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EDE 15.0 D for Oxford-Leicester transdiagnostic CBT trial funded by the Wellcome Trust; and EDE 17.0D

EATING DISORDER EXAMINATION

PARENT VERSION (P-EDE, Version 2.0)

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**Originally Based On:
Eating Disorder Examination
(15th edition)**

Version 15.0D

**Christopher G Fairburn and Zafra Cooper
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**With DSM-5 and Other Updates From:
Eating Disorder Examination
(17th edition)**

Version 17.0D

**Christopher G Fairburn, Zafra Cooper, & Marianne O'Conner
University of Oxford**

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GENERAL GUIDELINES FOR INTERVIEWERS

The EDE is an *investigator-based interview*. This may be contrasted with respondent-based interviews in which the participant's answers to specified questions are rated without additional questioning. Respondent-based interviews are in essence verbally administered self-report questionnaires. They work well where the concepts being assessed are simple and there is general agreement as to their meaning, but they are unsatisfactory when the concepts are complex or key terms do not have a generally accepted specific meaning. With investigator-based interviews interviewers need training to ensure that they fully understand the concepts being assessed. The structure in such interviews lies in the detailed specifications provided for the interviewer of the concepts to be rated and the rating scheme, rather than in the precise wording of individual questions. In summary, investigator-based interviews such as the EDE require that interviewers be trained both in the technique of interviewing and in the concepts and rules governing the ratings.

When using the EDE, it is essential that the participant understands the purpose of the interview. The interviewer should explain why the interview is being conducted and, before starting formal questioning, should aim to establish good rapport. The interviewer and participant together should be trying to obtain an accurate picture of the participant's child's current eating behaviour and attitudes. It is important to explain that a standard set of questions is being asked and that some may not apply. Participants also need to know in advance how long the interview will take. At a minimum this will be 45 minutes but it can take as long as an hour and a quarter. (EDE interviews should rarely be allowed to take longer than this since otherwise interviewer and participant fatigue will affect the quality of the ratings.)

The interviewer should explain that the interview mainly focuses on the preceding four weeks (28 days), although if the interview is also being used for diagnostic purposes certain questions extend out to cover the previous three months. To help the participant accurately recall the primary period of interest, time should be devoted at the beginning of the interview to the identification of events which have taken place during these 28 days. For example, the interviewer should establish whether the participant and/or the child in question has been at home or away and what has happened on each of the four weekends. It can be helpful referring to a prepared calendar to locate the four weeks in question (see below).¹

¹ When the interview is being used to elicit diagnoses, events of note in the preceding two 28-day months (months 2 and 3 respectively) should be noted together with their boundaries.

20 February 2002

full EDE 15.0D for Oxford-Leicester trial

Each of the items in the EDE has one or more (asterisked) obligatory questions in bold type which must be asked. Special emphasis should be placed upon the words and phrases that are underlined. The obligatory questions should be supplemented with additional questions of the interviewer's choice. The phrase "over the past four weeks" which precedes most obligatory question may be varied as seems appropriate (e.g., "over the past month" or "over the past 28 days") and inserted at any point within the question, but otherwise the obligatory questions should be asked as specified in the schedule. The items in the interview may be covered in any order although for most purposes the sequence presented in the schedule will be found to be satisfactory. *It is perfectly appropriate to return to earlier items if further information emerges during the interview which is of relevance to prior ratings.* The interview should never be undertaken in the absence of the full schedule as even the most experienced interviewers need to refer to the questions, definitions, and rating schemes.

The interviewer should pay careful attention to everything that the participant says. The interview should never be hurried. It should proceed at a steady relaxed pace with the interviewer not moving on to the next item until they are satisfied that all the necessary information has been obtained. The interviewer should not be rushed along by rapid, and possibly impatient, replies. Apparently glib answers which do not seem to have been given thought should be sensitively explored. Conversely, participants who are loquacious and over-detailed in their replies need to be kept to the point. Care must always be taken to ensure that the participant understands what information the interviewer is trying to elicit. It is good practice to check back with the participant before making each rating.

The physical circumstances under which the interview is conducted are also important. The interviewer and participant need to be comfortably seated and the interviewer needs to be able to have the schedule in front of him/her/them together with the rating sheet. There should be as few distractions as possible and except under unusual circumstances no one else should be present since otherwise participants may not be frank and forthcoming about their child's symptoms.

Guidelines for making ratings are provided for most items. Ratings should be made as the interview proceeds (although certain calculations may be delayed until afterwards). The instructions for making the ratings are given in square brackets and they are followed by the rating scheme itself. Frequency ratings should be based on a 28-day month: if a feature is not present, rate 0; if a feature is present on up to and including 5 days, rate 1; if it is present half the time, rate 3; if it is present almost every day (with up to and including 5 exceptions), rate 5; if it is present every day, rate 6. One item ("Importance of Shape and Weight") is rated on a seven-point severity scale ranging from 0 to 6, which is explained in that section and noted below.

The EDE rating scheme

Severity ratings

- 0 Absence of the feature
- 1 Feature almost, but not quite absent
- 2
- 3 Severity midway between 0 and 6
- 4
- 5 Severity almost meriting a rating of 6
- 6 Feature present to an extreme degree

Frequency ratings

- 0 Absence of the feature
- 1 Feature present on 1 to 5 days
- 2 Feature present on 6 to 12 days
- 3 Feature present on 13 to 15 days
- 4 Feature present on 16 to 22 days
- 5 Feature present on 23 to 27 days
- 6 Feature present every day

Rate 8 if, despite adequate questioning, it is impossible to decide upon a rating. Experienced interviewers will find that they rarely need to use this rating. If it is difficult to choose between two ratings, the lower (i.e., less symptomatic) rating should be made.

