

Binge Eating Disorder Screenener-7 (BEDS-7)

For use with adults



A guide to using the Binge Eating Disorder Screener-7 (BEDS-7)

This patient-reported screener is designed to help you quickly and simply screen adults whom you suspect may have binge eating disorder (B.E.D.).

This tool was developed by Shire US Inc and is intended *for screening use only*. It should not be used as a diagnostic tool.

USING THE BEDS-7 IS SIMPLE:

STEP 1: QUESTION 1

If the patient answers “YES” to question 1, continue on to questions 2 through 7.
If the patient answers “NO” to question 1, there is no reason to proceed with the remainder of the screener.

STEP 2: QUESTIONS 2-7

If the patient answers “YES” to question 2 **AND** checks one of the shaded boxes for all questions 3 through 7, follow-up discussion of the patient’s eating behaviors and his or her feelings about those behaviors should be considered.

STEP 3

Evaluate the patient based upon the complete *DSM-5*[®] diagnostic criteria for B.E.D.

The following questions ask about your eating patterns and behaviors within the last 3 months. For each question, choose the answer that best applies to you.

1. During the last 3 months , did you have any episodes of excessive overeating (i.e., eating significantly more than what most people would eat in a similar period of time)?	Yes	No
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NOTE: IF YOU ANSWERED “NO” TO QUESTION 1, YOU MAY STOP. THE REMAINING QUESTIONS DO NOT APPLY TO YOU.

2. Do you feel distressed about your episodes of excessive overeating?	Yes	No
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Within the past 3 months...	Never or Rarely	Sometimes	Often	Always
3. During your episodes of excessive overeating , how often did you feel like you had no control over your eating (e.g., not being able to stop eating, feel compelled to eat, or going back and forth for more food)?				
4. During your episodes of excessive overeating , how often did you continue eating even though you were not hungry?				
5. During your episodes of excessive overeating , how often were you embarrassed by how much you ate?				
6. During your episodes of excessive overeating , how often did you feel disgusted with yourself or guilty afterward?				
7. During the last 3 months , how often did you make yourself vomit as a means to control your weight or shape?				

This information is brought to you by **Shire US Inc.**

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S04171 12/14



Reference: Data on file; SPD489-159; Shire US Inc.

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Binge Eating Scale (BES)

The BES is a 16-item questionnaire assessing the presence of certain binge eating behaviors which may be indicative of an eating disorder.

Below are groups of statements about behavior, thoughts, and emotional states. Please indicate which statement in each group **best describes how you feel**.

1.

- I don't feel self-conscious about my weight or body size when I'm with others.
- I feel concerned about how I look to others, but it normally does not make me feel disappointed with myself.
- I do get self-conscious about my appearance and weight which makes me feel disappointed in myself.
- I feel very self-conscious about my weight and frequently, I feel intense shame and disgust for myself. I try to avoid social contacts because of my self-consciousness.

2.

- I don't have any difficulty eating slowly in the proper manner.
- Although I seem to "gobble down" foods, I don't end up feeling stuffed because of eating too much.
- At times, I tend to eat quickly and then, I feel uncomfortably full afterwards.
- I have the habit of bolting down my food, without really chewing it. When this happens I usually feel uncomfortably stuffed because I've eaten too much.

3.

- I feel capable to control my eating urges when I want to.
- I feel like I have failed to control my eating more than the average person.
- I feel utterly helpless when it comes to feeling in control of my eating urges.
- Because I feel so helpless about controlling my eating I have become very desperate about trying to get in control.

4.

- I don't have the habit of eating when I'm bored.
- I sometimes eat when I'm bored, but often I'm able to "get busy" and get my mind off food.
- I have a regular habit of eating when I'm bored, but occasionally, I can use some other activity to get my mind off eating.

I have a strong habit of eating when I'm bored. Nothing seems to help me break the habit.

5.

- I'm usually physically hungry when I eat something.
- Occasionally, I eat something on impulse even though I really am not hungry.
- I have the regular habit of eating foods, that I might not really enjoy, to satisfy a hungry feeling even though physically, I don't need the food.
- Although I'm not physically hungry, I get a hungry feeling in my mouth that only seems to be satisfied when I eat a food, like a sandwich, that fills my mouth. Sometimes, when I eat the food to satisfy my mouth hunger, I then spit the food out so I won't gain weight.

6.

- I don't feel any guilt or self-hate after I overeat.
- After I overeat, occasionally I feel guilt or self-hate.
- Almost all the time I experience strong guilt or self-hate after I overeat.

7.

- I don't lose total control of my eating when dieting even after periods when I overeat.
- Sometimes when I eat a "forbidden food" on a diet, I feel like I "blew it" and eat even more.
- Frequently, I have the habit of saying to myself, "I've blown it now, why not go all the way" when I overeat on a diet. When that happens I eat even more.
- I have a regular habit of starting strict diets for myself, but I break the diets by going on an eating binge. My life seems to be either a "feast" or "famine."

8.

