

SCOFF Questionnaire

Name:	
Age:	Gender:
Date of Birth:	Date of Assessment:

Instructions: Select the answer that best aligns with your experience related to the question.

	Yes	No
1. Do you make yourself sick because you feel uncomfortably full?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you worry that you have lost control over how much you eat?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you recently lost more than one stone (14 lb) in a 3-month period?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you believe yourself to be fat when others say you are too thin?	<input type="checkbox"/>	<input type="checkbox"/>
5. Would you say that food dominates your life?	<input type="checkbox"/>	<input type="checkbox"/>

An answer of 'yes' to two or more questions in the first part warrants further questioning and more comprehensive assessment. A further two questions have been shown to indicate a high sensitivity and specificity for bulimia nervosa. The following questions can then be asked and discussed by the practitioner

	Yes	No
1. Are you satisfied with your eating patterns?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever eat in secret?	<input type="checkbox"/>	<input type="checkbox"/>

Reference: Luck, A.J., Morgan, J.F., Reid, F., O'Brien, A., Brunton, J., Price, C., Perry, L., Lacey, J.H. (2002). The SCOFF questionnaire and clinical interview for eating disorders in general practice: comparative study' British Medical Journal, 325 (7367), 755 - 756