Rate 9 for missing values (or “not applicable”)

Ratings for this version of the EDE depend on parental or guardian report of the child's eating habits, behaviours, and attitudes, as well as report of behavioural or observable indicators of the child's shape and weight concerns. The interviewer is therefore asked to secure symptom ratings for a third party, with the parent(s) or guardian(s) serving as informants. In general, an item should be rated as present if the parent or guardian has either (a) observed the phenomenon directly, (b) heard the child report the phenomenon, or (c) heard reports of the phenomenon by a reliable third-party observer such as a housekeeper or the child's siblings, friends, or teachers. While general rating practice dictates erring on the side of less pathology if in doubt, for this interview, if a child has either denied or failed to report a symptom, but the parent has other evidence that this symptom is present, this additional evidence should trump the child's report. *In addition, we are asking parents to exercise their best judgment – factoring in all sources of information, including their own extrapolation - in determining the data (e.g., number of days, manifestations of severity) that will ultimately inform the interviewer's rating. If there are days in the month for which the parent has no information, the rating should be prorated to obtain a 28-day frequency.* Applied collectively, these decision rules will ideally maximize the sensitivity and specificity of each item. The reason for these decision rules, which permit more extrapolation and subject judgment than the original EDE, is the dual challenge of rating eating disorder symptoms (as these disorders are typically associated with high levels of denial, minimization, and deceit) within a child and adolescent population (in which insight into symptoms is further reduced and there may be increased motivation to deny symptoms). Once a symptom has been established as present with this algorithm, if it is difficult for the parents or interviewer to decide between two ratings, the lower rating (i.e., the less symptomatic) should be chosen. [The exception is the first item "Pattern of eating" in which higher scores are (with the exception of nocturnal eating) less symptomatic.] For example, if a parent has received a call from the school counsellor reporting that the child is skipping lunch (rendering an 8-hour period without food intake for the child), but the child contradicts this report, the item Avoidance of Eating should be rated as present. The parents should be asked on how many days this occurred. The parent's best judgment is applied in determining the rating - e.g., "The counsellor indicated that she is skipping lunch daily, so she has gone for periods of 8 waking hours without eating anything on all school days, or 20 days of the last 28." However, if the parents are uncertain about whether this occurred on all school days - e.g., "She might have eaten lunch on the day of the class trip, because we know the teacher leading it insists that all students eat something" - the lower rating (in this case, 19 days) should be applied.

Also note that the P-EDE consists of the most developmentally relevant subset of EDE items, while preserving the ability to generate standard EDE subscale and global scores, as well as diagnoses of anorexia nervosa and bulimia nervosa. Items have also been altered to (a) accommodate the interviewing of parents as informants, (b) maximize items' developmental sensitivity by focusing on observable and behavioural indicators of eating disorder features, and (c) capture developmentally-specific manifestation of core eating disorder features. In addition, some items which are not part of EDE subscale scores but that capture behavioural indicators of a core or diagnostic feature are subsumed under the broader item. For example, Vigilance about Shape – a non-subscale EDE item - is an indicator of Preoccupation with Shape or Weight and asked about under the latter, and not rated separately in the P-EDE. Finally, in light of the potential for reduced precision of information with a third-party informant, the rating of days on which a given symptom occurred is favoured over the total number of episodes in the P-EDE.

THE INTERVIEW SCHEDULE

GENERAL ORIENTATION:

What we are going to do is a partially structured interview in which I will ask you about your child's eating habits and his/her/their attitudes about their shape and weight. Because a standard set of questions is going to be asked, please note that some may not apply to your child.

This is not a test of how well you know your child; rather, your input represents another window into your child's behaviors that will help us develop a fuller picture of their eating habits.

By extension, if you have pertinent information as reported to you by someone else who knows your child, such as a nanny, housekeeper, or your child's friends, siblings, teachers, or coach, please let me know as we go along

Before we begin, I would like to get some general information about your family.

Is the child we are going to be discussing today a boy or a girl or other gender identity?

What is his/her/their name?

What is his/her/their date of birth?

Do they live with you? Who else lives in the household?

Does your child attend school? What grade?

Who generally takes care of your child?

Are they particularly close to any adults who do not reside in the household?

Thank you. Now I would like to get a brief weight history for your child.

WEIGHT AND HEIGHT

(Diagnostic item)

***What is your child’s current weight?**

Weight in lbs [][][]

***How long have they been at this weight?**

Duration in months [][][]

***What is your child’s current height?**

Height in inches [][][]

***How long have they been at this height?**

Duration in months [][][]

Duration of combined height and weight in months [][][]

***Has there been a pattern of weight gain or loss, relative to height, in the past month?**

[Ask about the past three months and about the prior year]

***Has there been a failure to make expected weight gain milestones (a concern on the part of your paediatrician at check-ups) in the past month?**

[Ask about the past three months and about the prior year]

***What has your child’s lowest weight been, relative to height? In other words, when has your child been at their thinnest?**

Weight in lbs at thinnest [][][]

Height in inches at thinnest [][][]

Age at thinnest: Years [][] Months [][]

***Are you aware of any percentile shifts in your child’s growth curves from birth on?**

[Ask about height, weight, and BMI growth curves]

Obtained a detailed weight history, including, if known, percentile shifts in growth curve over time, length of time at current height/weight, and recent patterns of weight gain or loss. (Ideally accessing a copy of growth curve from medical records.)

Use the following chart to record data provided by the parent(s):

Age	Notes
Birth	
Age 1	
Age 2	
Age 3	
Age 4	
Age 5	
Age 6	
Age 7	
Age 8	
Age 9	
Age 10	
Age 11	
Age 12	
Age 13	
Age 14	
Age 15	
Age 16	
Age 17	
Age 18	
Beyond	

RESTRICTION OF ENERGY INTAKE LEADING TO SIGNIFICANTLY LOW BODY WEIGHT (Diagnostic item)

[Based on the information obtained above, ask for children whose weight might be viewed as “significantly low” or to have deviated from their individualized growth curve (e.g., children who by weight loss or failure to make weight gain milestones are below what is expected for age, sex, developmental trajectory, and physical health). If in doubt, proceed with this item and make the corresponding rating. Rate 9 if not asked. *Please note that this item is a developmentally targeted substitute for the EDE diagnostic item “Maintained Low Weight.”*]

***Over the past three months, has your child been restricting their food intake relative to what they need to eat, leading to concerns that they have a significantly low body weight or has deviated from their prior growth curves?** [Yes/No]

Have they expressed verbally that they do not want to be at their expected weight (whether or not they refer to that weight as, for example, “too high” or “fat”)? [Yes/No]

Have they rejected advice or prescriptions (from you, doctors, or other professionals) to increase their weight or to stop losing weight? [Yes/No]

Have they refused attempts (by you, doctors, or other professionals) to increase their weight or to stop losing weight? [Yes/No]

If yes:

...by passive resistance (e.g., by simply refusing to eat)? [Yes/No]

...and/or by active resistance such as...? [Yes/No]

...yelling? [Yes/No]

...throwing a tantrum? [Yes/No]

...throwing food or dishes? [Yes/No]

...running away? [Yes/No]

...threatening to hurt themselves if made to eat? [Yes/No]

...other (specify)?

[If yes to any of above] **Have they been refusing to maintain a normal body weight for reasons concerning shape or weight?** [Yes/No]

And/or for other reasons such as... [Yes/No]

...somatic discomfort? [Yes/No]

...for a sense of being in control in general? [Yes/No]

0 - No attempts either to lose weight or to avoid weight gain over the past three months

1 - Attempts either to lose weight or to avoid weight gain over the past three months for reasons concerning shape or weight

2 - Attempts either to lose weight or to avoid weight gain over the past three months for other reasons

[]

LACK OF RECOGNITION OF SERIOUSNESS OF LOW BODY WEIGHT

(Diagnostic item)

[Rate for children whose weight might be viewed as “significantly low.” If in doubt, make this rating.]