- I rarely eat so much food that I feel uncomfortably stuffed afterwards.
- Usually about once a month, I eat such a quantity of food, I end up feeling very stuffed.
- I have regular periods during the month when I eat large amounts of food, either at mealtime or at snacks.
- I eat so much food that I regularly feel quite uncomfortable after eating and sometimes a bit nauseous.

9.

- My level of calorie intake does not go up very high or go down very low on a regular basis.
- Sometimes after I overeat, I will try to reduce my caloric intake to almost nothing to compensate for the excess calories I've eaten.

- I have a regular habit of overeating during the night. It seems that my routine is not to be hungry in the morning but overeat in the evening.
- In my adult years, I have had week-long periods where I practically starve myself. This follows periods when I overeat. It seems I live a life of either "feast or famine."

10.

- I usually am able to stop eating when I want to. I know when "enough is enough."
- Every so often, I experience a compulsion to eat which I can't seem to control.
- Frequently, I experience strong urges to eat which I seem unable to control, but at other times I can control my eating urges.
- I feel incapable of controlling urges to eat. I have a fear of not being able to stop eating voluntarily.

11.

- I don't have any problem stopping eating when I feel full.
- I usually can stop eating when I feel full but occasionally overeat leaving me feeling uncomfortably stuffed.
- I have a problem stopping eating once I start and usually I feel uncomfortably stuffed after I eat a meal.
- Because I have a problem not being able to stop eating when I want, I sometimes have to induce vomiting to relieve my stuffed feeling.

12.

- I seem to eat just as much when I'm with others (family, social gatherings) as when I'm by myself.
- Sometimes, when I'm with other persons, I don't eat as much as I want to eat because I'm self-conscious about my eating.
- Frequently, I eat only a small amount of food when others are present, because I'm very embarrassed about my eating.
- I feel so ashamed about overeating that I pick times to overeat when I know no one will see me. I feel like a "closet eater."

13.

- I eat three meals a day with only an occasional between meal snack.
- I eat 3 meals a day, but I also normally snack between meals.
- When I am snacking heavily, I get in the habit of skipping regular meals.
- There are regular periods when I seem to be continually eating, with no planned meals.

14.

- I don't think much about trying to control unwanted eating urges.
- At least some of the time, I feel my thoughts are pre-occupied with trying to control my eating urges.
- I feel that frequently I spend much time thinking about how much I ate or about trying not to eat anymore.
- It seems to me that most of my waking hours are pre-occupied by thoughts about eating or not eating. I feel like I'm constantly struggling not to eat.

15.

- I don't think about food a great deal.
- I have strong cravings for food but they last only for brief periods of time.
- I have days when I can't seem to think about anything else but food.
- Most of my days seem to be pre-occupied with thoughts about food. I feel like I live to eat.

16.

- I usually know whether or not I'm physically hungry. I take the right portion of food to satisfy me.
- Occasionally, I feel uncertain about knowing whether or not I'm physically hungry. At these times it's hard to know how much food I should take to satisfy me.
- Even though I might know how many calories I should eat, I don't have any idea what is a "normal" amount of food for me.

Sources

1. J Gormally, S Black, S Daston, D Rardin. The assessment of binge eating severity among obese persons. 7(1): Addict Behav 47-55 (1982).
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Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

1. When I smell a sizzling steak or juicy piece of meat, I find it very difficult to keep from eating, even if I have just finished a meal.

definitely true (4)

mostly true (3)

mostly false (2)

definitely false (1)

2. I deliberately take small helpings as a means of controlling my weight.

definitely true (4)

mostly true (3)

mostly false (2)

definitely false (1)

3. When I feel anxious, I find myself eating.

definitely true (4)

mostly true (3)

mostly false (2)

definitely false (1)

4. Sometimes when I start eating, I just can't seem to stop.

definitely true (4)

mostly true (3)

mostly false (2)

definitely false (1)

5. Being with someone who is eating often makes me hungry enough to eat also.

definitely true (4)

mostly true (3)

mostly false (2)

definitely false (1)

6. When I feel blue, I often overeat.

definitely true (4)

mostly true (3)

mostly false (2)

definitely false (1)

7. When I see a real delicacy, I often get so hungry that I have to eat right away.

definitely true (4)

mostly true (3)

mostly false (2)

definitely false (1)

8. I get so hungry that my stomach often seems like a bottomless pit.

definitely true (4)

mostly true (3)

mostly false (2)

definitely false (1)

9. I am always hungry so it is hard for me to stop eating before I finish the food on my plate.

definitely true (4)

mostly true (3)

mostly false (2)

definitely false (1)

10. When I feel lonely, I console myself by eating.

definitely true (4)

mostly true (3)

mostly false (2)

definitely false (1)

11. I consciously hold back at meals in order not to weight gain.

definitely true (4)

mostly true (3)

mostly false (2)

definitely false (1)

12. I do not eat some foods because they make me fat.

definitely true (4)

mostly true (3)

mostly false (2)

definitely false (1)

13. I am always hungry enough to eat at any time.

definitely true (4)

mostly true (3)

mostly false (2)

definitely false (1)

14. How often do you feel hungry?

Only at meal times (1)

sometimes between meals (2)

often between meals (3)

almost always (4)

15. How frequently do you avoid "stocking up" on tempting foods?

- Almost never (1)
- seldom (2)
- usually (3)
- almost always (4)

16. How likely are you to consciously eat less than you want?

- Unlikely (1)
- slightly likely (2)
- moderately likely (3)
- very likely (4)

17. Do you go on eating binges though you are not hungry?

- Never (1)
- rarely (2)
- sometimes (3)
- at least once a week (4)

18. On a scale of 1 to 8, where 1 means no restraint in eating (eating whatever you want, whenever you want it) and 8 means total restraint (constantly limiting food intake and never "giving in"), what number would you give yourself?

