

EATING DISORDER EXAMINATION

(Edition 17.0D/C.1)

(Child version for use with children and adolescents aged 8 years and older)

Adapted from EDE 17.0D by Rachel Bryant-Waugh

Approved by Rebecca Murphy, Centre for Research on Eating Disorders, Oxford

This schedule represents a modified version of the EDE 17.0D (<https://www.cbte.co/for-professionals/measures/#ede>). The broad format of the child EDE interview remains the same as previous versions of the child and adolescent format (e.g. EDE edition 16.0D/C.1), as do the explanations of the concepts involved and the instructions for rating. Differences between the child version and the main EDE include the recommendation for pre-interview diary sheet completion, the phrasing of the obligatory questions, the format of questioning, and changes in the administration of certain items. If this schedule is to be used for research purposes, training is recommended in the EDE 17.0D via The Centre for Research on Eating Disorders at Oxford (email: credoenquiries@psych.ox.ac; websites: <https://www.psych.ox.ac.uk/research/credo> & <https://www.cbte.co/>) and subsequently in this child adaptation, via Dr Rachel Bryant-Waugh (rachel.bryant-waugh@slam.nhs.uk).

OVERVIEW OF EDE 17.0D/C.1

All changes in this 17th version modified for children are in line with changes made in the EDE 17.0D arising from the need to generate DSM-5 eating disorder diagnoses. The major changes are as follows:

- i. The item on menstruation has been removed as it is no longer a diagnostic criterion for anorexia nervosa
- ii. The diagnostic items focus exclusively on the past three months as the six-month time frame for binge eating disorder has been reduced to three months
- iii. References to “whose weight might make them eligible for the diagnosis of anorexia nervosa” have been replaced by “whose weight might be viewed as ‘significantly low’”

In all other significant respects the instrument is the same as EDE 16.0D/C.1. Edition 17.0D/C1 generates EDE 16.0D/C.1-compatible data.

PRE-INTERVIEW PLANNING

The EDE 17.0D/C.1 is designed to assess present state as well as to generate operationally defined eating disorder diagnoses. The majority of items focus on the 4 weeks (or 28 days) preceding the interview. However, certain features of diagnostic importance are assessed over a 3 -month period. In practice, it can be very difficult for children to retain a clear focus on the time span being discussed throughout the interview. It is helpful to send out the diary sheets attached (Appendix I) in advance of the scheduled interview appointment. Parents may be requested to complete this to the best of their knowledge and to hand it to the interviewer before the start of the interview. Older adolescents might choose to complete the diary sheets themselves. Please refer to pages 1-7 of the EDE 17.0D (<https://www.cbte.co/for-professionals/measures/#ede>) for before commencing the interview.

Table 1: The EDE rating scheme

Severity ratings

- 0 - Absence of the feature
- 1 - Feature almost, but not quite absent
- 2 -
- 3 - Severity midway between 0 and 6
- 4 -
- 5 - Severity almost meriting a rating of 6
- 6 - Feature present to an extreme degree

Frequency ratings

- 0 - Absence of the feature
 - 1 - Feature present on 1 to 5 days
 - 2 - Feature present on 6 to 12 days
 - 3 - Feature present on 13 to 15 days
 - 4 - Feature present on 16 to 22 days
 - 5 - Feature present almost every day (23 to 27 days)
 - 6 - Feature present every day
-

Rate 8 if, despite adequate questioning, it is impossible to decide upon a rating. Experienced interviewers will find that they rarely need to use this rating. If it is difficult to choose between two ratings, the lower (i.e., less symptomatic) rating should be made.

Rate 9 for missing values (or "not applicable")

Interviews should be conducted without the parent(s) being present.

THE INTERVIEW SCHEDULE

ORIENTATION

The interviewer should start by explaining what is about to take place as the child must be properly informed and prepared. This should be conveyed in an age appropriate manner in the interviewer's own words but should include:

- An indication of how long the interview is expected to last.
- Informing the child that questions will be asked about eating habits and their feelings about their weight and shape (NB: it is helpful to clarify the meaning of these terms).
- The reason for asking the questions.
- Information about how the responses will be used.
- A statement that this is a standard interview in which everyone gets asked the same questions; some may therefore not apply.
- A statement that some of the questions might seem similar, however, they are all different and it is acceptable to ask for further explanation if anything is not clear.
- A statement that there are no right or wrong answers.

The interviewer should have access to the completed diary sheets, and these should be used to orient the child to the previous 28 day period, as well as to the preceding two months. Discuss with the child whether he/she thinks that the diary is accurate, and whether there are any further events to be added. The child then keeps the diary sheets in front of him/her throughout the interview and should be encouraged to refer to them.

1. INTRODUCTION

[Having used the diary sheets to orient the child to the specific time period being assessed, it is best to open the interview by asking a number of introductory questions designed to obtain a general picture of the child's eating habits. Suitable questions are suggested below.]

Questions:

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

When do you usually eat?

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

Has your eating at weekends been different to days during the week?

Have there been any days when you haven't eaten anything at all?

[Ask about months 2 and 3]

What about during the two months before this? Was your eating the same or different to how it has been over the last four weeks?

2. PATTERN OF EATING

Questions:

***I would like to ask about your pattern of eating. Over the past seven days, which of these meals or snacks have you eaten regularly?**

	<u>Rating</u>
Breakfast (meal eaten shortly after waking)	[]
Mid-morning snack	[]
Lunch (mid-day meal)	[]
Mid-afternoon snack	[]
Evening meal	[]
Evening snack	[]
Nighttime snack (i.e. a snack eaten after the child has been to bed)	[]

Guidelines:

- Check understanding of regularly.
- Ask about weekdays and weekends separately.
- Meals or snacks should be rated even if they lead on to a “binge”.
- “Brunch” should generally be classed as lunch.

Rating:

Rate each meal and snack separately, usually accepting the child’s classification (within the guidelines above). With the exception of nocturnal eating, 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.

- 0 - Meal or snack not eaten
- 1 – Meal or snack eaten on 1 day
- 2 - Meal or snack eaten on 2 days
- 3 – Meal or snack eaten on 3 or 4 days
- 4 - Meal or snack eaten on 5 days
- 5 – Meal or snack eaten on 6 days
- 6 - Meal or snack eaten every day

[If participants report having had episodes of nocturnal eating, ask about their level of awareness (alertness) at the time and their recall of the episodes afterwards.]

When you ate....how awake were you and how well could you remember eating in the night the next day?

- 0 – no nocturnal eating
- 1 – nocturnal eating with no impairment of awareness (alertness) or recall
- 2 - nocturnal eating with impairment of awareness (alertness) or recall []

3. PICKING (NIBBLING)

Questions

***Over the past four weeks have you picked at (nibbled) food between meals and snacks? By “picking” (nibbling) I mean that you ate something when you hadn’t planned to or that you kept going back to something?**

What sort of things have you eaten at these times?

Why wouldn’t you call these times meals or snacks?

Have you known before you started how much you were going to eat?

Guidelines

- The episode of eating should have been unplanned.
- The amount eaten should have been uncertain at the time that the episode started.
- The eating should have had a repetitious element to it.
- Typically what is eaten is incomplete (i.e. it constitutes part of something or a less-than-usual amount).
- The amount eaten should not have been minute (e.g., not simply one edge of a piece of toast).
- Participants themselves should view the episodes as examples of “picking” (“nibbling”).
- Picking (nibbling) may be contrasted with eating a “snack”. A snack is an episode of eating in which the amount eaten was modest (smaller than a meal), known at the outset with some certainty, and did not have the repetitious element associated with picking.

