Eating Disorder Screening Tools

These are initial screening tools for non-specialists. More in depth assessment would include a full clinical interview from an Eating Disorder specialist.

SCOFF questionnaire

The SCOFF questions*

Do you make yourself **S**ick because you feel uncomfortably full?

Do you worry you have lost **C**ontrol over how much you eat?

Have you recently lost more than **O**ne stone (14 lbs) in a 3 month period?

Do you believe yourself to be **F**at when others say you are too thin?

Would you say that **F**ood dominates your life?

*One point for every "yes"; a score of $\geq$2 indicates a likely case of anorexia nervosa or bulimia

Morgan, Reid, Lacey, "The SCOFF questionnaire: assessment of a new screening tool for eating disorders," British Medical Journal (BMJ), 319(7223): 1467–1468, December, 1999.

ESP (Eating Disorder Screening Tool for Primary Care)

- Are you satisfied with your eating patterns? (A "no" to this question was classified as an abnormal response).
- Do you ever eat in secret? (A "yes" to this and all other questions was classified as an abnormal response).
- Does your weight affect the way you feel about yourself?
- Have any members of your family suffered with an eating disorder?

Do you currently suffer with or have you ever suffered in the past with an eating disorder?

Cotton, Ball, Robinson, "Four Simple Questions Can Help Screen for Eating Disorders" Journal of General Internal Medicine,18(1): 53–56, January, 2003.

The Eating Attitudes Test (EAT-26) is probably the most widely used standardized self-report measure of symptoms and concerns characteristic of eating disorders. The EAT-26 is a refinement of the original EAT-40 that was first published in 1979 and used in one of the first studies to examine socio-cultural factors in the development and maintenance of eating disorders. The original publication (Garner, D.M. & Garfinkel, P.E., 1979, Psychological Medicine, 9, 273-279.) and the subsequent publication describing the refinement of the test (Garner et al., 1982, Psychological Medicine, 12, 871-878) are the 3rd and 4th on the list of the 10 most cited articles in the history of the journal Psychological Medicine. This journal was founded more than 40 years ago.

The EAT-26 can be used in a non-clinical as well as a clinical setting not specifically focused on eating disorders. It can be administered in group or individual settings and is designed to be administered by mental health professionals, school counselors, coaches, camp counselors, and others with interest in gathering information to determine if an individual should be referred to a specialist for evaluation for an eating disorder. It is ideally suited for school settings, athletic programs, fitness centers, infertility clinics, pediatric practices, general practice settings, and outpatient psychiatric departments. It is intended primarily for adolescents and adults.
The EAT-26 is not designed to make a diagnosis of an eating disorder or to take the place of a professional diagnosis or consultation. The EAT-26 alone does not yield a specific diagnosis of an eating disorder. Neither the EAT-26, nor any other screening instrument, has been established as highly efficient as the sole means for identifying eating disorders.

The EAT-26 has been particularly useful a screening tool to assess "eating disorder risk" in high school, college and other special risk samples such as athletes. Screening for eating disorders is based on the assumption that early identification can lead to earlier treatment, thereby reducing serious physical and psychological complications or even death. The EAT-26 should be used as the first step in a two-stage screening process. According to this methodology, individuals who score 20 or more on the test should be interviewed by a qualified professional to determine if they meet the diagnostic criteria for an eating disorder. If you have a low score on the EAT-26 (below 20), you still could have a serious eating problem, so do not let the results deter you from seeking help. For example, some individuals with Binge Eating Disorder (BED) score low on the EAT-26 but may have a serious eating disorder.

Completing the EAT-26 yields a "referral index" based on three criteria: 1) the total score based on the answers to the EAT-26 questions; 2) answers to the behavioral questions related to eating symptoms and weight loss, and 3) the individual's body mass index (BMI) calculated from their height and weight. Generally a referral is recommended if a respondent scores "positively" or meets the "cut off" scores or threshold on one or more criteria. Regardless of the score, if a respondent feels that they are suffering from feelings that are intervering with daily functioning, they should seen an evaluation from a trained mental health professional.

Referral can also be based on collateral information from friends, family or medical professionals.

Resource: www.eat-26.com/