or objective bulimic episodes) in the past three months.]

1) If the BED module has been completed, refer to the same representative objective and/or subjective bulimic episodes.

2) If a participant has 1+ OBE in the past 3 months (regardless of SBEs), ask the LOC Severity Index questions about OBE(s).

3) If a participant has 1+ SBE in the past 3 months and no OBEs, ask the LOC Severity Index questions about SBE(s).]

**Features Associated with Loss of Control Eating (DSM-5 Appendix; LOC Severity Index)**

[Only rate these items if, over the past three months, there has been **at least one episode of loss of control eating** that occurred. Otherwise rate 9.]

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

1 [ ] - Not at all

2 [ ] - Slightly

3 [ ] - Moderately

4 [ ] - Greatly

5 [ ] - Extremely

[ ]

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

1 [ ] - Not at all

2 [ ] - Slightly

3 [ ] - Moderately

4 [ ] - Greatly

5 [ ] - Extremely

[ ]

**During these episodes (refer to typical loss of control episodes), have you *typically* .....**

**..... Eaten much more rapidly than normal?**

Yes or No: [ ]

Rating 1(not at all) to 5 (extremely): [ ]

**..... Eaten until you have felt uncomfortably full?**

Yes or No: [ ]

Rating 1(not at all) to 5 (extremely): [ ]

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

Yes or No: [ ]

Rating 1(not at all) to 5 (extremely): [ ]

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

Yes or No: [ ]

Rating 1(not at all) to 5 (extremely): [ ]

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

Yes or No: [ ]

Rating 1(not at all) to 5 (extremely): [ ]

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

Yes or No: [ ]

Rating 1(not at all) to 5 (extremely): [ ]

..... Zoned out, numbed out, or dissociated while you were eating?

Yes or No: [ ]

Rating 1(not at all) to 5 (extremely): [ ]

### **Distress About Loss of Control Eating (DSM-IV Appendix; LOC Severity Index)**

**In general, over the past three months how distressed or upset have you felt about these episodes (refer to the objective and/or subjective bulimic episodes)?**

1 [ ] - Not at all

2 [ ] - Slightly

3 [ ] - Moderately

4 [ ] - Greatly

5 [ ] - Extremely

[ ]

### **Severity of Loss of Control During Binge Episodes (LOC Severity Index)**

[Complete severity ratings for a typical loss of control episode over the past three months.]

**In thinking back on a typical loss of control episode over the past three months (refer to representative objective and/or subjective bulimic episodes), how would you rate the intensity (or degree) of loss of control?**

1 [ ] - Not at all

2 [ ] - Slightly

3 [ ] - Moderately

4 [ ] - Greatly

5 [ ] - Extremely

[ ]

**In thinking back on a typical loss of control episode over the past three months (refer to representative objective and/or subjective bulimic episodes), how would you rate how much you felt like you were able to stop eating?**

1 [ ] - Not at all

2 [ ] - Slightly

3 [ ] - Moderately

4 [ ] - Greatly

5 [ ] - Extremely

[ ]

**In thinking back on a typical loss of control episode over the past three months (refer to representative objective and/or subjective bulimic episodes), how much did you feel driven and compelled to eat (like you just "had to" eat)?**

1 [ ] - Not at all

- 2 [ ] - Slightly
- 3 [ ] - Moderately
- 4 [ ] - Greatly
- 5 [ ] - Extremely

[ ]

[Complete severity ratings for the most severe, or most "out of control," loss of control episode(s) over the past three months.]

**Using the scale (1 [not very intense] to 5 [extremely intense]), in the past three months, what was the maximum intensity of loss of control that you felt?**

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

[ ]

**Using the scale (1 [not at all] to 5 [extremely]), how would you rate how much you felt like you were able to stop eating during (refer to times when you had the maximum intensity of loss of control in the past three months, score from above item)?**

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

[ ]

**Using the same scale (1 [not at all] to 5 [extremely]), how much did you feel driven and compelled to eat (like you just "had to" eat) during (refer to times when you had the maximum intensity of loss of control in the past three months, score from two items above)?**

- 1 [ ] - Not at all

2 [ ] - Slightly

3 [ ] - Moderately

4 [ ] - Greatly

5 [ ] - Extremely

[ ]

[Complete Age of Onset section]

**AGE OF ONSET SECTION**

[Code -99 if a question was not asked or if it was deemed not applicable.

Do not code a range like 4-5 or 40-50 (ex: for age of LOC onset or for number of diets ever). If the participant is not able to give an exact number, take the average (4.5 or 45). You can then confirm with the participant that the average seems like the best number.

Rate 777 if the number is so great that it cannot be calculated.]