Scoring:

The 1-2 scores were coded 1; 3-4 scores were coded 2; 5-6 scores were coded 3; 7-8 scores were coded 4. The cognitive restraint scale was composed of items 2, 11, 12, 15, 16, and 18. The uncontrolled eating scale was composed of items 1, 4, 5, 7, 8, 9, 13, 14, and 17. The emotional eating scale was composed of items 3, 6, and 10.

Protocol source: <https://www.phenxtoolkit.org/protocols/view/230401>

Patient Health Questionnaire (PHQ-9)

This article is for **Medical Professionals**

Professional Reference articles are designed for health professionals to use. They are written by UK doctors and based on research evidence, UK and European Guidelines, so you may find the language more technical than the **condition leaflets**.

This easy to use patient questionnaire is a self-administered version of the PRIME-MD diagnostic instrument for common mental disorders.^[1] The PHQ-9 is the depression module, which scores each of the nine DSM-IV criteria as "0" (not at all) to "3" (nearly every day). It has been validated for use in primary care.^[2]

It is not a screening tool for depression but it is used to monitor the severity of depression and response to treatment. However, it can be used to make a tentative diagnosis of depression in at-risk populations - eg, those with coronary heart disease or after stroke.^[3, 4]

When screening for depression the Patient Health Questionnaire (PHQ-2) can be used first (it has a 97% sensitivity and a 67% specificity).^[5] If this is positive, the PHQ-9 can then be used, which has 61% sensitivity and 94% specificity in adults.

Patient Health Questionnaire (PHQ-9)

Over the last two weeks, how often have you been bothered by any of the following problems?

<p>Little interest or pleasure in doing things?</p>	<p>Not at all Several days More than half the days Nearly every day</p>
<p>Feeling down, depressed, or hopeless?</p>	<p>Not at all Several days More than half the days Nearly every day</p>
<p>Trouble falling or staying asleep, or sleeping too much?</p>	<p>Not at all Several days More than half the days Nearly every day</p>
<p>Feeling tired or having little energy?</p>	<p>Not at all Several days More than half the days Nearly every day</p>
<p>Poor appetite or overeating?</p>	<p>Not at all Several days More than half the days Nearly every day</p>
<p>Feeling bad about yourself - or that you are a failure or have let yourself or your family down?</p>	<p>Not at all Several days More than half the days Nearly every day</p>
<p>Trouble concentrating on things, such as reading the newspaper or watching television?</p>	

	<p>Not at all Several days More than half the days Nearly every day</p>
<p>Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?</p>	<p>Not at all Several days More than half the days Nearly every day</p>
<p>Thoughts that you would be better off dead, or of hurting yourself in some way?</p>	<p>Not at all Several days More than half the days Nearly every day</p>
<p>Total = <input type="text"/> /27</p>	<input type="text"/>
<p>Depression Severity: 0-4 none, 5-9 mild, 10-14 moderate, 15-19 moderately severe, 20-27 severe.</p>	

Validity has been assessed against an independent structured mental health professional (MHP) interview. PHQ-9 score ≥ 10 had a sensitivity of 88% and a specificity of 88% for [major depression](#).

^[1] It can even be used over the telephone.^[6]

GAD-7 Anxiety

Over the <u>last two weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals _____ + _____ + _____ + _____ =
Total score _____

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at ris8@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission

Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of “not at all,” “several days,” “more than half the days,” and “nearly every day.” GAD-7 total score for the seven items ranges from 0 to 21.

0–4: minimal anxiety

5–9: mild anxiety

10–14: moderate anxiety

15–21: severe anxiety

Adverse Childhood Experiences Questionnaire

Module 22: Adverse Childhood Experience I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age—

1. Did you live with anyone who was depressed, mentally ill, or suicidal?
2. Did you live with anyone who was a problem drinker or alcoholic?
3. Did you live with anyone who used illegal street drugs or who abused prescription medications?
4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
5. Were your parents separated or divorced?
6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?
7. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say---
8. How often did a parent or adult in your home ever swear at you, insult you, or put you down?
9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually?
10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?
11. How often did anyone at least 5 years older than you or an adult, force you to have sex?

Possible response to questions 1 through 5: (1 Yes; 2 No; 7 Don't know / Not sure; 9 Refused)

Possible responses to questions 6 through 11: (1 Never; 2 Once; 3 More than once; 7 Don't know / Not sure; 9 Refused)