Over the past three months has your child expressed any concern over their weight loss, low weight, or weight status? How have they responded to your concern, if applicable?

[Rate denial of seriousness of low body weight. Rate 9 if not asked.]

0 – Child acknowledges the implications of their weight loss, low weight or malnourished state

1 – Child is not concerned about the implications of their weight loss, low weight or malnourished state

2 - Child actively denies the implications of their weight loss, low weight or malnourished state

[]

ORIENTATION TO THE TIME PERIOD

Most of the questions I'll be asking you from this point forward focus on the past four weeks (that is, the last 28 days), but there will be some that extend out to cover the previous three months. I know this will test your memory because the weeks tend to blend together.

What I have done to help you is to make this calendar for the last 28 days [show the blank calendar - see below]; it ends on yesterday because today is not over yet. So it goes from yesterday (day and date) to (day and date).

And here are the dates for the two months before that, (date) to (date). And to help you remember these periods, I have noted down the holidays.

What I would like you to do now is tell me about any events that have happened in the past 28 days since this will help us discuss these four weeks. Have there been any events out of the ordinary such as celebrations of any type, trips away or days off school or work? Then we can note these down on the calendar. It is important for us to note any events and irregularities in schedule that pertain to you and your child. This is because you are being asked to recall your child's habits and behaviors within these weeks. Changes in your schedule may have altered the degree to which you have observed your child within this time frame or your eating patterns as a family. Similarly, changes in your child's schedule may also have affected your time together and his/her/their behaviors and attitudes around food, shape, and weight.

[These should be noted on the calendar thereby allowing the interviewer and participant to use it as an aide memoire.]

CALENDAR

Month 2 from to

Events.....

Month 3 from to

Events.....

INTRODUCTORY QUESTIONS

[Having oriented the participant to the specific time period being assessed, it is best to open the interview by asking a number of introductory questions designed to obtain a general picture of the participant's eating habits. Suitable questions are suggested below.]

To begin with I should like to get a general picture of your child's eating habits over the last four weeks. What has been your child's usual eating pattern?

Has your child's eating habits varied much from day to day?

Have weekdays differed from weekends?

Have there been any days when your child did not eat anything?

[Ask about months 2 and 3]

What about the previous two months (specify months) Were your child's eating habits much the same or were they different?

RESTRAINT OVER EATING

(Restraint subscale)

***Over the past four weeks has your child been actively trying to restrict (cut back) the overall amount that they eat, whether or not they have succeeded?**

If yes:

What exactly have you observed (or has been reported to you)?

Has your child stated a reason, either spontaneously or when asked, for actively trying to restrict the overall amount that they eat?

[Rate the number of days on which the child has *actively attempted* to restrict their *overall* food intake (i.e., energy intake), whether or not they have succeeded. For situations in which opportunities for active attempts to restrict are reduced (e.g., in eating disorder inpatient or day treatment settings or in the context of family-based treatment), evidence of active restraint may still be present (e.g., on passes, when staff or parents are not observing the patient, or by virtue of active resistance to eating despite contextual expectations or despite consequences).

The restriction should have affected a *range of food items* and not just certain specific foods (c.f., "Food avoidance"). Examples include skipping meals or snacks, or eating less at meals or snacks. The restriction should have been directly observed by the parent or guardian, been described by the child to the parent or guardian, or been reported to the parent or guardian by a reliable third party, such as a housekeeper or the child's siblings, friends, or teachers.

The restriction should have been intended to influence shape, weight or body composition, to avoid triggering an episode of overeating, or to provide a sense of being in control, although these may not have been the sole or main reasons (for example, somatic/gastrointestinal discomfort may be cited instead). In the absence of a stated explanation for the restriction (i.e., if the child has neither volunteered nor been asked for a reason for the observed restriction, or has refused to answer when asked), the interviewer should still rate the number of days on which the restriction occurred, but rate follow up question A regarding intent as "No." If intent can be ascertained for one day, it may be inferred for the other days on which restriction occurred. The interviewer should also return to and re-rate this question if additional information is obtained later in the interview that informs the assessment of intent.]

0 - No attempt at restraint

1 - Attempted to exercise restraint on 1 to 5 days

2 - Attempted to exercise restraint on less than half the days (6 to 12 days)

3 - Attempted to exercise restraint on half the days (13 to 15 days)

4 - Attempted to exercise restraint on more than half the days (16 to 22 days)

5 - Attempted to exercise restraint almost every day (23 to 27 days)

6 - Attempted to exercise restraint every day

[]

A. If rating > 0, was intent pertaining to the influence of shape, weight, body composition, overeating, or control established for at least one day? Yes/No/NA

AVOIDANCE OF EATING

(Diagnostic item, Restraint subscale)

***Over the past four weeks has your child gone for periods of eight or more waking hours without eating anything?**

If yes:

What exactly have you observed (or has been reported to you)?

Has your child stated a reason, either spontaneously or when asked, for going this long without eating anything?

[Rate the number of days on which there has been at least eight hours abstinence from eating food (soup and milkshakes count as food, whereas drinks in general do not) during waking hours. It may be helpful to illustrate the length of time (e.g., 9 a.m. to 5 p.m.). The abstinence must have been at least partly *self-imposed* rather than being due to force of circumstances. The abstinence should have been directly observed by the parent or guardian, been described by the child to the parent or guardian, or been reported to the parent or guardian by a reliable third party, such as a housekeeper or the child's siblings, friends, or teachers.

The abstinence should have been intended to influence shape, weight or body composition, to compensate for or avoid triggering an episode of overeating, or to provide a sense of being in control, although these may not have been the sole or main reasons (i.e., fasting for religious or political reasons would not count). In the absence of a stated explanation for the abstinence (i.e., if the child has neither volunteered nor been asked for a reason for the observed abstinence, or has refused to answer when asked), the interviewer should still rate the number of days on which the abstinence occurred, but rate follow up question A regarding intent as "No." If intent can be ascertained for one day, it may be inferred for the other days on which restriction occurred. The interviewer should also return to and re-rate this question if additional information is obtained later in the interview that informs the assessment of intent.]