Rating

Rate the number of days on which picking (nibbling) has occurred.

Do not rate episodes of picking which merge into snacks, meals or “binges”.

The rating of picking may require the re-rating of snacks.

0 – No picking (nibbling)

1 – Picking (nibbling) on 1 to 5 days

2 - Picking (nibbling) on less than half the days (6 to 12 days)

3 – Picking (nibbling) on half the days (13 to 15 days)

4 - Picking (nibbling) on more than half the days (16 to 22 days)

5 – Picking (nibbling) almost every day (23 to 27 days)

6 - Picking (nibbling) every day

[]

4. RESTRAINT OVER EATING

(Restraint subscale)

Questions:

***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?**

What have you been trying to do?

Why have you done this?

Have you done this to try to change your shape or weight, or to try not to overeat?

How often have you done this?

Guidelines:

- The restriction should have affected a *range of food items* and not just certain specific foods (c.f., "Food avoidance").
- The restriction should have been intended to influence shape, weight or body composition, or to avoid triggering an episode of overeating, although this may not have been the sole or 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 child has *consciously attempted* to restrict his/her *overall* food intake (i.e. energy intake), whether or not he/she has succeeded.

0 - No attempt at restraint

1 - Attempted to exercise restraint on 1 to 5 days

2 - Attempted to exercise restraint on less than half the days (6 to 12 days)

3 - Attempted to exercise restraint on half the days (13 to 15 days)

4 - Attempted to exercise restraint on more than half the days (16 to 22 days)

5 - Attempted to exercise restraint almost every day (23 to 27 days)

6 - Attempted to exercise restraint every day []

Some people deliberately try to cut down on their eating for another reason – over the past four weeks have there been any other reasons why you have tried to cut down on your eating?

Has this been to give you a sense of being in control – of being in control in general?

[Rate again only taking this reason into account.] []

[Also rate number of days on which one or other, or both, of these reasons has applied.] []

5. AVOIDANCE OF EATING

(Restraint subscale)

Questions:

***Over the past four weeks have there been any days when you have not eaten anything for most of the day?**

Why have you done this?

Have you done this to try to change your shape or weight, or to try not to overeat?

How often have you done this?

Guidelines:

- Clarify whether the child has gone for periods of 8 or more waking hours without eating
- It may be helpful to illustrate the length of time (e.g. 9am to 5pm).
- Expand by asking about skipping meals, usual times for breakfast, supper etc., to clarify whether the eight hour criterion is satisfied.
- The abstinence must have been at least partly *self-imposed* rather than being due to force of circumstances.
- It should have been intended to influence shape, weight or body composition, or to avoid triggering an episode of overeating, although this may not have been the sole or main reason (i.e. fasting for religious or political reasons would not count).
- Drinks do not count as food .
- Note that the rating should be consistent with those made earlier for “Pattern of eating”.

Rating:

Rate the number of days on which there has been at least eight hours abstinence from eating food during waking hours.

0 - No such days

1 - Avoidance on 1 to 5 days

2 - Avoidance on less than half the days (6 to 12 days)

3 - Avoidance on half the days (13 to 15 days)

4 - Avoidance on more than half the days (16 to 22 days)

5 - Avoidance almost every day (23 to 27 days)

6 - Avoidance every day

[]

Some people don't eat anything for most of the day for other reasons – over the past four weeks have there been any other reasons why you have tried not to eat anything for most of the day?

Has this been to give you a sense of being in control – of being in control in general?

[Rate again only taking this reason into account.]

[]

[Also rate number of days on which one or other, or both, of these reasons has applied.]

[]

6. EMPTY STOMACH

(Restraint subscale)

Questions:

***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?

Have you wanted this to try to change your weight or shape?

How often have you wanted your tummy to be empty?

Guidelines:

- The child must have a definite desire to have a completely empty stomach for reasons to do with dieting, shape or weight.
- This desire should not simply be a response to episodes of perceived overeating; rather it should exist between any such episodes.
- This item should not be confused with a desire for the stomach to *feel empty* or to *be flat* (c.f., Flat stomach).

Rating:

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

0 - No definite desire to have an empty stomach

1 – Definite desire on 1 to 5 days

2 - Definite desire on less than half the days (6 to 12 days)

3 - Definite desire on half the days (13 to 15 days)

4 - Definite desire on more than half the days (16 to 22 days)

5 - Definite desire almost every day (23 to 27 days)

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

Some people want to have an empty stomach for other reasons – over the past four weeks have there been any other reasons why you have wanted to have an empty stomach?

Has this been to give you a sense of being in control – of being in control in general?

[Rate again only taking this reason into account.] []

[Also rate number of days on which one or other, or both, of these reasons has applied.] []

7. FOOD AVOIDANCE

(Restraint subscale)

Questions:

***Over the past four weeks have you tried not to eat any foods that you like, even if you haven't managed this?**

What foods? Have you been trying not to eat them at all?

Why have you tried to do this?

Have you done this to try to change your shape or weight, or to try not to overeat?

How often have you done this?

Guidelines:

- The goal should have been to *exclude the foods altogether* and not merely restrict their consumption.
- Drinks do not count as food.
- The avoidance should have been planned and intended either to influence shape, weight or body composition, or to avoid triggering an episode of overeating, although this may not have been the sole or main reason.

Rating:

Rate the number of days on which the child has *actively attempted to avoid eating specific foods* (which he/she likes, or has liked in the past) whether or not he/she has succeeded.

0 - No attempts to avoid food

1 – Attempted to avoid foods on 1 to 5 days

2 - Attempted to avoid foods on less than half the days (6 to 12 days)

3 - Attempted to avoid foods on half the days (13 to 15 days)

4 - Attempted to avoid foods on more than half the days (16 to 22 days)

5 - Attempted to avoid foods almost every day (23 to 27 days)

6 - Attempted to avoid food every day []

Some people avoid eating certain foods for other reasons – over the past four weeks have there been any other reasons why you have tried to avoid eating certain foods?

Has this been to give you a sense of being in control – of being in control in general?

[Rate again only taking this reason into account.] []

[Also rate number of days on which one or other, or both, of these reasons has applied.] []

8. DIETARY RULES

(Restraint subscale)

Questions:

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

If answered negatively:

Have there been times when you know you have broken one of your own rules about eating? How have you felt about breaking your rule(s)?

What have you been trying to do (What are your rules)?

Why have you tried to stick to them?

Did you make them to try to change your shape or weight, or to avoid triggering an episode of overeating?

Tell me more about your rules. Are they, for example, about certain foods, or are they more general? Examples of definite rules would be “I must not eat eggs” or “I must not eat cake”, whereas a general guideline would be “I should try to eat healthy food”.

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

Guidelines:

- Dietary rules should be rated as present if the child 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 (i.e. prescribed rules can be rated if they have been adopted by the participant..
- They should have concerned what the child 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 (c.f., “Food avoidance”), or not eating at all.
- They should have been specific rules and not general guidelines.
- If the child is aware that he or 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, or to avoid triggering an episode of overeating, although this may not have been the sole or main reason.

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 combined to make the rating.

