

SCOFF questionnaire to determine the likelihood of an eating disorder

Score 1 point for every "yes" answer. A score of ≥ 2 indicates a likely case of anorexia nervosa or bulimia nervosa.

1. "Do you make yourself Sick because you feel uncomfortably full?"
2. "Do you worry you have lost Control over how much you eat?"
3. "Have you recently lost more than One stone (6.4 kg) in a 3-month period?"
4. "Do you believe yourself to be Fat when others say you are too thin?"
5. "Would you say that Food dominates your life?"

If score ≥ 2 , ask follow up screening questions.

1. "Are you worried about your diet? Do you have a fear of being fat or body image concerns?"
2. "Are you dieting? What does your daily intake consist of?"
3. "Have you lost weight? How much? How fast? Have you stopped getting your period?"
4. "Are other people concerned about your weight?"
5. "Do you binge eat?" If so:
 - "When did you start?"
 - "How often do you binge eat?"
 - "How much do you eat during a binge?"
 - "Are there any situations that consistently trigger a binge for you?"
6. "Do you vomit after eating? If so, "when did you start and how often do you do it?"
7. "Do you use laxatives, diuretics, or enemas?"
8. "Do you spend a lot of time thinking about food? Do you avoid certain "bad" foods? Do these thoughts, feelings, and behaviours interfere with your lifestyle?"
9. "Do you feel guilty after eating?"
10. "Do you feel compelled to exercise or fast after eating?" If so, "when did you start? How often do you do it? What type of exercise do you do?"

Sources:

- *Morgan JF, Reid F, Lacey JH. The SCOFF questionnaire: assessment of a new screening tool for eating disorders. BMJ 1999 Dec 4;319(7223):1467-8.*
- *Regional Eating Disorders Service*