0 - No such days

1 - Avoidance on 1 to 5 days

2 - Avoidance on less than half the days (6 to 12 days)

3 - Avoidance on half the days (13 to 15 days)

4 - Avoidance on more than half the days (16 to 22 days)

5 - Avoidance almost every day (23 to 27 days)

6 - Avoidance every day

[]

A. If rating > 0, was intent pertaining to the influence of shape, weight, body composition, overeating, or control established for at least one day? Yes/No/NA

Re-rate based on avoidance of eating across 14 or more waking hours (as a developmentally targeted substitute for the EDE item, Dietary Restriction Outside Bulimic Episodes):

AVOIDANCE OF EATING cont.

0 - No such days

1 - Avoidance on 1 to 5 days

2 - Avoidance on less than half the days (6 to 12 days)

3 - Avoidance on half the days (13 to 15 days)

4 - Avoidance on more than half the days (16 to 22 days)

5 - Avoidance almost every day (23 to 27 days)

6 - Avoidance every day []

[Ask about each of the preceding two months referring back to the relevant dates and any events of note.]

month 2 []

month 3 []

A. If rating > 0, was intent pertaining to the influence of shape, weight, body composition, overeating, or control established for at least one day? Yes/No/NA

EMPTY STOMACH

(Restraint subscale)

***Over the past four weeks has your child expressed a desire for their stomach to be empty?**

If yes:

What exactly has your child said to indicate this?

Has your child stated a reason, either spontaneously or when asked, for wanting their stomach to be empty?

On how many days in the past four weeks has your child expressed a desire for an empty stomach?

[Rate the number of days on which the participant has expressed a *definite desire* to have a completely empty stomach for reasons to do with dieting, shape, weight, or control. Behavioural indicators such as morning food avoidance, in combination with statements indicating a desire for an empty stomach, should be considered in the rating. The expressed desire should have been directly observed by the parent or guardian, been described by the child to the parent or guardian, or been reported to the parent or guardian by a reliable third party, such as a housekeeper or the child's siblings, friends, or teachers. In the absence of a stated explanation for the desire, (i.e., if the child has neither volunteered nor been asked for a reason for the observed abstinence, or has refused to answer when asked), the interviewer should still rate the number of days on which the desire was present, but rate follow up question A regarding intent as "No." If other reasons such as somatic discomfort or gastrointestinal distress are cited, the interviewer should also still rate the number of days on which the desire was present, and rate follow up question A regarding intent as "No." If intent can be ascertained for one day, it may be inferred for the other days on which the desire was present. The interviewer should also return to and re-rate this question if additional information is obtained later in the interview that informs the assessment of intent.

This desire should not simply be a response to episodes of perceived overeating; rather, it should exist between any such episodes. The rating of "Empty stomach" should not be confused with a desire for the stomach to *feel empty* or *be flat* (c.f., "Flat stomach". It should also not be confused with a hypersensitivity to feelings of fullness.]

- 0 - No definite desire to have an empty stomach
- 1 - Definite desire on 1 to 5 days
- 2 - Definite desire on less than half the days (6 to 12 days)
- 3 - Definite desire on half the days (13 to 15 days)
- 4 - Definite desire on more than half the days (16 to 22 days)
- 5 - Definite desire almost every day (23 to 27 days)
- 6 - Definite desire every day

[]

A. If rating > 0, was intent pertaining dieting, shape, weight, or control established for at least one day?

Yes/No/NA

FOOD AVOIDANCE

(Restraint subscale)

***Over the past four weeks has your child tried to avoid eating any foods which they like, whether or not they have succeeded?**

If yes:

What foods? Have they been attempting to exclude them altogether?

What exactly have you observed (or has been reported to you)?

Has your child stated a reason, either spontaneously or when asked, for avoiding eating these foods?

[Rate the number of days on which the child has actively *attempted to avoid eating specific foods* (which they like, or have liked in the past) whether or not they succeeded. The goal should have been to *exclude the foods altogether* and not merely to restrict their consumption. Drinks do not count as food. The avoidance should have been directly observed by the parent or guardian, been described by the child to the parent or guardian, or been reported to the parent or guardian by a reliable third party, such as a housekeeper or the child's siblings, friends, or teachers.

The avoidance should have been intended to influence shape, weight or body composition, to avoid triggering an episode of overeating, or to provide a sense of being in control, although these may not have been the sole or main reasons (for example, somatic/gastrointestinal discomfort may be cited instead). In the absence of a stated explanation for the avoidance (i.e., if the child has neither volunteered nor been asked for a reason for the observed avoidance, or has refused to answer when asked), the interviewer should still rate the number of days on which the avoidance occurred, but rate follow up question A regarding intent as "No." If intent can be ascertained for one day, it may be inferred for the other days on which avoidance occurred. The interviewer should also return to and re-rate this question if additional information is obtained later in the interview that informs the assessment of intent.]

0 - No attempts to avoid foods

1 - Attempted to avoid foods on 1 to 5 days

2 - Attempted to avoid foods on less than half the days (6 to 12 days)

3 - Attempted to avoid foods on half the days (13 to 15 days)

4 - Attempted to avoid foods on more than half the days (16 to 22 days)

5 - Attempted to avoid foods almost every day (23 to 27 days)

6 - Attempted to avoid foods every day

[]

A. If rating > 0, was intent pertaining to the influence of shape, weight, body composition, overeating, or control established for at least one day? Yes/No/NA

DIETARY RULES

(Restraint subscale)

***Over the past four weeks has your child tried to follow certain definite rules regarding their eating; for example, a calorie limit, pre-set quantities of food, or rules about what they should - or should not – eat, or when they should eat?**

If yes:

Have they been definite rules or general guidelines? Examples of definite rules would be "I must not eat carbs" or "I must not eat anything with fat", whereas an example of a general guideline would be "I should try to eat healthy food".

What exactly have you observed (or has been reported to you)?

Has your child stated a reason, either spontaneously or when asked, for attempting to follow these rules?

[Dietary rules should be rated as present if the child has been attempting to follow "definite" (i.e., specific) dietary rules regarding his or her food intake. The rules should be self-imposed, although originally they may have been prescribed (i.e., prescribed rules can be rated if they have been adopted by the child). They should have concerned what the child should have eaten or when eating should have taken place. They might consist of a calorie limit (e.g., below 1,200 kcals), not eating before a certain time of day, not eating specific foods (c.f., "Food avoidance") or not eating at all. They should have been specific rules and not general guidelines. The attempt to follow rules should have been directly observed by the parent or guardian, been described by the child to the parent or guardian, or been reported to the parent or guardian by a reliable third party, such as a housekeeper or the child's siblings, friends, or teachers.

The rules should have been intended to influence shape, weight or body composition, to avoid triggering an episode of overeating, or to provide a sense of being in control, although these may not have been the sole or main reasons (for example, somatic/gastrointestinal discomfort may be cited instead). In the absence of a stated explanation for the rules (i.e., if the child has neither volunteered nor been asked for a reason for the observed rules, or has refused to answer when asked), the interviewer should still rate the number of days on which the rules were present, but rate follow up question A regarding intent as "No." If intent can be ascertained for one day, it may be inferred for the other days on which the rules were present. The interviewer should also return to and re-rate this question if additional information is obtained later in the interview that informs the assessment of intent.