Ever experienced LOC \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, age of onset: \_\_\_\_\_ Grade \_\_\_\_\_ Age

Age of onset of overweight (started to gain a lot of weight):

\_\_\_\_\_ Grade \_\_\_\_\_ Age

Ever dieted or tried dieting (defined as any deliberate change to the amount or type of food eaten to influence shape or weight, regardless of how effective the changes were) \_\_\_\_\_ Yes \_\_\_\_\_ No

Briefly note reason for dieting or trying to diet:

Number of times dieted or tried \_\_\_\_\_

Age of onset of dieting or trying to diet: \_\_\_\_\_ Grade \_\_\_\_\_ Age

Length of the longest time dieted or tried \_\_\_\_\_ Days \_\_\_\_\_ Months \_\_\_\_\_ Years

Describe behavior(s) of all diet(s):

Currently dieting \_\_\_\_\_ Yes \_\_\_\_\_ No

Which came first (check one for each category):

[To rate the "which came first" items, check to see whether their answer is consistent with the ages of onset that the participant reported. If the answers are inconsistent, bring up the ages of onset previously reported by the participant and work collaboratively to establish the most accurate timeline.]

\_\_\_\_\_Dieted/tried to diet first OR \_\_\_\_\_Overweight first  
\_\_\_\_\_Dieted/tried to diet first OR \_\_\_\_\_LOC eating first  
\_\_\_\_\_ LOC eating/eating disordered behavior first OR \_\_\_\_\_Overweight first

## 11. DIETARY RESTRICTION OUTSIDE BULIMIC EPISODES

(Diagnostic item)

**Only ask this question if at least 12 objective and/or subjective bulimic episodes have occurred over the last three months.**

**Essence of question:** To ascertain to what degree the subject cuts down on the amount he/she eats (outside of bulimic episodes) in order to change his/her shape or weight. Essentially, this is an overview of the periods that the subject has been in control over the last three months.

### **Questions to ask:**

\*Apart from these times when you have been out of control with your eating, how much have you been cutting down on the amount you eat?

\*What have you usually been eating in a day?

\*Have you done this to try to change your shape or weight?

### **Guidelines**

- Ask about actual food intake outside the objective and subjective bulimic episodes.
- Any dietary restriction should have been intended to influence shape, weight or body composition, although this may not have been the sole or main reason.

### **Rating**

Rate the average degree of dietary restriction.  
Rate each of the past three months separately.  
Rate 9 if not asked.

**Scoring:** Circle the most appropriate score.

### Month 1

- 0 [ ] - No extreme restriction outside objective bulimic episodes
- 1 [ ] - Extreme restrictions outside objective bulimic episodes (i.e., low energy intake (>1,200 kcals) due to infrequent eating and/or consumption of low calories foods)
- 2 [ ] - No eating outside objective bulimic episodes (i.e., "fasting")
- 9 [ ] - Not applicable, since no objective bulimic episodes during the month in question.

**Month 2**

**Month 3**

0 -

0 -

1 -

1 -

2 -

2 -

9 -

9 -

**12. SOCIAL EATING** (Eating concern subscale)

**Essence of question:** To ascertain whether the child has been concerned about other people seeing them eat, and also whether they have avoided eating in front of others.

**Questions to ask:**

\*Over the past four weeks have you been worried about other people seeing you eat?

\*Have you tried putting off (or getting out of) eating with other people?

\*Would you avoid eating in front of others if you were allowed to by your parents?

\*Why were you concerned about others seeing you eat?

**Guidelines**

- DO NOT CONSIDER objective or subjective bulimic episodes. In other words this item is to do with concern and avoidance of eating normal or less than normal amounts of food in front of others.
- Make sure you find out the reasons or concern/avoidance. The reasons should be to do with, for example, the amount they are eating or for shape and weight

reasons, NOT because they are afraid they may dribble their food!

### Rating

Rate the degree of concern about eating normal or less than normal amounts of food in front of others (e.g., family) and whether this has led to avoidance.

This rating should represent the average for the month.

If the possibility of eating with others has not arisen, rate 9.

A child may feel a definite concern, but not be able to avoid eating in public, due to parental pressure. If this is the case, rate 8.

**Scoring:** Circle the most appropriate score.

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

1 [ ] -

2 [ ] -Has felt slight concern about being seen, but no avoidance.

3 [ ] -

4 [ ] - Has felt definite concern, and have avoided some such occasions.

5 [ ] -

6 [ ] - Has felt definite concern, and has avoided all such occasions.

7 [ ] -

8 [ ] - Has felt definite concern, but was unable to avoid such occasions.

9 [ ] - The possibility of eating with others has not arisen.

### **13. EATING IN SECRET** (Eating concern subscale)

**Essence of question:** To ascertain whether and how often the child has eaten in secret.

#### **Questions to ask:**

\*Over the past four weeks, have you eaten in secret?

\*How often?

#### **Guidelines**

- DO NOT CONSIDER Objective or subjective bulimic episodes.

- Secret eating refers to eating which is furtive and which the subject wishes to conceal.
- Avoidance of eating in front of others should be rated under "Social Eating".

### Rating

Rate the number of days on which there has been at least one episode of secret eating.

If the possibility of eating with others has not arisen, rate 9.

**Scoring:** Circle the most appropriate score

- 0 [ ] - Has not eaten in secret.
- 1 [ ] -
- 2 [ ] - Has eaten in secret on less than half the days.
- 3 [ ] -
- 4 [ ] - Has eaten in secret on more than half the days.
- 5 [ ] -
- 6 [ ] - Has eaten in secret every day.
- 9 [ ] - The possibility of eating with others has not occurred.