0 - Has not attempted to obey such rules

1 – Attempted to obey such rules on 1 to 5 days

2 - Attempted to obey such rules on less than half the days (6 to 12 days)

3 - Attempted to obey such rules on half the days (13 to 15 days)

4 - Attempted to obey such rules on more than half the days (16 to 22 days)

5 - Attempted to obey such rules almost every day (23 to 27 days)

6 - Attempted to obey such rules every day []

Some people attempt to stick to certain rules about their eating for other reasons – over the past four weeks have there been any other reasons why you have tried to stick to certain rules eating?

Has this been to give you a sense of being in control – of being in control in general?

[Rate again only taking this reason into account.] []

[Also rate number of days on which one or other, or both, of these reasons has applied.] [] []

9. PREOCCUPATION WITH FOOD, EATING, OR CALORIES

(Eating Concern subscale)

Questions:

***Over the past four weeks have you spent much time between meals thinking about food, eating, or calories?**

***Has thinking about food, eating, or calories made it hard for you to concentrate on or pay attention to what you are doing? Can you give me an example?**

***How about when you are paying attention to doing other things, like watching television, reading, playing computer games?**

How often has this happened?

Guidelines:

- This definition of preoccupation requires concentration impairment.
- Concentration is regarded as impaired if there have been *intrusive thoughts about food, eating, or calories that have interfered with activities one is actively engaged in* rather than one's mind simply drifting off the matter at hand.
- Ask if the child could use distraction to stop thinking about food, eating, or calories, 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 occurred.

0 - No concentration impairment

1 – Concentration impairment on 1 to 5 days

2 - Concentration impairment on less than half the days (6 to 12 days)

3 - Concentration impairment on half the days (13 to 15 days)

4 - Concentration impairment on more than half the days (16 to 22 days)

5 - Concentration impairment almost every day (23 to 27 days)

6 - Concentration impairment everyday

[]

10. FEAR OF LOSING CONTROL OVER EATING

(Eating Concern subscale)

Questions:

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

How often have you felt like this?

Guidelines:

- Expand on concept of loss of control, for example, by asking: 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?)
- Identify instances of fear of losing control rather than instances of actual 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 a *definite fear* of losing control over eating has been present, irrespective of whether the child feels he/she has been in control.

If the child feels unable to answer this question because he/she has already totally lost control, rate 9 – NB this is very rare in children.

0 - No fear of losing control

1 – Fear of losing control on 1 to 5 days

2 - Fear of losing control on less than half the days (6 to 12 days)

3 - Fear of losing control on half the days (13 to 15 days)

4 - Fear of losing control on more than half the days (16 to 22 days)

5 - Fear of losing control almost every day (23 to 27 days)

6 - Fear of losing control every day

[]

11. BULIMIC EPISODES AND OTHER EPISODES OF OVEREATING

(Diagnostic item)

Classificatory Scheme

[Four forms of episodic “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 a “large” amount of food** (required for “objective bulimic episodes” and “ objective overeating”)

The classificatory scheme is summarized below.

	“Large” amount eaten (EDE definition)	Amount eaten not “large” but viewed by participant as excessive
“Loss of control” present	Objective bulimic episodes	Subjective bulimic episodes
No “loss of control”	Objective overeating	Subjective overeating

Guidelines for Proceeding Through the Overeating Section

The interviewer should ask about each form of overeating. It is important to note that *the four forms of overeating are not mutually exclusive*: It is possible for children to have had several different forms within the time period being considered.

There are five steps in making this series of ratings:

1. In general it is best to start by asking the asterisked questions to identify the various types of perceived or true overeating that have occurred over the previous 28 days.
2. Each form should be noted down on the blank section of the coding sheet.
3. Then, detailed information should be obtained about a *representative example* of each form of overeating to decide whether or not it involved eating a “large” amount of food and whether or not there was “loss of control” (as defined below).
4. The next task is to establish for each form of overeating the number of days on which it occurred and the total number of occasions. Where there is possibility of overlap (i.e. two types of episode may have occurred on the same day), this should be clarified since this will affect the “days” ratings.
5. Finally, check with the participant to ensure that no misunderstandings have arisen (e.g. that no types of episode have been omitted).

It is advisable to make comprehensive notes.

Definition of Key Terms

“Loss of control”:

- The interviewer should ask the child whether he or she experienced a sense of loss of control over eating *at any point* in the episode.
- If this is clearly described, “Loss of control” should be rated as present.

- If the child describes having felt driven or compelled to eat, that they “had to” eat, “Loss of control” should be rated as present.
- If the child reports having had no sense of loss of control yet describes having felt unable to stop eating once eating had started or having felt unable to prevent the episode from occurring, “Loss of control” should be rated as present.
- If children report that they are no longer trying to control their eating because overeating is inevitable, “Loss of control” should once again be rated as present.
- Thus, “Loss of control” may be rated positively even if the episode had been planned (i.e. the child knew that he or she was going to overeat and had made provision for this).
- The decision whether or not “loss of control” was present should be made by the interviewer; it does not require the agreement of the child.
- 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 does not require the agreement of the child.
- “Large” may be used to refer to the amount of any particular type of food or the overall quantity of food consumed.
- The amount should have been unequivocally large but it does not have to have been enormous.
- *The interviewer must take into account what would be the usual amount eaten under the circumstances.* This requires some knowledge of the eating habits of the child’s developmental stage (e.g. pre-pubertal 8 year old, adolescent male), general, but not necessarily immediate, social group as well as circumstances that tend to influence eating (e.g. birthday party, Thanksgiving Day, Christmas Day)
- What else was eaten during the day, the speed of eating during the episode, and whether or not the child subsequently spits out or vomits the food are not of relevance to this rating.
- If the interviewer is in doubt, the amount should not be classified as “large”.
- Interviewers should not share with the child their view on the amount eaten and they should avoid using potentially emotive terms such as “binge” or “large”.

The number of episodes of overeating:

- When calculating the number of episodes of overeating, the child’s definition of separate episodes should be accepted unless, within a period of eating, there was an hour or more when the child was not eating.
- In this case, the initial episode should be regarded as having been completed.
- An exception is if the episode was temporarily interrupted by an outside event and then restarted afterwards, and it was experienced as one single episode (somewhat like operating the pause button on a recorder).
- 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.]*

QUESTIONS FOR IDENTIFYING BULIMIC EPISODES AND OTHER EPISODES OF OVEREATING

[See preceding section “Guidelines for Proceeding Through the Overeating Section”. The asterisked questions should be asked in every case.]

Main Probe Questions (to get the overall picture):

***I’d like to ask you about any times you might have eaten too much (or ‘overeaten’), or felt you have lost control over your eating, 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, or might have eaten, too much in one go?**

***And any times when you have felt you have lost control over your eating?**

Additional Probe Questions

***Have there been any times when you have felt that you have eaten too much, but others might not agree?**

***Have there been any times when you have felt you have eaten a normal amount of food but others might have thought you had overeaten or eaten too much?**

[NB. For subjective bulimic episodes to be eligible, they must have been viewed by the child as having involved eating an excessive amount of food (i.e., they involved “overeating”).]

Subsidiary probe questions (to classify any episodes of overeating) :

To assess amount eaten:

What sort of things have you eaten at times like this?

For subjective bulimic episodes (i.e. where the amount eaten is not viewed by the interviewer as “large”)

Did you think you ate too much?

To assess the social context:

Where were you and what were you doing?

What was the rest of your family / were your friends eating at the time?

To assess loss of control:

Did you feel out of control, or that you just couldn’t stop at the time?

Could you have made yourself stop eating once you had started?

Could you have stopped yourself from starting to overeat in the first place?