Rate 0 if no dietary rule can be identified. If there has been more than one rule straddling different time periods within the four weeks, these periods should be combined to make the rating.]

0 - Has not attempted to obey such rules

1 - Attempted to obey such rules on 1 to 5 days

2 - Attempted to obey such rules on less than half the days (6 to 12 days)

3 - Attempted to obey such rules on half the days (13 to 15 days)

4 - Attempted to obey such rules on more than half the days (16 to 22 days)

5 - Attempted to obey such rules almost every day (23 to 27 days)

6 - Attempted to obey such rules every day

[]

A. If rating > 0, was intent pertaining to the influence of shape, weight, body composition, overeating, or control established for at least one day? Yes/No/NA

PREOCCUPATION WITH FOOD, EATING, OR CALORIES

(Eating Concern subscale)

***Over the past four weeks has your child spent much time between meals talking about food, eating, or calories? Mark whether or not this item was endorsed by circling yes or no:**
[Yes/No]

***What about other indications that they are spending time thinking about food, eating or calories, such as excessively reading the labels on food or asking you repeatedly how you prepared foods and how many calories are in food ? Mark whether or not this item was endorsed by circling yes or no:**
[Yes/No]

***Has your child expressed that thinking about food, eating, or calories has interfered with their ability to concentrate on things that they have actively engaged in, for example, doing homework, following a conversation or reading? Have you observed such interference? Mark whether or not this item was endorsed by circling yes or no:**
[Yes/No]

If yes to any question:

What exactly have you observed (or has been reported to you)?

On how many days in the past four weeks has your child exhibited a preoccupation with food, eating, or calories?

[Preoccupation is evidenced by excessive child-initiated remarks or conversations about food, eating, or calories, or by the child reporting intrusive thoughts about food, eating, or calories. The preoccupation should have been directly observed by the parent or guardian, been described by the child to the parent or guardian, or been reported to the parent or guardian by a reliable third party, such as a housekeeper or the child's siblings, friends, or teachers. Rate the number of days on which this has occurred, whether or not bulimic episodes occurred.]

0 - No preoccupation

1 - Preoccupation on 1 to 5 days

2 - Preoccupation on less than half the days (6 to 12 days)

3 - Preoccupation on half the days (13 to 15 days)

4 - Preoccupation on more than half the days (16 to 22 days)

5 - Preoccupation almost every day (23 to 27 days)

6 - Preoccupation every day

[]

FEAR OF LOSING CONTROL OVER EATING

(Eating Concern subscale)

***Over the past four weeks has your child reported a fear of losing control over eating?**

If yes:

What exactly have you observed (or has been reported to you)?

On how many days in the past four weeks has your child reported this fear?

[Rate the number of days on which the child has reported a fear of losing control over eating, irrespective of whether the child has felt they have been in control. The expression of fear should have been directly observed by the parent or guardian, been described by the child to the parent or guardian, or been reported to the parent or guardian by a reliable third party, such as a housekeeper or the child's siblings, friends, or teachers. *"Loss of control" involves a sense that one will not be able to resist or stop eating.*]

0 - No fear of losing control over eating

1 - Fear of losing control over eating present on 1 to 5 days

2 - Fear of losing control over eating present on less than half the days (6 to 12 days)

3 - Fear of losing control over eating present on half the days (13 to 15 days)

4 - Fear of losing control over eating present on more than half the days (16 to 22 days)

5 - Fear of losing control over eating present almost every day (23 to 27 days)

6 - Fear of losing control over eating present every day

[]

BULIMIC EPISODES AND OTHER EPISODES OF OVEREATING (Diagnostic item)

Classificatory Scheme

[Four forms of episodic "overeating" are distinguished. The distinction is based upon the presence or absence of two characteristics:

- i) **loss of control** (required for both types of "bulimic episode")
- ii) **the consumption of what would generally be regarded as a "large" amount of food** (required for "objective bulimic episodes" and "objective overeating").

The classificatory scheme is summarised below.

	"Large" amount eaten (EDE definition)	Amount eaten not "large" but viewed by participant as large
"Loss of control" present	Objective bulimic episodes	Subjective bulimic episodes
No "loss of control"	Objective overeating	Subjective overeating

Guidelines for Proceeding Through the Overeating Section

The interviewer should ask about each form of overeating. It is important to note that *the three forms of overeating are not mutually exclusive*: it is possible for the child to have had several different forms within the time period being considered. With some participants it is helpful to explain the classificatory scheme.

There are five steps in making this series of ratings:

1. In general it is best to start by asking the asterisked questions to identify the various types of perceived or true overeating that have occurred over the previous 28 days.
2. Each form should be noted down on the blank section of the coding sheet.
3. Then, detailed information should be obtained about a *representative example* of each form of overeating to decide whether or not it involved eating a "large" amount of food and whether or not there was "loss of control" (as defined above).
4. The next task is to establish for each form of overeating the number of days on which it occurred and the total number of occasions. Where there is possibility of overlap (i.e., two types of episode may have occurred on the same day), this should be clarified since this will affect the "days" ratings.
5. Finally, check with the participant to ensure that no misunderstandings have arisen (e.g., that no types of episode have been omitted).

It is advisable to make comprehensive notes.

Definition of Key Terms

"Loss of control". The interviewer should ask the participant (parent or guardian) whether the child has experienced a loss of control at any point in the episode. The loss of control (or indicators thereof) should have been directly observed by the parent or guardian, been described by the child to the parent or guardian, or been reported to the parent or guardian by a reliable third party, such as a housekeeper or the child's siblings, friends, or teachers.

Loss of control, or failure to self-regulate, may be recognized in one or more of the following ways in children and adolescents:

1. By report, observation, or evidence of:
 - a. Of a sense of loss of control ("loss of control," "out of control," "driven" or "compelled" to eat)
 - b. Of the inability to stop eating once eating had started or to prevent the episode from occurring
 - c. That one is no longer trying to control eating because overeating is inevitable.
 - d. Of the feeling that one is breaking a dietary rule by or while eating
 - e. That one is eating until feeling uncomfortably full
 - f. That one ate more than intended
 - g. That one is eating when not physically hungry
 - h. Eating much more rapidly than normal
 - i. Eating forbidden quantities of types of food furtively/in secret

"Loss of control" may be rated positively even if the episode had been planned (i.e., the child knew that they were going to overeat and had made provision for this).