### **14. GUILT ABOUT EATING** (Eating concern subscale)

**Essence of question:** To ascertain whether, and how often the child, has felt as if he/she was doing something wrong by eating.

#### Questions to ask:

\*Over the past four weeks, have you felt that you have done something wrong during or after eating?

\*Have you felt guilty about eating? By that I mean, have you felt bad about eating and felt that you shouldn't have done it?

\*Why?

\*How often when you have eaten, have you felt it was wrong or that you shouldn't have?

#### Guidelines

- DO NOT CONSIDER Objective or subjective bulimic episodes.

- The 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; regret is a desire not to have done something. The child may have guilt coupled with regret, but ensure that following eating, the child felt as if he/she had been bad or done wrong.

### Rating

Rate the proportion of times on which feelings of guilt has followed eating.

NB This rating is based on number of occasions, NOT days.

**Scoring:** Circle the most appropriate score

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

### 15. SELF-INDUCED VOMITING (Diagnostic item)

**Essence of question:** To ascertain whether, and how often, the child is using self-induced vomiting as a means of controlling his/her shape or weight.

#### Questions to ask:

\*(For ethical reasons). When was the last time you were physically sick/vomited?

\*What happened then?

(If necessary ...)

\*Have there been times when you have eaten more than you have been happy with and felt that you have had to do something about it?

\*Some people feel so desperate sometimes that they even try to make themselves sick. Have you ever done this?

\*If so, was this during the last four weeks?

\*Did you do this to try to keep you weight down / to stop you from getting fat / putting on weight?

**Ask about the frequency of episodes, both over the last four weeks, and over the preceding two months.**

### Guidelines

- Ensure that the main reason is in order to control shape or weight.

### Rating

Rate the number of days and the number of discrete episodes on which there has been self- induced vomiting.

Rate 00 if no vomiting

Rate 777 if the number of discrete episodes of self-induced vomiting is so great that it cannot be calculated.

**Scoring:** Mark the number of days and episodes in the brackets.

|                    | <u>Month 1</u>  | <u>Month 2</u>  | <u>Month 3</u>  |
|--------------------|-----------------|-----------------|-----------------|
| Number of days     | [ ] [ ]         | [ ] [ ]         | [ ] [ ]         |
| Number of episodes | [ ] [ ] [ ] [ ] | [ ] [ ] [ ] [ ] | [ ] [ ] [ ] [ ] |

### 16. LAXATIVE MISUSE (Diagnostic item)

**Essence of question:** To ascertain whether, and how often, the child is misusing laxatives as a means of controlling his/her shape or weight.

#### Questions to ask:

\*There are medicines around that make you go to the toilet?

\*Have you ever taken any of these (over the last four weeks)? Why?

\*Was this to make sure that you didn't put any weight on or get too fat?

\*What and how much did you take?

**Ask about the frequency of episodes, both over the last four weeks, and over the preceding two months.**

## Guidelines

- If the child has taken pills or medicine, ensure that you are talking about laxatives, not diuretics or any other form of medication
- To be classed as misuse, laxatives must have been taken at a dose of at least twice the recommended amount.

## Rating

Rate the number of days and discrete episodes on which laxatives have been taken as a means of controlling shape, weight or body composition.

Rate 00 if no such laxative misuse.

Rate 777 if the number of discrete episodes of laxative misuse is so great that it cannot be calculated.

Rate the average number of laxatives taken on each occasion.

Note the type of laxative taken.

Rate 999 if the question is not asked or is not applicable.

**Scoring:** Fill in the brackets:

|                    | <u>Month 1</u> | <u>Month 2</u> | <u>Month 3</u> |
|--------------------|----------------|----------------|----------------|
| Number of days     | [ ][ ]         | [ ][ ]         | [ ][ ]         |
| Number of episodes | [ ][ ][ ]      | [ ][ ][ ]      | [ ][ ][ ]      |

Average number of laxatives taken on each occasion

Type of laxative taken \_\_\_\_\_

## 17. DIURETIC MISUSE (Diagnostic item)

**Essence of question:** To ascertain whether, and how often, the child is misusing diuretics as a means of controlling his/her shape or weight.

**Code if determined that diuretic misuse is present, based on prior question.**

**Ask about the frequency of episodes, both over the last four weeks, and over the preceding two months.**

## Guidelines

- Ensure that you are talking about diuretics.
- To be classed as misuse, diuretics must have been taken at a dose of at least twice the recommended amount.

## Rating

Rate the number of days and episodes on which diuretics have been taken as a means of controlling shape, weight or body composition.

Rate 00 if no such diuretic misuse.

Rate 777 if the number of discrete episodes of diuretic misuse is so great that it cannot be calculated.

Rate the average number of diuretics taken on each occasion.

Note the type of diuretic taken.

Rate 999 if the question is not asked, or is not applicable.

