

TABLE 3.1 From Dalle Grave R & Calugi S, *Cognitive Behavior Therapy for Adolescents with Eating Disorders*, Guilford Press, New York, 2020.

Topics to be Addressed when Assessing the Nature and Severity of the Eating Disorder

Eating problem onset

- Age of onset and nature of the behavioral precursor of eating problem (e.g., dietary restriction, excessive exercising, self-induced vomiting, binge-eating episodes) maintained for at least three consecutive months
- Body weight at the onset of the behavioral precursor of eating disorders
- The reasons for diet or adopting other extreme weight control behaviors
 - *The most frequent reasons reported by adolescent patients are losing weight, changing the body shape, coping with dyspeptic symptoms, having no appetite*

12 months before the onset

- Events (precipitating factors) that may have triggered control of diet, weight and body shape

6–12 months after the onset

- How did you feel?
 - *Most patients report feeling well and that they had the feeling of being in control during that period, which some describe as the best in their life (the ‘honeymoon’ phase of the eating disorder)*

Since then

- Any change in eating habits (e.g., the onset of binge-eating episodes), unhealthy weight control behaviours (e.g., self-induced vomiting and/or laxatives misuse and/or excessive exercising) and in the weight that occurred.
 - *In this period the main maintenance mechanisms described in Chapter 2 become operational, and the eating disorder tends to become more or less self-sustaining*

Current state of the eating problem (over the past 4 weeks and 3 months)

- Current body weight, height and BMI-for-age percentile
- BMI-for-age percentile history (before and since the eating problem started; lowest BMI-for-age percentile; highest BMI-for-age percentile)
- Frequency of menstruation. In adolescents with secondary amenorrhea, age of menarche
- Body weight changes
- Eating habits in a typical day
- Dietary rules (e.g., skipping meals, reducing portions, avoiding specific foods, calorie counting, avoiding social eating) and reactions to their being broken
- Unhealthy weight control behavior (e.g., self-induced vomiting, laxative misuse, excessive exercising): frequency and triggers
- Binge-eating episodes (objective and subjective): frequency and triggering
- Other eating habits (e.g., chewing and spitting, rumination, specific food rituals, picking or grazing)
- Fluid intake (e.g., water, alcohol, other), smoking and improper use of psychoactive substances and their link with eating habits
- Weight and shape checking and avoidance: frequency and triggering factors
- Degree of fear of gaining weight
- Degree of concern about shape, weight and eating control

- Degree of feeling fat, full and bloated
- Effects of the eating problem on physical health, psychological well-being, functioning, social relationships (with parents and friends) and academic achievement
- Dietary restraint (nature of attempt to restrict food intake): dietary rules; reaction to any breaking to these rules; calorie counting; calorie limits; delay eating (i.e., postponing eating for as long as possible)
- Dietary restriction (i.e., actual undereating)
- Other weight control behaviors (e.g., self-induced vomiting, laxative misuse, diuretic misuse, excessive exercising): frequency; relationship with perceived overeating
- Episodes of overeating (amount eaten and the context, presence of the sense of loss of control at the time): frequency and triggers
- Other eating habits (picking, chewing and spitting, rumination, ritualistic eating)
- Drinking habits (consumption of water, coffee, tea, carbonated drinks, alcoholic beverages) and their connection with eating habits
- Smoking habits their connection with eating habits
- Social eating: ability to eat with others (family members, friends); eating out
- Concerns about shape and weight
- Views on shape and weight
- Importance of shape and weight in self-evaluation
- Body checking (weighing, mirror use, comparison with others, and other forms of checking)
- Body avoidance (weighing avoidance, shape avoidance)
- Feeling fat
- Impact of the eating problem on psychological and social functioning (family members, friends, etc.), mood and concentration, school performance, other people (family members, friends), activities and interests
- Other effects

Personal and family medical history

- Current and previous medical and psychiatric comorbidity
 - Current psychiatric treatment (psychological, pharmacological)
 - Family medical and psychiatric history
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