If, after appropriate questioning, the interviewer remains in doubt, loss of control should be considered absent.

"Large amount of food". The decision whether or not the amount eaten was "large" should be made by the interviewer; it does not require the agreement of the participant (parent or guardian) or congruence with the child's reported perception of the episode. The notion of "large" may refer to the amount of any particular type of food consumed or the overall quantity of food eaten. The amount should have been unequivocally large but it does not have to have been enormous. *(Some US guidelines for what often is rated as "large" are included at the end of the schedule.)* In deciding whether the amount was "large", *the interviewer must take into account what would be the usual amount eaten under the circumstances.* This requires some knowledge of the eating habits of the child's general peer group or developmental stage (e.g., eighth grade girls) as well as circumstances that tend to influence eating (e.g., Thanksgiving Day). What else was eaten during the day is not taken into account when making this rating, nor is whether or not the participant subsequently spat out or vomited the food. The amount eaten should have been directly observed by the parent or guardian, been described by the child to the parent or guardian, or been reported to the parent or guardian by a reliable third party, such as a housekeeper or the child's siblings, friends, or teachers.

If, after appropriate questioning, the interviewer remains in doubt, the amount should not be

classified as "large".

The number of episodes of overeating. When calculating the number of episodes of overeating, the participant's definition of separate episodes should be accepted unless, within a period of eating, there was an hour or more when the child was not eating. In this case the initial episode should be regarded as having been completed. When estimating the length of any gap, do not count the time spent vomiting. *Note that "purging" (self-induced vomiting or laxative misuse) is not used to define the end of individual episodes of overeating.*]

QUESTIONS FOR IDENTIFYING BULIMIC EPISODES AND OTHER EPISODES OF OVEREATING

[See preceding section "Guidelines for Proceeding Through the Overeating Section". The asterisked questions should be asked in every case.]

Main Probe Questions (to get the overall picture)

***I would like to ask you about any episodes of overeating, or loss of control over eating, that your child might have had over the past four weeks.**

***Different people mean different things by overeating. I would like you to describe any times when either you observed that your child had overeaten, or when your child indicated that they had overeaten or lost control over eating.**

***Have there been times when you (or others) noticed food inexplicably missing from the kitchen that you have reason to believe your child ate in secret?** *In addition to taking notes, mark whether or not this item was endorsed by circling yes or no:*

[Yes/No]

***Have there been times when you (or others) have found food or wrappers hidden in your child's room or in her possession?** *In addition to taking notes, mark whether or not this item was endorsed by circling yes or no. Do not count hidden food that was supposed to have been eaten in meals or snacks (e.g., food from lunchbox, food from dinner plate concealed in a napkin).*

[Yes/No]

***Have there been any times when your child indicated that they had eaten too much, but you or others might not agree that the amount eaten was large (considering your child's stage of development)?**

Subsidiary Probe Questions (to classify any episodes of overeating)

All potentially relevant questions must be asked.

To assess the amount of food eaten:

Typically what has your child eaten at these times?

If food has gone missing: **What would typically be missing from the kitchen within the day or overnight?** [Note: this information will also inform the rating of Eating in Secret, below.]

If food has been found hidden in the child's room or in their possession: **What have you (or others) found hidden?** [Note: this information will also inform the rating of Eating in Secret, below.]

To assess the social context:

What were the circumstances?

What were others eating at the time, that is others your child's age and gender?

To assess "loss of control" [In addition to taking notes, mark whether each item was endorsed for at least one SBE and/or OBE, or not, by circling yes or no.]

A. Did your child report that they had a sense of loss of control at the time?

SBE [Yes/No]

OBE [Yes/No]

B. Did they report that they couldn't prevent the episode of eating from occurring or that they couldn't stop once they started?

SBE [Yes/No]

OBE [Yes/No]

C. Did they report that they didn't even try to control their eating because overeating was inevitable?

SBE [Yes/No]

OBE [Yes/No]

D. Did your child report that they felt that they broke a dietary rule by or while eating?

SBE [Yes/No]

OBE [Yes/No]

E. Did they report feeling uncomfortably full after the episode?

SBE [Yes/No]

OBE [Yes/No]

F. Did they express that they ate more than intended?

SBE [Yes/No]
OBE [Yes/No]

G. Did they report that they were eating even though they weren't physically hungry?

SBE [Yes/No]
OBE [Yes/No]

H. Did they eat more rapidly than normal?

SBE [Yes/No]
OBE [Yes/No]

I. Was there evidence that they had eaten self-forbidden quantities or types of food in secret?

SBE [Yes/No]
OBE [Yes/No]

[For objective bulimic episodes, subjective bulimic episodes and episodes of objective overeating the following two ratings should be made:

- i) number of days (rate 00 if none)
- ii) number of episodes (rate 000 if none)

In general, it is best to calculate the number of days first and then the number of episodes. Rate 777 if the number of episodes is so great that their frequency cannot be calculated. Episodes of subjective overeating are not rated.]

Objective bulimic episodes
days [][]
episodes [][][]

Subjective bulimic episodes
days [][]
episodes [][][]

Objective overeating
days [][]
episodes [][][]

[Ask about each of the preceding two months referring back to the relevant dates and any events of note. For objective bulimic episodes, rate the number of episodes over the preceding two months and the number of days on which they occurred. Rate 0s if none and 9s if not asked.]

days - month 2 [][]
month 3 [][]

episodes - month 2 [][][]
month 3 [][][]

Re-rate OBEs and SBEs using the traditional/narrow EDE definition of loss of control, specifically by report of (a) a sense of loss of control, (b) of the inability to stop eating once eating had started or to prevent the episode from occurring, or (c) that one is no longer trying to control eating because overeating is inevitable.

Objective bulimic episodes

days - month 1 [] [] []

– month 2 [] [] []

– month 3 [] [] []

episodes –month 1 [] [] []

– month 2 [] [] []

– month 3 [] [] []

Subjective bulimic episodes

days – month 1 [] [] []

episodes – month 1 [] [] []

EATING IN SECRET

(Eating Concern subscale)

***Outside the times when.....** (refer to any objective bulimic episodes and episodes of objective overeating), **over the past four weeks has your child eaten in secret?**

If yes:

What exactly have you observed (or has been reported to you)?

On how many days in the past four weeks has your child eaten in secret?

[Rate the number of days on which there has been at least one episode of secret eating. *Do not consider objective bulimic episodes or episodes of objective overeating, but include subjective bulimic episodes from above that were associated with secret eating, and inquire about additional episodes of secret eating.* Secret eating refers to eating which is furtive and which the participant wishes to conceal because they do not want to be seen eating (i.e., it is not simply eating alone). Evidence of secret eating should have been directly observed by the parent or guardian, been described by the child to the parent or guardian, or been reported to the parent or guardian by a reliable third party, such as a housekeeper or the child's siblings, friends, or teachers. Do not rate secrecy that stems from a desire not to be interrupted or a wish not to share food. Sensitivity about eating in front of others will have been rated under "Social eating" but it can result in secret eating. If the possibility of eating with others has not arisen, rate 9.]

