



**Women's Health
Council of RI**

SCREENING – SCOFF*

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

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

Have you lost more than **O**ne stone (14lbs) over the last 3 months?

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

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

FOLLOW-UP QUESTIONS**

What is your ideal weight?

What did you eat yesterday?

How hard would it be for you to go a day without exercise?

Have you ever used diet pills/laxatives/diuretics?

How much time do you spend thinking about food/weight/shape in a given day?

What do your friends/family/coworkers say about your eating/weight?

Do you have any food restrictions?

If you think the patient might have an eating disorder, tell the patient.

* Morgan et al, BMJ, 1999.

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