SCOFF Questionnaire

SCOFF QUESTIONNAIRE

Name: _____ **Age:** _____

Gender: _____ **Date of Birth:** _____ dd / mm / yyyy

Date of Assessment: _____ dd / mm / yyyy

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

Do you make yourself sick because you feel uncomfortably full?

◯ Yes ◯ No

Do you worry that you have lost control over how much you eat?

◯ Yes ◯ No

Have you recently lost more than one stone (14 lb) in a 3-month period?

◯ Yes ◯ No

Do you believe yourself to be fat when others say you are too thin?

◯ Yes ◯ No

Would you say that food dominates your life?

◯ Yes ◯ No

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:

Are you satisfied with your eating patterns?

◯ Yes ◯ No

Do you ever eat in secret?

◯ Yes ◯ No