[For objective bulimic episodes, subjective bulimic episodes and episodes of objective overeating, the following two ratings should be made:

- i) Number of days (rate 00 if none)
- ii) Number of episodes (rate 000 if none)

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

Rate 777 if the number of episodes is so great that their frequency cannot be calculated.

Episodes of subjective overeating are not rated.]

Objective bulimic episodes

Days [][]

Episodes [][][]

Subjective bulimic episodes

Days [][]

Episodes [][][]

Episodes of objective overeating

Days [][]

Episodes [][][]

[Ask about each of the preceding two months using the calendar sheet with appropriate dates marked and referring to any events of note. For objective and subjective bulimic episodes, rate the number of episodes over the preceding two months and the number of days on which they occurred. Rate 0s if none and 9s if not asked.]

Objective bulimic episodes

Days – Month 2 [][]

Month 3 [][]

Episodes – Month 2 [][][]

Month 3 [][][]

Subjective bulimic episodes

Days – Month 2 [][]

Month 3 [][]

Episodes – Month 2 [][][]

Month 3 [][][]

[Also rate the longest continuous period in weeks free (not due to force of circumstances) from objective bulimic episodes over the past 3 months. Rate 99 if not applicable.]

[][]

BINGE EATING DISORDER MODULE

(Diagnostic item)

[Only enter this module if at least 12 objective bulimic episodes have been present over the preceding 12 weeks. Use a respondent-based interviewing style, rather than the investigator-based style of the EDE.]

Features Associated with Binge Eating

During these times (refer to objective bulimic episodes that are representative of those over the past three months), **have you usually.....**

- ...Eaten much more quickly than usual? []
- ...Eaten until you have felt uncomfortably full? []
- ...Eaten a lot of food when you weren't feeling hungry? []
- ...Eaten on your own because you have felt embarrassed about how much you were eating? []
- ...Felt disgusted with yourself, unhappy, or as if you've done something you shouldn't have? []

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

- 0 – Feature not present
- 1 – Feature present

Distress about Binge Eating

In general, over the past three months, how upset have you felt about these times (refer to objective bulimic episodes that are representative of those over the past three months)?

[Rate the presence of marked distress about the binge eating. This may stem from the actual behaviour itself or its potential effect on body shape and weight.]

- 0 – No marked distress
- 1 – Marked distress []

RETURN TO EDE STYLE OF QUESTIONING

13. DIETARY RESTRICTION OUTSIDE BULIMIC EPISODES

(Diagnostic item)

[RETURN TO THE THREE-MONTH TIME FRAME and EDE STYLE OF QUESTIONING.

Only rate this item if there have been at least 24 objective bulimic episodes over the past three months.]

Questions:

Apart from the times when you have been out of control with your eating, (refer to objective and subjective bulimic episodes) 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 a typical day (whether or not it involves an episode of overeating).

Rate each of the past three months separately.

Rate 9 if not asked.

0 - No extreme restriction outside objective and subjective bulimic episodes

1 - Extreme restriction outside objective and subjective bulimic episodes
(i.e., purposeful low energy intake (e.g., <1,200 kcals))

2 - No eating outside objective and subjective bulimic episodes (i.e., purposeful “fasting”)

Month 1 []

Month 2 []

Month 3 []

14. SOCIAL EATING

(Eating Concern subscale)

Questions:

***Outside the times when** (refer to any objective bulimic episodes and episodes of objective overeating), **over the past four weeks have you been worried about/bothered by other people seeing you eat?**

How bothered have you been about this?

Has this made you try to put off (or get out of) eating with other people?

Could it have been worse?

Why were you worried about/bothered by others seeing you eat?

Guidelines:

- This is the first severity item.
- *Do not consider objective bulimic episodes or episodes of objective overeating.*
- This item is to do with concern about eating normal or less than normal amounts of food in front of others, excluding family members who are aware the child has an eating problem.
- The concern can stem from idiosyncratic eating habits (e.g. very slow eating; eating fewer courses than others; eating different types of food) or allied behavior such as indecision when choosing food in a canteen or restaurant.
- One index of the severity of concern is whether it has led to avoidance.

Rating:

Rate the degree of concern about eating normal or less than normal amounts of food in front of others (not close family).

In common with all severity items, the rating should generally represent the *mode for the entire month*.

If the possibility of eating with others other than close family has not arisen, rate 9.

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

1 -

2 - Has felt slight concern at being seen eating by others

3 -

4 - Has felt definite concern at being seen eating by others

5 -

6 - Has felt extreme concern at being seen eating by others

[]

15. EATING IN SECRET

(Eating Concern subscale)

Questions:

***Outside the times when(refer to any objective bulimic episodes and episodes of objective overeating), over the past four weeks have you eaten in secret?**

How often?

Guidelines:

- *Do not consider objective bulimic episodes or episodes of objective overeating*
- Secret eating refers to eating which is furtive and which the child wishes to conceal because he or she does not want to be seen eating (i.e., it is not simply eating alone).
- Clarify that the eating in secret is not normal childhood “sneaky eating”, a wish not to share food, or a wish not to be interrupted.
- Sensitivity about eating in front of others will have been rated under “Social eating” but it can result in eating in secret.

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.

0 - Has not eaten in secret

1 – Has eaten in secret on 1 to 5 days

2 - Has eaten in secret on less than half the days (6 to 12 days)

3 – Has eaten in secret on half the days (13 to 15 days)

4 - Has eaten in secret on more than half the days (16 to 22 days)

5 – Has eaten in secret almost every day (23 to 27 days)

6 - Has eaten in secret every day

[]

16. GUILT ABOUT EATING

(Eating Concern subscale)

Questions:

***Outside the times when(refer to any objective and subjective bulimic episodes), over the past four weeks have you felt guilty after eating?**

By that I mean, have you felt you have done something wrong?

Why?

How often when you have eaten, have you felt you have done something wrong?

Guidelines:

- *Do not consider objective or subjective bulimic episodes*, but do consider other episodes of overeating.
- These 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 retrospective wish 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* that feelings of guilt have followed eating.
NB. *This rating is based on occasions*. NOT days.

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*

[]

17. SELF -INDUCED VOMITING

(Diagnostic item)

Questions:

***When was the last time you were sick?**

Why were you sick?

*** Have you ever tried to make yourself sick?**

Why?

Have you done this over the last four weeks?

Did you do this to try to control your weight or shape?

Guidelines:

- Ask about the number of discrete episodes the child has induced vomiting over the last four weeks.
- If the child denies that the vomiting is under his or her control, determine whether it has the characteristics expected if not self-induced (e.g. unpredictability, occurrence in public).
- Ensure that the main reason for the vomiting is in order to control shape, weight or body composition.
- Accept the child's definition of an episode.

Rating:

If the evidence suggests that the vomiting is under the child's control (i.e. it is self-induced), then rate it as such.

Rate the number of discrete episodes of self-induced vomiting.

Rate 777 if the number of discrete episodes of self-induced vomiting is so great that it cannot be calculated. Rate 000 if no vomiting. . [] [] []

If the child has reported objective or subjective bulimic episodes, ask the following question:

We have already talked about times when you thought that you had eaten too much and felt out of control (refer to objective and subjective bulimic episodes). Not connected with these times, have you made yourself sick to try to control your shape or weight?

How many times have you done this in the last four weeks?

Rate the number of episodes of "non-compensatory" self-induced vomiting. Accept the child's definition of an episode.

Rate 000 if no vomiting.

Rate 999 if not asked.