**Scoring:** Fill in the brackets:

|                    | <u>Month 1</u> | <u>Month 2</u> | <u>Month 3</u> |
|--------------------|----------------|----------------|----------------|
| Number of days     | [ ][ ]         | [ ][ ]         | [ ][ ]         |
| Number of episodes | [ ][ ][ ]      | [ ][ ][ ]      | [ ][ ][ ]      |

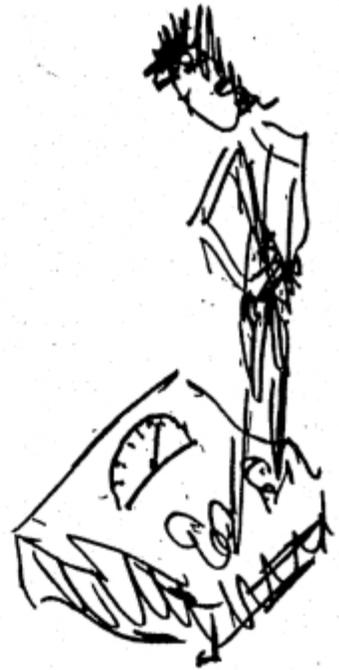
Average number of diuretics taken on each occasion

Type of diuretic taken \_\_\_\_\_

## 18. INTENSE EXERCISE TO CONTROL SHAPE OR WEIGHT (UNREVISED) (Diagnostic item)

**Essence of question:** To ascertain how much (if any) exercise the child does in order to control his/her shape or weight.

[Start this item with a review of the difference between shape, or how your body looks in the mirror, image on left, versus weight, or the number on the scale, image on right side]



### Questions to ask:

\*What sort of exercise does you usually do? Which sports? How often?

\*Over the past four weeks, have you exercised / done sport / worked out in order to keep your weight down?

Have you exercised to change your shape?

Which parts of you were you trying to change?

Have you exercised to try to burn off calories / use up the food that you have eaten?

**Ask about the frequency of episodes, both over the last four weeks, and over the preceding two months.**

### Guidelines

- Find out whether the exercise is for fun, or predominantly to do with shape or

weight. The exercise must be intense and predominantly intended to burn off calories or change shape, weight or body composition.

- The decision whether the exercise was "intense" should be made by the interviewer.
- If in doubt, the exercising should not be classified as intense
- Discount any exercise that was done purely for enjoyment.
  
- Watch out for children who abuse the group activity, for example, running around far more than is necessary, and far more than others in a "fun" setting such as a football team.

## Rating

Rate the number of days that the subject has engaged in intense exercise that was predominantly intended to use calories or change shape, weight or body composition.

Rate the average amount of time, in minutes, per day spent exercising in this way. Only consider days on which the subject exercised.

If you do not ask about the preceding two months, rate 99.

Scoring: Fill in the brackets:

|                    | <u>Month 1</u> | <u>Month 2</u> | <u>Month 3</u> |
|--------------------|----------------|----------------|----------------|
| Number of days     | [][]           | [][]           | [][]           |
| Number of episodes | [][][]         | [][][]         | [][][]         |

## 19. OTHER EXTREME METHODS FOR CONTROLLING SHAPE OR WEIGHT

(Diagnostic item)

**Essence of question:** To ascertain whether the child has engaged in any other forms of extreme weight/shape control behavior.

**Questions to ask:**

\*Over the past four weeks, have you done anything else to try to change your shape or weight? (Specify the nature of these acts).

**Ask about the frequency of episodes, both over the last four weeks, and over the preceding two months.**

**Guidelines**

- Examples of other forms of extreme weight/shape control behavior include misusing appetite suppressants, spitting out food, and under-using insulin in those subjects weight insulin-dependent diabetes mellitus.
- Different acts should be combined to derive a total for the past four weeks.
- The behavior does not have to have been effective in controlling weight, shape or body composition, merely present.

### Rating

Rate the number of days and the number of occasions that the child has engaged in extreme forms of behavior designed to influence weight, shape or body composition, irrespective of whether they are likely to have been effective.

Rate 00 if no such acts.

When rating occasions, rate 000 if no such acts, and 777 if the number of occasions is so great that it cannot be calculated.

If the question is not asked, rate 999.

| Scoring: Fill in the brackets: | <u>Month 1</u> | <u>Month 2</u> | <u>Month 3</u> |
|--------------------------------|----------------|----------------|----------------|
| Number of days                 | [][]           | [][]           | [][]           |
| Number of episodes             | [][][]         | [][][]         | [][][]         |

## 20. ABSTINENCE FROM EXTREME WEIGHT CONTROL BEHAVIOR

(Diagnostic item)

ONLY ASK THIS QUESTION IF AT LEAST ONE OF THE KEY FORMS OF WEIGHT CONTROL BEHAVIOR HAS BEEN RATED POSITIVELY AT THE SPECIFIED SEVERITY LEVEL OVER THE PAST THREE MONTHS.

**Essence of question:** To ascertain whether the child has abstained from any particular form of weight controlling behavior over the last three months.

The five forms of behavior is as follows:

- Fasting
- Self-induced vomiting
- Laxative misuse
- Diuretic misuse
- Excessive exercise

### Questions to ask:

\*Over the past three months has there been a period of two or more weeks when you have not ... (ask for each individual form of behavior that has been practiced by the child).

### Guidelines

- 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 behavior.
- Ascertain whether abstinence was due to force of circumstance (e.g., being in hospital).

### Rating

Rate the number of consecutive weeks over the past three months free from all five forms of extreme weight control behavior.