0 - Has not eaten in secret

1 - Has eaten in secret on 1 to 5 days

2 - Has eaten in secret on less than half the days (6 to 12 days)

3 - Has eaten in secret on half the days (13 to 15 days)

4 - Has eaten in secret on more than half the days (16 to 22 days)

5 - Has eaten in secret almost every day (23 to 27 days)

6 - Has eaten in secret every day

[]

GUILT ABOUT EATING

(Eating Concern subscale)

***Outside the times when** (refer to objective and subjective bulimic episodes), **over the past four weeks has your child expressed that they felt guilty after eating, or said or did anything to indicate guilt after eating?**

If yes:

What exactly has your child said to indicate this?

Have your child expressed that they had done something wrong by eating?

Has your child stated a reason, either spontaneously or when asked, for feeling guilty after eating or feeling like they did something wrong by eating?

On what proportion of the times that your child has eaten have they expressed that they felt guilty or had done something wrong by eating?

[NB: This rating is based on occasions. Rate the *proportion of times* that feelings of guilt have followed eating. *Do not consider objective or subjective bulimic episodes*, but do consider other episodes of overeating. Expressions of guilt should have been directly observed by the parent or guardian, been described by the child to the parent or guardian, or been reported to the parent or guardian by a reliable third party, such as a housekeeper or the child's siblings, friends, or teachers.

These feelings of guilt should relate to the effects of eating on shape, weight or body composition. In the absence of a stated explanation for the guilt (i.e., if the child has neither volunteered nor been asked for a reason for the guilt, or has refused to answer when asked), the interviewer should still rate the number of occasions on which the expressions of guilt occurred, but rate follow up question A regarding intent as "No." If intent can be ascertained for one occasion, it may be inferred for the other occasions on which guilt was expressed. The interviewer should also return to and re-rate this question if additional information is obtained later in the interview that informs the assessment of intent.

Distinguish guilt from regret: guilt refers to a feeling that one has done wrong.]

0 - No guilt after eating

1 -

2 - Has felt guilty after eating on less than half the *occasions*

3 -

4 - Has felt guilty after eating on more than half the *occasions*

5 -

6 - Has felt guilty after eating on every *occasion*

[]

A. If rating > 0, was intent pertaining to the influence of shape, weight, or body composition established for at least one day?

Yes / No / NA

SOCIAL EATING

(Eating Concern subscale)

***Outside the times when (refer to any objective bulimic episodes and episodes of objective overeating), over the past four weeks has your child been concerned about other people seeing him/her/them eat?**

If yes:

What exactly have you observed (or has been reported to you)?

Has your child actively avoided eating in front of others?

How concerned has your child been about other people seeing him/her/them eat? Could it have been worse?

[NB: This is the first severity item. Rate the degree of concern about eating normal or less than normal amounts of food in front of others. *Do not consider objective bulimic episodes or episodes of objective overeating.* Also, do not consider concern restricted to family members who are aware that the participant has an eating problem. On the other hand, the concern can stem from idiosyncratic eating habits (e.g., very slow eating; eating fewer courses than others; eating different types of food) or allied behaviour such as indecision when ordering in a restaurant. One index of the severity of such concern is whether it has led to avoidance. The concern or avoidance should have been directly observed by the parent or guardian, been described by the child to the parent or guardian, or been reported to the parent or guardian by a reliable third party, such as a housekeeper or the child's siblings, friends, or teachers. If the possibility of eating with others has not arisen, rate 9]

0 - No concern about being seen eating by others and no avoidance of such occasions

1 -

2 - Has felt slight concern at being seen eating by others

3 -

4 - Has felt definite concern at being seen eating by others

5 -

6 - Has felt extreme concern at being seen eating by others

[]

SELF-INDUCED VOMITING

(Diagnostic item)

***Over the past four weeks has your child self-induced vomiting (made themselves throw up)?**

***Have you (or others) noticed any vomit residue or odour in the bathroom or on your child's clothes?** *Mark whether or not this item was endorsed by circling yes or no:*

[Yes/No]

***Have you (or others) found any vomit or containers of vomit in your child's room or in her possession, or elsewhere in the house?** *Mark whether or not this item was endorsed by circling yes or no:*

[Yes/No]

***Has your child had a low potassium level in the past month?** *Mark whether or not this item was endorsed by circling yes or no:*

[Yes/No]

***Has your child rushed to the bathroom during a meal or immediately after eating, or taken long showers after eating?** *Mark whether or not this item was endorsed by circling yes or no:*

[Yes/No]

If yes to any of the above:

What exactly have you observed (or has been reported to you)?

Has your child stated a reason, either spontaneously or when asked, for self-inducing vomiting?

[The vomiting should have been intended to influence shape, weight, or body composition. This should have been the *main* reason for self-induced vomiting, although it may not have been the sole reason. In the absence of a stated explanation for the vomiting (i.e., if the child has neither volunteered nor been asked for a reason for the vomiting, or has refused to answer when asked), the interviewer should still rate the number of days on which the vomiting occurred, but rate follow up question A regarding intent as "No." If intent can be ascertained for one day, it may be inferred for the other days on which vomiting occurred. The interviewer should also return to and re-rate this question if additional information is obtained later in the interview that informs the assessment of intent.

If vomiting has been present, but the child has denied that the vomiting is under their control, determine whether it has the characteristics that would be expected were it not self-induced (e.g., unpredictability, occurrence in public). If the available evidence suggests that the vomiting is under the child's control (i.e., it is self-induced), then rate it as such.

Rate the number of discrete episodes of self-induced vomiting. The vomiting, or evidence thereof (see below) should have been directly observed by the parent or guardian, been described by the child to the parent or guardian, or been reported to the parent or guardian by a reliable third party, such as a housekeeper or the child's siblings, friends, or teachers.

The following may be considered evidence of vomiting: vomit residue or odour in the bathroom or on the child's clothes; vomit or containers of vomit found in the child's room or in her possession.

In addition, the following may be used as evidence of the presence of vomiting in the past 3 months and/or to aid in calculating frequency *if there is an established history of self-induced vomiting*: low potassium level; furtive trips to the bathroom immediately during a meal or immediately after eating. *Additional questioning may be required to ascertain whether there is such a history.*

The interviewer should probe to rule out that any indirect evidence can be attributed to another member of the household (e.g., siblings).