[] [] []

[Ask about the preceding two months. Estimate the number of discrete episodes of self-induced vomiting over the preceding two months.

Month 2 [] [] []

Month 3 [] [] []

Rate 999 if not asked.

18&19. LAXATIVE MISUSE/DIURETIC MISUSE

(Diagnostic items)

Questions:

*** There are medicines and other things that can make you go to the loo/toilet.**

*** Have you ever taken any of these?**

Why?

What have you taken?

Have you taken any over the past four weeks?

Why?

Was this to control your weight or shape?

Guidelines:

- If the child has taken pills or medicine, clarify whether they are talking about laxatives, diuretics or any other form of medication.
- Ensure that the *main* reason for taking laxatives and/or diuretics was to control shape, weight or body composition although this may not have been the sole reason.
- Only rate the taking of substances with a true laxative or diuretic effect.

If the child has reported objective or subjective bulimic episodes, ask the following question:

We have already talked about times when you thought that you had eaten too much and felt out of control (refer to objective and subjective bulimic episodes). Not connected with these times, have you taken any medicines or other things that make you go to the loo to try to control your shape or weight?

How many times have you done this in the last four weeks?

Rating (laxatives):

Rate the number of episodes of laxative-taking as a means of controlling shape, weight or body composition.

Rate 000 if no laxative use or there is doubt whether the laxative taking was primarily to influence shape, weight or body composition. [] [] []

Rate the average number of laxatives taken on each occasion. Rate 999 if not applicable. Rate 777 if not quantifiable, e.g., use of bran. [] [] []

Note the type of laxative taken.

Also:

Rate the number of episodes of “non-compensatory” laxative misuse. Accept the child’s definition of an episode. Rate 000 if no laxative misuse. Rate 999 if not asked.

[] [] []

[Ask about the preceding two months Estimate the number of episodes of laxative misuse over each of the two preceding months]

Month 2 [] [] []

Month 3 [] [] []

Rate 999 if not asked.

Rating - (diuretics):

Rate the number of episodes of diuretic-taking as a means of controlling shape, weight or body composition.

Rate 000 if no diuretic misuse or there is doubt whether the diuretic taking was primarily to influence shape, weight or body composition. [] [] []

Rate the average number of diuretics taken on each occasion. Rate 999 if not applicable. Rate 777 if not quantifiable. [] [] []

Note the type of diuretic taken.

Also:

Rate the number of episodes of “non-compensatory” diuretic misuse. Accept the child’s definition of an episode. Rate 000 if no laxative misuse. Rate 999 if not asked.

[] [] []

[Ask about the preceding two months Estimate the number of episodes of diuretic misuse over each of the two preceding months]

Month 2 [] [] []

Month 3 [] [] []

Rate 999 if not asked.

20. DRIVEN EXERCISING

(Diagnostic item)

Questions:

***What sort of exercise do 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 / change your shape?**

What sort of exercise have you done to try to do this?

***Have you felt you had to exercise, as if you had no choice?**

How hard have you exercised? Have you pushed yourself? Have you exercised even when it might interfere with other things that you had to do or had planned to do? Have you exercised even when it might do you harm?

Have there been times when you have not been able to exercise for any reason? How has this made you feel?

Guidelines

- Find out whether the exercise is for fun, or predominantly to do with shape or weight. The exercise must be *driven* and *predominantly intended* to use calories or change shape, weight or body composition.
- Establish whether the exercise was intense in quality and had a “compulsive” quality to it.
- If the child does not describe feeling compelled to exercise, investigate other indicators of compulsive exercising, such as whether the exercise significantly interferes with day to day functioning (e.g. prevents attendance at social commitments or intrudes on school / work); whether the child exercises when it might do harm (e.g. when possibly injured); whether the child has a strong negative reaction to being unable to exercise.
- The decision whether the exercise was “driven” should be made by the interviewer.
- If in doubt, the exercising should not be classed as driven.
- Discount any exercise that was done exclusively for to enhance health and fitness.

Rating:

Rate the number of days on which the child has engaged in “driven” exercising.

Rate 00 is no such driven exercising.

[] []

Rate the *average* amount of time (in minutes) per day spent exercising in this way. Only consider days on which the child exercised. Rate 999 if no such exercising.

[] [] [] []

[Ask about the preceding two months. Rate the number of days on which the child has exercised in this manner over each of the two preceding months. If not asked, rate 99.]

Month 2 [] []
Month 3 [] []

21. OTHER EXTREME WEIGHT-CONTROL BEHAVIOUR

Question

***Over the past four weeks have you done anything else to control your shape or weight?**

Guidelines

- Rate other noteworthy (i.e. potentially effective) dysfunctional forms of weight control behaviour (e.g. spitting food, insulin underuse, thyroid medication misuse).

Rating

Rate number of days and record nature of the behaviour. Rate 99 if no such behaviour.

Month 1 [] []

Month 2 [] []

Month 3 [] []

22. PERIODS OF ABSENCE OF EXTREME WEIGHT CONTROL BEHAVIOUR

[Only ask this question if at least one of the 5 main forms of weight-control behaviour has been rated positively at the specified severity level over the past three months. (see the section on “Eating disorder diagnoses” – Fairburn, 2008).

The five forms of behaviour are as follows:

- Fasting (rating 1 or 2 on Dietary restriction outside bulimic episodes)
- Self-induced vomiting (on average at least once a week)
- Laxative misuse (on average at least once a week)
- Diuretic misuse (on average at least once a week)
- Excessive exercise – ignore in this context]

Questions:

***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 behaviour 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 five forms of extreme weight control behaviour.
- Ascertain whether abstinence was due to force of circumstance

Rating:

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

Do not rate abstinence due to force of circumstance. Rate 99 if not applicable. [] []

I am now going to ask you some questions about your weight and shape. When I am talking about weight, I mean the numbers that you see on the scales. When I am talking about shape, I mean what you see when you look in the mirror or the outline of your body.

23. DISSATISFACTION WITH WEIGHT

(Weight Concern subscale)

Questions:

***Over the past four weeks, how have you felt about your weight (.....the number on the scale)?**

***Have you felt dissatisfied with your weight?**

Why?

Has this made you miserable or unhappy? Could you have felt worse? How long has this feeling lasted?

Guidelines:

- Dissatisfaction should only be taken into account if it is due to weight being regarded as 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 often the child feels dissatisfied about his/her weight and how intense the dissatisfaction is and use to produce an *average* rating of severity.

Rating:

Rate the child’s attitude to his/her weight. In common with all severity ratings, this should represent the *mode for the entire month*.

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

A rating can still be made if the child does not know his or her exact weight.

Only rate 9 if the child is totally unaware of his/her weight.

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) []

24. DESIRE TO LOSE WEIGHT

(Weight Concern subscale)

Questions:

***Over the past four weeks, have you wanted to lose weight (again I am referring to the number on the scale)?**

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.

A rating can still be made if the child does not know his or her exact weight.

Only rate 9 if the child is totally unaware of his/her weight.

0 - No strong desire to lose weight

1 – Strong desire on 1 to 5 days

2 - Strong desire present on less than half the days (6 to 12 days)

3 – Strong desire on half the days (13 to 15 days)

4 - Strong desire present on more than half the days (16 to 22 days)

5 – Strong desire almost every day (23 to 27 days)

6 - Strong desire present every day

[]

25. DESIRED WEIGHT

Question

***Forgetting what anyone else has told you, over the past month, what weight have you wanted to be?**

Rating:

Rate weight in kilograms

Rate 888 if the child is not interested in his or her weight

Rate 777 if no specific weight would be low enough

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

Rate 555 if cannot be rated [] [] []

26. WEIGHING

Question

***Over the past four weeks, have you weighed yourself?**

***How often?**

Guidelines

- Calculate the approximate frequency that the child has weighed himself or herself.
- If the child has not weighed himself or herself, determine whether this is the result of avoidance.