Do not rate abstinence due to force of circumstance.

Rate 99 if not applicable.

**Scoring:** Fill in the brackets:

Number of consecutive weeks over the past three months free of all five forms of extreme weight control behavior.

[ ] [ ] [ ] [ ]

### 21. DISSATISFACTION WITH WEIGHT (Weight concern subscale)

**Essence of question:** To ascertain whether the child has felt dissatisfied and distressed about his/her WEIGHT.

### Questions to ask:

\*Over the past four weeks, how have you felt about your weight?

\*Have you felt dissatisfied with your weight?

\*Has this made you really miserable or unhappy?

### Guidelines

- Dissatisfaction should only be taken into account if it is due to weight being too high.
- When asking about the level of distress felt due to dissatisfaction with weight, do

not prompt the child with the terms "slight", "moderate" or "marked".

- The child's attitude towards his/her weight should be assessed by the interviewer.
- Ensure that you are talking about WEIGHT dissatisfaction and not shape dissatisfaction.
- Try to find out how much dissatisfaction surrounds the child's weight, e.g., two days per month, 28 days per month, and rate on severity.

### **Rating**

Rate the child's attitude to his/her weight. This should represent the average for the entire month.

Only rate 4, 5 or 6 if there has been distress.

Rate 9 if the subject is unaware of his/her weight.

**Scoring:** Circle the most appropriate score.

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)

9 [ ] - Subject unaware of his/her weight.

### **22. DESIRE TO LOSE WEIGHT** (Weight concern subscale)

**Essence of question:** To ascertain if, and how often, the child has a strong desire to lose weight.

#### **Questions to ask:**

\*Over the last four weeks, have you wanted to lose weight?

\*Have you had a very strong wish to lose weight?

#### **Guidelines**

- Remember that this item is concerned with WEIGHT and not shape.

## Rating

Rate the number of days on which there has been a strong desire to lose weight.

**Scoring:** Circle the most appropriate score.

0 [ ] - No strong desire to lose weight

1 [ ] -

2 [ ] - Strong desire present on less than half the days

3 [ ] -

4 [ ] - Strong desire present on more than half the days

5 [ ] -

6 [ ] - Strong desire present every day

## **23. DESIRED WEIGHT** (Weight concern subscale)

\*What weight would you like to be?

## Rating

Rate weight in kilograms.

Rate 888 if the subject is not interested in his/her weight.

Rate 777 if no specific weight would be low enough.

Rate 666 if the subject is primarily interested in his/her shape, but has some concern about weight (but not a specific weight).

**Scoring:** Fill in the brackets:

Child's desired weight (gather a specific number) [ ] [ ] [ ]

## **24. REACTION TO PRESCRIBED WEIGHING** (Weight concern subscale)

**Essence of question:** To assess the child's reaction to having to be weighed.

## Questions to ask:

\*How would you feel if you were told to weight yourself once a week for the next four weeks?

\*How would you feel if you were told that you could only weigh yourself once a week and not more often?

## Guidelines

- Check whether other aspects of the child's life would be influenced by prescribed weighing.
- Ask the subject to describe in detail how he/she would react.
- Try to find out if it would make the child feel tense - this is a difficult item to ask children, as they generally have no choice as to whether they get on the scales or not.
- A child may also be distressed through only being able to weigh themselves one a week, rather than, e.g., every day. This reaction should also be rated.
- Do not prompt the child with the terms "slight", "moderate" or "marked".

## Rating

Rate the strength of the reaction.

Positive reactions should not be rated.

Ask the child to explain in detail how he/she would react and rate accordingly.

If the child would not comply with prescribed weighing because it would be extremely disturbing, rate 6.

**Scoring:** Circle the most appropriate score:

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 child's life).

## **25. DISSATISFACTION WITH SHAPE** (Shape concern subscale)

**Essence of question:** To ascertain whether the child has felt dissatisfied and distressed about his/her SHAPE.

**Questions to ask:**

\*Over the past four weeks, how have you felt about your shape?

\*Have you felt dissatisfied with your shape?

\*Has this made you really miserable or unhappy?

### Guidelines

- Can ask child if he/she "could have felt worse" and "how long did the feeling last?"
- Ensure that you are talking about SHAPE dissatisfaction and not weight dissatisfaction.
- Try to find out how much dissatisfaction surrounds the child's shape and rate on severity.
- [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 child's attitude to his or her shape and rate accordingly. In common with all severity items, the rating should represent the *average for the entire month*. Only rate 4, 5, or 6, if there has been associated distress. When asking about the level of distress felt due to dissatisfaction with shape, do not prompt the child with terms such as "slight", "moderate" or "marked". Reports of disgust or revulsion should be rated 6.]

### Rating

Rate the child's attitude to his/her shape. This should represent the average for the entire month.

Only rate 4, 5 or 6 if there has been distress.

**Scoring:** Circle the most appropriate score.

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)

**26. PREOCCUPATION WITH SHAPE OR WEIGHT** (Shape and weight concern subscale)

**Essence of question:** To ascertain whether thinking about his/her shape or weight has impaired the child's ability to concentrate on things that he/she enjoys doing.