Rating

Rate approximately how many times the child has weighed himself or herself over past month.

Rate 777 if the child has not weighed himself or herself due to avoidance. [] [] []

27. REACTION TO PRESCRIBED WEIGHING

(Weight Concern subscale)

Question:

This next question is a bit different. I am going to ask you to think about how something might be for you, not about how something actually is for you.

***Over the past four weeks, how would you have felt if you had been asked to weigh yourself once each week for those four weeks.....just once a week; no more often and no less often?**

Guidelines:

- Clarify that you mean the child weighing themselves and being aware of their weight.
- Ask the child to describe in detail how he or she would have reacted and rate accordingly.
- Try to find out if it would make the child feel tense or anxious - this is a difficult item to ask children, as they generally have no choice as to whether they get on the scales or not, or what they wear while being weighed – this item is about knowing their weight once a week.
- Check whether other aspects of the child’s life would be influenced by prescribed weighing.
- Do not prompt the child with the terms “slight”, “moderate” or “marked”.

Rating:

Rate the strength of the negative reaction to the prospect of having to weigh once weekly (no more often, no less often) over the subsequent four weeks.

In common with all severity ratings, this should represent the *mode for the entire month*.

Positive reactions should be rated as 9

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

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) []

28. SENSITIVITY TO WEIGHT GAIN

Questions

***In the last four weeks, if you had gained weight, would it have definitely upset you?**

How much weight gain in any one week would have felt too much?

Guidelines

- Ascertain what weight gain (from the child's average weight over the past four weeks) would have led to a *marked negative reaction*.
- Check several amounts with the child. Be particularly careful to code the number correctly.

Rating

The coding should represent the average degree of sensitivity for the entire month.

0 – 7lb or 3.5kg (or more) would have generated a marked negative reaction, or no amount of weight gain would generate this type of reaction

1 – 6lb or 3kg would have generated a marked negative reaction.

2 – 5lb or 2.5kg would have generated a marked negative reaction.

3 – 4lb or 2kg would have generated a marked negative reaction.

4 – 3lb or 1.5kg would have generated a marked negative reaction.

5 – 2lb or 1kg would have generated a marked negative reaction.

6 – 1lb or 0.5kg (i.e. any weight gain) would have generated a marked negative reaction. []

29. DISSATISFACTION WITH SHAPE

(Shape Concern subscale)

Questions:

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

***Have you felt dissatisfied with your shape?**

Has this made you miserable or unhappy?

Guidelines:

- Dissatisfaction should be due to 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.
- The child's attitude toward his/her shape should be assessed by the interviewer.
- 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".
- Ensure that you are talking about SHAPE dissatisfaction, and not weight dissatisfaction.

Rating:

Rate the child's attitude to his/her shape.

In common with all severity ratings, this should represent the *mode for the entire month*.

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

Reports of disgust or revulsion should be rated 6

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; shape totally unacceptable) []

30. PREOCCUPATION WITH SHAPE OR WEIGHT

(Shape Concern and Weight Concern subscales)

Questions:

***Over the past four weeks, have you spent much time thinking about your shape or weight?**

***Has thinking about your shape or weight made it hard for you to concentrate on or pay attention to what you are doing? Can you give me an example?**

***How about when you are paying attention to doing other things, like watching television, reading, playing computer games?**

How often has this happened?

Guidelines:

- This definition of preoccupation requires concentration impairment.
- Concentration is regarded as impaired if there have been *intrusive thoughts about shape and weight that have interfered with activities one is actively engaged in*, rather than one's mind simply drifting off the matter at hand.
- Ask if the child could use distraction to stop thinking about shape or weight, 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 shape or weight, whether or not bulimic episodes occurred.

- 0 - No concentration impairment
- 1 - Concentration impairment on 1 to 5 days
- 2 - Concentration impairment on less than half the days (6 to 12 days)
- 3 - Concentration impairment on half the days (13 to 15 days)
- 4 - Concentration impairment on more than half the days (16 to 22 days)
- 5 - Concentration impairment almost every day (23 to 27 days)
- 6 - Concentration impairment every day

[]

31. IMPORTANCE OF WEIGHT, SHAPE AND STRICT CONTROL OVER EATING

(Diagnostic items)

(Weight Concern and Shape Concern subscales)

“I’d like to ask now you about the things that are important in how you feel about yourself, or think about yourself, as a person. People can have different things that are important to them in how they think or feel about themselves. For example, for some people, how they are doing at school is important to them in how they judge (think, feel, evaluate) themselves, or how they are getting on with their friends, how they get on with their parents and brothers and sisters, or how they spend their time. So, for example, taking part in art or sport or dance or drama or music might be important to someone in how they think about themselves. Or doing things to help other people, or recycling and looking after the environment, or taking care of animals - lots of different things can be important in how a person thinks about, or feels about himself. Do you understand what I mean? (if necessary continue explaining until the child understands)

Can you think about some of the things that are important to you in how you think or feel about (judge evaluate) yourself as a person?”

***What are they?**

For each you should clarify its status by saying eg:

So in what way does _____ affect the way you think/feel about yourself?

If the interviewer is satisfied that the child has named something that is relevant to his/her scheme of self-evaluation, this should be written on a piece of paper, blank card or post-it note. Continue until five or six different things have been named.

If the child has not mentioned weight and shape as being important, the interviewer should introduce these items now:

“Now I would like to add two other things to the pile. The first is your shape and the second is your weight”

Write these two items on similar cards and give them to the child to add to the pile.

“Now I would like you to put these in order, with the one that has been most important to you in how you think about yourself over the past four weeks at the top, and then the next most important underneath, and so on”.

The interviewer should make a note of the order of the items. Ask the child to look at the arranged cards to see if there are any that he or she would like to discard as not being important at all.

“Look at the way you have arranged the cards. Are there any things there that you think may not have been that important to you in how you think about yourself over the past four weeks. If so, you may take them out”.

You can clarify the status of the importance of shape and weight, whether or not the child removes them by saying:

“If your shape had changed over the past four weeks, would this have made a difference to how you think/feel about yourself?”

“If your weight had changed over the past four weeks, would this have made a difference to how you think/feel about yourself?”

Check after the removal of any items that the child is satisfied with the order of things that have been of importance in terms of self-evaluation. Clarify the extent of the importance.

Ask whether this was the same for month 2 and month 3 and make a note of any different order or different areas of importance during this period.

Strict Control over Eating

***What about keeping strict control over your eating? Has this been important in how you think/feel about yourself? Has this been more or less important than your shape or weight in how you think/feel about yourself?**

Rating:

First gauge the degree of importance the child has placed on body weight and shape and their positions in the child’s scheme for self-evaluation. This rating can be made with participants who do not know their exact weight – the importance of the presumed weight can be rated. Note the rating of the importance of shape and importance of weight items. NB. These can be placed in the same position if considered equally important.

Clarify that a rating of 6 means that nothing is more important in the child’s scheme for self-evaluation – do not prompt with the terms “some”, “moderate”, “supreme”.

To make the rating, comparisons need to be made with other aspects of the child’s life which are of importance in his or her scheme for self-evaluation.