**Questions to ask:**

\*Over the last four weeks, have you spend much time thinking about your shape or weight? (Check that the child has grasped these concepts).

\*Has thinking about your shape or weight made it hard for you to pay attention to what you are doing?

\*What about when you are doing things that you enjoy, for instance, watching television, reading, playing computer games (etc.)?

\*How often does this happen?

**Guidelines**

- Concentration is regarded as impaired if there have been intrusive thoughts about shape and weight which have interfered with activities.

**Rating**

The interviewer must be convinced that intrusive thoughts about shape and weight are leading to an inability to concentrate on things that the child enjoys doing, in order to rate concentration impairment is present.

Rate the number of days on which this has happened.

**Scoring:** Circle the most appropriate score.

0 [ ] - No concentration impairment

1 [ ] -

2 [ ] -Concentration impairment on less than half the days

3 [ ] -

4 [ ] - Concentration impairment on less than half the days

5 [ ] -

6 [ ] - Concentration impairment every day

**27./28. IMPORTANCE OF SHAPE AND IMPORTANCE OF WEIGHT**

(2 Diagnostic items and weight concern subscale/shape concern subscale)

**Essence of question:** To ascertain how important the child's shape and weight are

in influencing how they evaluate themselves as a person.

### **Introduction:**

**\*People have different ways that they feel about (judge, think, evaluate) themselves. I want to ask you about how you evaluate yourself."**

**\*Let me give you an example. When your teacher gives you a grade, he or she uses several things to evaluate you as a student, such as: attendance, how you do on tests, class participation, homework, being on time to school, etc."**

**\*I want to know what you use to evaluate yourself as a person. I'd like to make a list with you of four or five things that you use to evaluate yourself. I will write each one of these things on a card."**

Most children completely understand the question at this point, and offer up several examples of what they use to evaluate themselves. However, if they do not, use the ensuing probe.

**\*For some people, they use doing well at school to evaluate themselves; for others, being kind to animals, how they get along with their friends or family, playing sports, involvement in clubs or other activities, etc.**

(Give the child loads of examples, or else they may just repeat your two or three - by giving lots, they have to think about it a little bit more.)

**For each you should clarify its status by saying:**

"So being nice to your brother is one of the things you use to evaluate yourself?"

When you have a list of four or five things written on cards, if they haven't said their "shape" or "weight," introduce these to the list and write them on the cards also.

### **Ask:**

**\*Do you use your shape to evaluate yourself?**

**\*Do you use your weight to evaluate yourself?**

Continue the sort task as designed by Bryant-Waugh and colleagues and code as a severity rating (average) for the past month (and then month 2 and month 3).

## **29. FEAR OF WEIGHT GAIN** (Diagnostic item)

**Essence of question:** To ascertain whether the child has a definite fear of gaining weight.

**Questions to ask:**

\*Over the past four weeks, have you been scared that you might put on weight or get fat?

Ask about the frequency of this fear, both over the last four weeks and over the preceding two months.

### Guidelines

- Exclude reactions to actual weight gain.
- Anorectics are in control and can't perceive ever gaining weight. Whilst in control, it is unlikely that they will have fear of gaining weight.

### Rating

Rate the number of days on which a definite fear has been present.

Rate 9 if not asked about the preceding two months.

| Scoring: Circle the most appropriate score.                            | <u>Month 2</u> | <u>Month 3</u> |
|--|----------------|----------------|
| 0 - No definite fear of fatness or weight gain                         | 0              | 0              |
| 1 -  | 1              | 1              |
| 2 - Definite fear of fatness or weight gain on less than half the days | 2              | 2              |
| 3 -  | 3              | 3              |
| 4 - Definite fear of fatness or weight gain on more than half the days | 4              | 4              |
| 6 - Definite fear of fatness or weight gain present every day          | 6              | 6              |
| 9 - Not asked  | 9              | 9              |

Note the rating of the importance of shape and importance of weight items.

Rate 9 if not asked about the preceding two months.

**Scoring:** Fill in the brackets:

Month 1

Month 2

Month 3

Importance of shape

[ ]

[ ]

[ ]

Importance of weight

[ ]

[ ]

[ ]

### **30. DISCOMFORT SEEING BODY** (Shape concern subscale)

**Essence of question:** To ascertain whether, and to what degree, the subject feels any discomfort when seeing their body.

#### **Questions to ask:**

\*Over the past four weeks, have you felt awkward or embarrassed seeing your own body, for example, in the mirror, reflected in a shop window, getting undressed, having a bath or shower?

\*Have you tried not looking at your body? Why?

#### **Guidelines**

- The discomfort should be due to the child's sensitivity about the overall appearance of his/her shape or figure.
- It should not stem from sensitivity about specific aspects of appearance (e.g., acne, big nose).
- It should not stem from modesty - stress to the child that it does not include other people seeing their body.

#### **Rating**

Rate the level of discomfort felt by the child, averaged out over the past four weeks.

**Scoring:** Circle the most appropriate score.

0 [ ] - No discomfort about seeing body

1 [ ] -

2 [ ] -Some discomfort about seeing body

3 [ ] -

4 [ ] - Definite discomfort about seeing body

5 [ ] -

6 [ ] - Definite discomfort about seeing body and has attempted to avoid all such occasions (i.e., the child has attempted not to see his/her body at all, even when washing).