In common with all severity items, the rating should generally represent the *mode for the entire month*.

NB: All of the unadjusted ratings for weight and shape should be made across the three months before introducing and rating maintaining strict control and the adjusted weight and shape items

0 - No importance

1 -

2 - Some importance (definitely an aspect of self-evaluation)

3 -

4 - Moderate importance (definitely one of the main aspects of self-evaluation)

5 -

6 - Supreme importance (nothing is more important in the child’s scheme for self-evaluation)

Weight (unadjusted rating) []

Shape (unadjusted rating) []

Ask the child to arrange the items in order of importance for the preceding two months separately
Rate preceding two months

Rate 9 if not asked

Weight (unadjusted rating) month 2 []

Weight (unadjusted rating) month 3 []

Shape (unadjusted rating) month 2 []

Shape (unadjusted rating) month 3 []

Maintaining strict control over eating []

Weight (adjust for strict control over eating) []

Shape (adjust for strict control over eating) []

32. FEAR OF WEIGHT GAIN

(Diagnostic item)
(Shape Concern subscale)

Questions:

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

[With children who have recently gained weight the question may be rephrased as “.....have you been scared that you might gain *more* weight?”]

How scared or afraid have you been?

Guidelines:

- Ask about the frequency of this fear in terms of how many days it has been present over the last four weeks.
- Exclude reactions to actual weight gain.
- NB. Some children with anorexia nervosa control their eating so tightly that they may not believe that they will ever gain weight. They consider themselves fat already and only intend to lose weight. Such children will be unlikely to express a fear of weight gain.

Rating:

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

0 - No definite fear of becoming fat or weight gain

1 - Definite fear of weight gain on 1 to 5 days

2 - Definite fear of becoming fat or weight gain on less than half the days (6 to 12 days)

3 - Definite fear of becoming fat or weight gain on half the days (13 to 15 days)

4 - Definite fear of becoming fat or weight gain on more than half the days (16 to 22 days)

5 - Definite fear of becoming fat or weight gain almost every day (23 to 27 days)

6 - Definite fear of becoming fat or weight gain present every day []

With children whose weight might be viewed as “significantly low” ask about the past two months.

Rate preceding two months

Rate 9 if not asked

Month 2 []

Month 3 []

33. DISCOMFORT SEEING BODY

(Shape Concern subscale)

Questions:

***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?**

Why?

What have you felt?

Have you tried to not look at your body?

Guidelines:

- The discomfort should be about overall appearance shape or figure because it is viewed as too large.
- It should not stem from sensitivity about specific aspects of appearance (eg. acne, big nose).
- It should not stem from modesty - stress to the child that it does not include other people seeing their body.
- One index of the severity of such discomfort is whether it has led to avoidance (ask for examples, e.g., when washing).

Rating:

Rate the level of discomfort about overall shape or figure felt by the child over the past four weeks.

In common with all severity items, the rating should generally represent the *mode for the entire month*.

0 - No discomfort

1 -

2 - Some discomfort about seeing body

3 -

4 - Definite discomfort about seeing body

5 -

6 - Extreme discomfort about seeing body (e.g. viewed as loathsome)

[]

34. DISCOMFORT ABOUT EXPOSURE

(Shape Concern subscale)

Questions:

***Over the past four weeks, have you felt awkward or embarrassed when other people see your body, for instance, getting changed for games, in the swimming pool, if you are wearing clothes that show your shape?**

What about with your friends?

Why? What have you felt?

Have you tried to stop other people from seeing you?

Have you decided to wear baggy clothes or cover yourself up? Why?

Guidelines:

- The discomfort should arise from concerns about overall shape or figure because it is viewed as too large.
- It should not stem from sensitivity about specific aspects of appearance (eg. acne, big nose).
- The discomfort should not stem from modesty.
- This item rates the level of discomfort about people seeing the child's body, excluding close family members.
- One index of the severity of such discomfort is whether it has led to avoidance (ask for examples, e.g., when getting changed).

Rating:

Rate the level of discomfort arising from concerns about overall shape or figure felt by the child over the past four weeks.

In common with all severity items, the rating should generally represent the *mode for the entire month*.

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

- 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 - Extreme discomfort about others seeing body

[]

35. FEELING FAT

(Diagnostic item)
(Shape Concern subscale)

Questions:

***Over the past four weeks, have you felt fat?** [If the child has already acknowledged such feelings, this question may need to be prefaced by an apology].

Does this bother you?

Guidelines:

- Ask how often, in general, this has occurred over the past four weeks (not with respect to a particular body part).
- Distinguish “feeling fat” from feeling bloated premenstrually, 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 child has felt fat

- 0 - Has not felt fat
- 1 - Has felt fat on 1 to 5 days
- 2 - Has felt fat on less than half the days (6 to 12 days)
- 3 - Has felt fat on half the days (13 to 15 days)
- 4 - Has felt fat on more than half the days (16 to 22 days)
- 5 - Has felt fat almost every day (23 to 27 days)
- 6 - Has felt fat every day

[]

With children whose weight might be viewed as “significantly low” ask about each of the preceding two months.

Rate 9 if not asked

Month 2 []

Month 3 []

36. REGIONAL FATNESS

Questions:

***Over the past four weeks, have you felt that any particular part of your body is too fat?**

Does this bother you?

Guidelines:

- Ask how often over the past four weeks the child has thought that one or more specific parts of his or her body are definitely too “fat”.
- This does not preclude also thinking that his or her entire body is too “fat”.

Rating:

Rate the number of days on which the child has thought that one or more specific parts of his or her body are definitely too “fat”.

- 0 - No regional fatness
- 1 - Regional fatness on 1 to 5 days
- 2 - Regional fatness on less than half the days (6 to 12 days)
- 3 - Regional fatness on half the days (13 to 15 days)
- 4 - Regional fatness on more than half the days (16 to 22 days)
- 5 - Regional fatness almost every day (23 to 27 days)
- 6 - Regional fatness every day

[]

37. VIGILANCE ABOUT SHAPE

Questions:

***Over the past four weeks, have you been actively keeping a check on your shape?**

Why?

What have you been doing?

.....for example, by looking at yourself very closely in the mirror, by measuring yourself, or pinching yourself, or by using certain clothes to check they still fit?

Guidelines:

- The reason for checking should be so the child can *actively monitor* his or her shape with the intention of detecting any changes.
- The child should believe that the method used is capable of detecting change.

Rating:

Rate the number of days on which the child has *actively monitored* his or her shape with the intention of detecting any changes.

- 0 - No vigilance
- 1 - Vigilance on 1 to 5 days
- 2 - Vigilance on less than half the days (6 to 12 days)
- 3 - Vigilance on half the days (13 to 15 days)
- 4 - Vigilance on more than half the days (16 to 22 days)
- 5 - Vigilance almost every day (23 to 27 days)
- 6 - Vigilance every day

[]

38. FLAT STOMACH

(Shape Concern subscale)

Questions:

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

How often?

Guidelines:

- The desire must be to have a *flat or concave stomach*, not simply a “flatter” stomach.
- Children who already have a flat stomach can be rated.
- 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*

- 0 - No definite desire to have a flat stomach
- 1 - Definite desire to have a flat stomach on 1 to 5 days
- 2 - Definite desire to have a flat stomach on less than half the days (6 to 12 days)
- 3 - Definite desire to have a flat stomach on less than half the days (13 to 15 days)
- 4 - Definite desire to have a flat stomach on more than half the days (16 to 22 days)
- 5 - Definite desire to have a flat stomach almost every day (23 to 27 days)
- 6 - Definite desire to have a flat stomach every day

[]

39. BODY COMPOSITION

Questions:

***Over the past four weeks, have you thought about what your body is made up of? For example, how much muscle you have and how much fat you have underneath your skin?**

Have you been worried about what your body is made up of?

How worried have you been about this?

Guidelines:

- Ascertain the strength of the child's concern about the proportion of fat in his or her body.
- Do not prompt with the terms 'slight', 'moderate' or 'marked'.
- Do not rate concern about "being fat" or concerns about particular parts of the body.

Rating:

Rate the strength of the child's concern about the proportion of fat in his or her body, over the past four weeks.

In common with all severity items, the rating should generally represent the *mode for the entire month*.

- 0 - No concern about body composition
- 1 -
- 2 - Slight concern about body composition (aware of the notion, but it is not of personal importance to the child)
- 3 -
- 4 - Moderate concern about body composition (clearly interested in composition of body and regularly thinks about it)
- 5 -
- 6 - Marked concern about body composition (extreme interest in actual make-up of body and frequently thinks about it)

[]

40. WEIGHT AND HEIGHT

(Diagnostic item)

The child's weight and height should be measured

Age at assessment:

Weight in kg [] [] []

Height in cm [] [] []

41. MAINTAINED LOW WEIGHT

(Diagnostic item)

[Only rate children whose weight might be viewed as “significantly low”. If in doubt, make this rating.]

Questions:

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

***If no: 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 whether any attempts to lose weight / avoid weight gain were for reasons concerning shape or weight, or for other reasons.

Rating:

Rate 9 if not asked.

- 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

[]

END OF EDE SCHEDULE

APPENDIX I

Example of diary sheet and accompanying letter:

Dear Parent/Carer

Before _____ attends for his/her appointment on....., it would be helpful if you could fill in the attached diary with any events in your child's life for the 28 days preceding the date you have been given. These events could include, for example, holidays, friends' or family birthdays, visits to the dentist, trips to the cinema, days spent with friends, attendance at clubs, participation in activities, etc. This will serve as a memory aid when we ask your child questions about particular periods of time. It would be most helpful if you could also note any significant events that have taken place in the two months preceding this four-week period on the second sheet.

Please bring the diary sheets when you come for the first appointment.

It would also be helpful if you could give a very brief history of your child's eating habits in the space provided below:

General feeding/eating habits from birth to present:

Eating habits in the last 28 days:

Many thanks

Signed:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

SIGNIFICANT EVENTS IN THE PRECEDING 3 MONTHS

DATES Month 2:	DATES Month 3:
Please add any other comment or information that you think might help your child remember the three month period leading up to your appointment. Thank you.	

APPENDIX II

Coding Sheet (EDE-16.0D) (The items in square brackets are those required for diagnostic purposes).

- | | | |
|---|---------|-------------|
| 2. Pattern of eating | | |
| - breakfast | | [] |
| - mid-morning snack | | [] |
| - lunch | | [] |
| - mid-afternoon snack | | [] |
| - evening meal | | [] |
| - evening snack | | [] |
| - nocturnal snack | | [] |
| - awareness | | [] |
| 3. Picking (nibbling) | | [] |
| 4. Restraint over eating | | [] |
| - control | | [] |
| - either/both | | [] |
| 5. Avoidance of eating | | [] |
| - control | | [] |
| - either/both | | [] |
| 6. Empty stomach | | [] |
| - control | | [] |
| - either/both | | [] |
| 7. Food avoidance | | [] |
| - control | | [] |
| - either/both | | [] |
| 8. Dietary rules | | [] |
| - control | | [] |
| - either/both | | [] |
| 9. Preoccupation with food, eating, or calories | | [] |
| 10. Fear of losing control over eating | | [] |
| 11. Bulimic episodes and other episodes of overeating | | |
| Objective bulimic episodes | | |
| - number of days | | [] [] |
| - number of episodes | | [] [] [] |
| - [number of days over preceding 2 months] | month 2 | [] [] |
| | month 3 | [] [] |
| - [number of episodes over preceding 2 months] | month 2 | [] [] [] |
| | month 3 | [] [] [] |
| - [longest continuous period free from objective bulimic episodes over past 3 months] | | [] [] |
| Subjective bulimic episodes | | |
| - number of days | | [] [] |
| - number of episodes | | [] [] [] |

- [number of days over preceding 2 months]	month 2	[] []
	month 3	[] []
- [number of episodes over preceding 2 months]	month 2	[] [] []
	month 3	[] [] []
Episodes of objective overeating		
- number of days		[] []
- number of episodes		[] [] []
12. DSM IV "Binge eating disorder" module		[]
- rapidly		[]
- full		[]
- not hungry		[]
- embarrassed		[]
- disgusted		[]
- distress		[]
13. [Dietary restriction between bulimic episodes]	month 1	[]
	month 2	[]
	month 3	[]
14. Social eating		[]
15. Eating in secret		[]
16. Guilt about eating		[]
17. Self-induced vomiting		
- episodes		[] [] []
- non compensatory episodes		[] [] []
- [episodes over the preceding 2 months]	month 2	[] [] []
	month 3	[] [] []
- [episodes over months 4-6]	months 4-6	[] [] []
18. Laxative misuse		
- episodes		[] [] []
- average number taken per occasion		[] [] []
- type of laxative.....		
- non compensatory episodes		[] [] []
- [episodes over the preceding 2 months]	month 2	[] [] []
	month 3	[] [] []
- [episodes over months 4-6]	months 4-6	[] [] []
19. Diuretic misuse		
- episodes		[] [] []
- average number taken per occasion		[] [] []
- type of diuretic		
- non compensatory episodes		[] [] []
- [episodes over the preceding 2 months]	month 2	[] [] []
	month 3	[] [] []
- [episodes over months 4-6]	months 4-6	[] [] []
20. Driven exercising		
- days		[] []
- time		[] [] []

- [days over the preceding 2 months]	month 2	[] []
	month 3	[] []
21. Other extreme weight control behavior	month 1	[] []
	month 2	[] []
	month 3	[] []
22. Abstinence from extreme weight-control behaviour		[] []
23. Dissatisfaction with weight		[]
24. Desire to lose weight		[]
25. Desired weight		[] [] []
26. Weighing		[] [] []
27. Reaction to prescribed weighing		[]
28. Sensitivity to weight gain		[]
29. Dissatisfaction with shape		[]
30. Preoccupation with shape or weight		[]
31. Importance of weight, shape and strict control over eating		
- weight (unadjusted)		[]
- shape (unadjusted)		[]
- [preceding 2 months]		
- weight (unadjusted)	month 2	[]
- weight (unadjusted)	month 3	[]
- shape (unadjusted)	month 2	[]
- shape (unadjusted)	month 3	[]
- control		[]
- weight (adjusted)		[]
- shape (adjusted)		[]
32. Fear of weight gain		[]
- [preceding 2 months]	month 2	[]
	month 3	[]
33. Discomfort seeing body		[]
34. Discomfort about exposure		[]
35. Feeling fat		[]
- [preceding 2 months]	month 2	[]
	month 3	[]
36. Regional fatness		[]
37. Vigilance about shape		[]
38. Flat stomach		[]
39. Body composition		[]
40. [Objective weight (kg)]		[] [] []
[Objective height (cm)]		[] [] []
41. [Maintained low weight]		[]