### **31. AVOIDANCE OF EXPOSURE** (Shape concern subscale)

**Essence of question:** To ascertain whether, and to what degree, the child feels any discomfort when other people see his/her body.

#### **Questions to ask:**

\*Over the past four weeks, have you felt awkward or embarrassed when other people see your body, for instance, getting changed for swimming, in the swimming pool, if you are wearing shorts or a short skirt?

\*What about when your parents / brother(s) / sister(s) / friends (male and female) can see your body?

\*Have you tried not to let other people see your body? Why?

#### **Guidelines**

- The discomfort should be due to the child's sensitivity about the overall appearance of his/her shape or figure.
- It should not stem from sensitivity about specific aspects of appearance (e.g., acne, big nose).
- The discomfort should not stem from modesty.

#### **Rating**

Rate the level of discomfort felt by the child, averaged out over the past four weeks.

If the possibility of exposure has not arisen, rate 9.

**Scoring:** Circle the most appropriate score.

0 [ ] - No discomfort about others seeing body

1 [ ] -

2 [ ] -Some discomfort about others seeing body

3 [ ] -

4 [ ] - Definite discomfort about others seeing body

5 [ ] -

6 [ ] - Definite discomfort about others seeing body and has attempted to avoid all such

occasions

9 [ ] - Possibility of exposure has not arisen.

### **32. FEELINGS OF FATNESS** (Diagnostic item and shape concern subscale)

**Essence of question:** To ascertain whether, and how often, the subject has felt fat over the last four weeks.

#### **Questions to ask:**

\*Over the past four weeks, have you felt fat?

**Ask about the frequency of episodes, both over the last four weeks, and over the preceding two months.**

#### **Guidelines**

- Distinguish "feeling fat" from feeling bloated premenstrual, unless this is experienced as feeling fat
- Accept the child's use of the expression "feeling fat".

#### **Rating**

Rate the number of days on which the subject has felt fat.

| <b>Scoring: Circle the most appropriate score.</b> | <b><u>Month 2</u></b> | <b><u>Month 3</u></b> |
|--|-----------------------|-----------------------|
| 0 - Has not felt fat                               | 0                     | 0                     |
| 1 -  | 1                     | 1                     |
| 2 - Has felt fat on less than half the days        | 2                     | 2                     |
| 3 -  | 3                     | 3                     |
| 4 - Has felt fat on more than half the days        | 4                     | 4                     |
| 6 - Has felt fat every day                         | 6                     | 6                     |
| 9 - Child obviously overweight, so question not    | 9                     | 9                     |

asked.

### **33. FLAT STOMACH** (Shape concern subscale)

**Essence of question:** To ascertain whether, and how often, the child has the desire for a flat stomach.

#### **Questions to ask:**

\*Over the past four weeks, have you ever wished / wanted to have a really flat tummy / stomach?

\*How often?

#### **Guidelines**

- The desire must be to have a flat or concave stomach, not simply a "flatter" stomach.
- The child may want a flat stomach all the time, but you are looking for the number of days that the child actually thinks about his/her desire for a flat stomach.

#### **Rating**

Rate the number of days on which the child has a definite desire to have a flat or concave stomach.

**Scoring:** Circle the most appropriate score.

0 [ ] - No definite desire to have a flat stomach

1 [ ] -

2 [ ] - Definite desire to have a flat stomach on less than half the days

3 [ ] -

4 [ ] - Definite desire to have a flat stomach on more than half the days

5 [ ] -

6 [ ] - Definite desire to have a flat stomach every day

7 [ ] - Child obviously overweight, so question not asked

### **34. WEIGHT AND HEIGHT**

Obtain this data from the child's file.

Weight in kgs [ ] [ ] [ ]

Height in cms [ ] [ ] [ ]

### **35, MAINTAINED LOW WEIGHT** (Diagnostic item)

**Essence of question:** To ascertain whether a child of low weight is trying to lose weight, or at least not gain weight.

#### **Questions to ask:**

\*Over the past three months, have you been trying to lose weight?

\*If not, have you been trying to make sure that you do not put on any weight?

#### **Guidelines**

- If weight is low, take into account presence of attempts either to lose weight or to avoid weight gain.
- Ascertain as to whether any attempts to lose/maintain weight were for reasons concerning shape or weight.

**Scoring:** Circle the most appropriate score.

0 [ ] - No attempts either to lose weight or to avoid weight gain over the last three months.

1 [ ] -Attempts either to lose weight or to avoid weight gain over the last three months for reasons concerning shape or weight.

2 [ ] -Attempts either to lose weight or to avoid weight gain over the last three months for other reasons.

### **36. MENSTRUATION** (Diagnostic item)

**Essence of question:** To ascertain menstrual status.

#### **Questions to ask:**

\*Have your periods started yet?

\*What has happened to your periods?

\*Do you get one every month?

(In a few cases). \*Are you on the pill?

#### **Guidelines**

- Determine whether a regular cycle has been established.
- If the girl does not get one every month, get details of any periods.
- Make sure the girl is not talking about isolated days: a period should last at least a few days.

### **Rating**

Rate the number of menstrual periods over the past three expected menstrual cycles.

Rate -99 if the child is premenarchal, or has been taking oral contraceptives.

Rate -77 if child is male.

**Scoring:** Fill in the bracket.

Number of menstrual periods in the last three months. [ ]

\*Ask the following questions on the most pathological eating episode (from OBE to SBE to OO to NE/typical meal) within the past month

|   |                        |                        |                    |  |                             |   |
|---|------------------------|------------------------|--------------------|--|-----------------------------|---|
| <b>EPISODE TYPE</b>                     | OO=1                   | SBE=2                  | OBE=3              | NE=0   |                             |   |
| <b>CONTEXT</b>                          |                        |                        |                    |  |                             |   |
| <b>Who</b>                              | Immediate Family=1     | Extended Family=2      | Sibling(s)=3       | Friend(s)=4  | Babysitter=5                | Alone=6   |
| Where                                   | Relative's home=1      | Restaurant=2           | Friend's home=3    | Home (indicate where)=4  | In front of TV=5            | Park/outdoors (E.g., Picnic, Block party, Beach, etc)=6 |
| Meal /Snack                             | Breakfast=1            | Lunch=2                | Dinner=3           | Snack=4  | Brunch=5                    |   |
| <u>Celebration</u>                      | Yes=1                  | No=2                   | Birthday=3         | Holiday (e.g., Thanksgiving, Christmas, July 4 <sup>th</sup> etc.)=4 | Graduation/Farewell party=5 | Sports party=6  |
| Time                                    | Morning (until noon)=1 | Afternoon (noon-5pm)=2 | Evening (5pm on)=3 | Nocturnal (after going to bed)=4                                     | All day=5                   |   |
| Hide food                               | Yes=1                  | No=2                   |                    |  |                             |   |
| <b>BEHAVIOR</b>                         |                        |                        |                    |  |                             |   |
| Restricting prior                       | Yes=1                  | No=2                   |                    |  |                             |   |
| Overeaten or eaten forbidden food prior | Yes=1                  | No=2                   |                    |  |                             |   |
| Eating fast                             | Yes=1                  | No=2                   |                    |  |                             |   |
| Amount compared to others               | More=1                 | Less=2                 | Same=3             | Middle (Some more & some less)=4                                     | Unsure=5                    |   |
| Keep eating despite a lack of hunger    | Yes=1                  | No=2                   |                    |  |                             |   |

|   |                     |             |             |              |           |            |
|---|---------------------|-------------|-------------|--------------|-----------|------------|
| <b>PHYSICAL</b>                             |                     |             |             |              |           |            |
| Hungry before                               | Yes=1               | No=2        |             |              |           |            |
| Tired before                                | Yes=1               | No=2        |             |              |           |            |
| Full after                                  | Yes=1               | No=2        |             |              |           |            |
| Sick after                                  | Yes=1               | No=2        |             |              |           |            |
| <b>EMOTION</b>                              |                     |             |             |              |           |            |
| Emotion at beginning                        | Mad/Angry=1         | Excited=2   | Happy=3     | Good=4       | Bored=5   | Lonely=6   |
| Emotion Type at beginning                   | Positive /Neutral=0 | Negative =1 |             |              |           |            |
| Negative trigger before that changed eating | Yes=1               | No=2        |             |              |           |            |
| Guilt /Shame                                | Guilt=1             | Ashamed=2   | Regret=3    | Distressed=4 | None=5    |            |
| Feel secretive                              | Yes=1               | No=2        |             |              |           |            |
| “Dissociate”                                | Numb out=1          | Zone out=2  | Blank out=3 | Paralyzed=4  | Stunned=5 | No=6       |
| Feeling after episode                       | Mad=1               | Sad=2       | Tired=3     | Bad=4        | Fat=5     | Horrible=6 |
| Emotion Type after episode                  | Positive /Neutral=0 | Negative =1 |             |              |           |            |

### Coding notes

- One form per child
- Circle each child’s responses
- If more than 1 response to a query, circle all responses and note all codes (numbers) on the summary form
- If a response does not fit into a category, write in the new response and be sure to include the response on the summary form
- If you are unclear on how to code a response, contact the team so that we can make a collaborative decision

**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**

3 Restraint over eating

4 Avoidance of eating

5 Empty stomach

6 Food avoidance

7 Dietary Rules

#### **Eating Concern**

8 Preoccupation with food, eating or calories

9 Fear of losing control over eating

12 Social eating

13 Eating in secret

14 Guilt about eating

#### **Shape Concern**

25 Dissatisfaction with shape

26 Preoccupation with shape or weight

27/28 Importance of shape and importance of weight

29 Fear of weight gain

30 Discomfort seeing body

31 Avoidance of exposure

32 Feelings of fatness

33 Flat stomach

## **Weight Concern**

21 Dissatisfaction with weight

22 Desire to lose weight

23 Desired Weight

24 Reaction to prescribed weighing

26 Preoccupation with shape or weight

27/28 Importance of shape and importance of weight

Protocol source: <https://www.phenxtoolkit.org/protocols/view/230101>