Rate 777 if the number of episodes is so great that it cannot be calculated. Rate 111 if vomiting is clearly present but there is no information to inform a frequency rating (e.g., in the case of a low potassium level with an established history of vomiting, but no markers of vomiting frequency). Rate 000 if no vomiting.]

[][]

[Ask about the preceding two months. Estimate the number of discrete episodes of self-induced vomiting over each of the two preceding months.]

month 2 [][]

month 3 [][]

A. If rating > 0, was intent pertaining to the influence of shape, weight, or body composition, established for at least one day? Yes / No / NA

LAXATIVE MISUSE

(Diagnostic item)

*** Over the past four weeks has your child taken laxatives?**

***Have you (or others) found any laxatives in your child's room or in their possession? Mark whether or not this item was endorsed by circling yes or no:** [Yes/No]

***Have you found laxatives missing from the bathroom cabinet? Mark whether or not this item was endorsed by circling yes or no:** [Yes/No]

***Has your child had a low potassium level in the past month? Mark whether or not this item was endorsed by circling yes or no:** [Yes/No]

If yes to any of the above:

What exactly have you observed (or has been reported to you)?

Has your child stated a reason, either spontaneously or when asked, for using laxatives?

[Rate the number of episodes of laxative-taking as a means of controlling shape, weight or body composition. This should have been the *main* reason for the laxative-taking, although it may not have been the sole reason. Only rate the taking of substances with a true laxative effect. In the absence of a stated explanation for the laxative use (i.e., if the child has neither volunteered nor been asked for a reason for the laxative use, or has refused to answer when asked), the interviewer should still rate the number of episodes of laxative use, but rate follow up question A regarding intent as "No." If intent can be ascertained for one day, it may be inferred for the other episodes. The interviewer should also return to and re-rate this question if additional information is obtained later in the interview that informs the assessment of intent.

The laxative use, or evidence thereof (see below) should have been directly observed by the parent or guardian, been described by the child to the parent or guardian, or been reported to the parent or guardian by a reliable third party, such as a housekeeper or the child's siblings, friends, or teachers.

Finding laxatives in the child's room or in the child's possession may be considered evidence of laxative use. In addition, *if there is an established history laxative misuse*, missing laxatives or a low potassium level may be considered evidence of laxative taking. *Additional questioning may be required to ascertain whether there is such a history.*

The interviewer should probe to rule out that any indirect evidence can be attributed to another member of the household (e.g., siblings).

Rate 777 if the number of episodes is so great that it cannot be calculated. Rate 111 if laxative misuse is clearly present but there is no information to inform a frequency rating (e.g., in the case of a low potassium level with an established history of laxative misuse but no markers of frequency). Rate 000 if no laxative misuse.]

[][]

[Rate the average number of laxatives taken on each occasion. Rate 999 if not applicable. Rate 777 if not quantifiable, e.g., use of bran.]

[][]

[Note the type of laxative taken.]

[Ask about the preceding two months. Estimate the number of episodes of laxative misuse over each of the two preceding months.]

month 2 [][]

month 3 [][]

A. If rating > 0, was intent pertaining to the influence of shape, weight, or body composition, established for at least one day?
Yes / No / NA

DIURETIC MISUSE

(Diagnostic item)

***Over the past four weeks has your child taken diuretics?**

***Have you (or others) found any diuretics in your child's room or in their possession?** *Mark whether or not this item was endorsed by circling yes or no:* [Yes/No]

***Have you found diuretics missing from the bathroom cabinet?** *Mark whether or not this item was endorsed by circling yes or no:* [Yes/No]

***Has your child had a low potassium level in the past month?** *Mark whether or not this item was endorsed by circling yes or no:* [Yes/No]

If yes to any of the above:

What exactly have you observed (or has been reported to you)?

Has your child stated a reason, either spontaneously or when asked, for using diuretics?

[Rate the number of episodes of diuretic-taking as a means of controlling shape, weight or body composition. This should have been the *main* reason for the diuretic-taking, although it may not have been the sole reason. Only rate the taking of substances with a true diuretic effect. In the absence of a stated explanation for the diuretic use (i.e., if the child has neither volunteered nor been asked for a reason for the diuretic use, or has refused to answer when asked), the interviewer should still rate the number of episodes of diuretic use, but rate follow up question A regarding intent as "No." If intent can be ascertained for one day, it may be inferred for the other episodes. The interviewer should also return to and re-rate this question if additional information is obtained later in the interview that informs the assessment of intent.

The diuretic use, or evidence thereof (see below) should have been directly observed by the parent or guardian, been described by the child to the parent or guardian, or been reported to the parent or guardian by a reliable third party, such as a housekeeper or the child's siblings, friends, or teachers.

Finding diuretics in the child's room or in the child's possession may be considered evidence of diuretic use. In addition, *if there is an established history diuretic misuse*, missing diuretics or a low potassium level may be considered evidence of diuretic taking. *Additional questioning may be required to ascertain whether there is such a history.*

The interviewer should probe to rule out that any indirect evidence can be attributed to another member of the household (e.g., siblings).

Rate 777 if the number of episodes is so great that it cannot be calculated. Rate 111 if diuretic misuse is clearly present but there is no information to inform a frequency rating (e.g., in the case of a low potassium level with an established history of diuretic misuse but no markers of frequency). Rate 000 if no diuretic misuse.]

[][]

[Rate the average number of diuretic taken on each occasion. Rate 999 if not applicable.]

[][]

[Note the type of diuretic taken.]

[Ask about the preceding two months. Estimate the number of episodes of diuretic misuse over each of the two preceding months.]

month 2 [][]

month 3 [][]

A. If rating > 0, was intent pertaining to the influence of shape, weight, or body composition, established for at least one day? Yes / No / NA

DRIVEN EXERCISING

(Diagnostic item)

***Over the past four weeks has your child exercised?**

If yes:

Has your child stated a reason, either spontaneously or when asked, for exercising?

What form of exercise has your child taken?

How long have they spent exercising?

How hard have they exercised?

If on athletic team or in other physical training (e.g., dance): **How does your child's duration or intensity of exercise compare with the coach's or instructor's training requirements? ...with what teammates/classmates are doing? What about participating in multiple sports or activities that collectively exceeds typical activity levels of your child's athletic peers?**

Mark whether or not the child's exercise exceeded training requirement or teammates'/classmates' level of exercise by circling yes or no:

[Yes / No / Not Applicable]

For each of the following items, mark whether or not it was endorsed by circling yes or no:

Has your child exhibited a great sense of urgency about exercise, either by direct expression of such... [Yes/No]

...or by exercising to the point of or despite harm or injury? [Yes/No]

...by exercising against a doctor's orders? [Yes/No]

...by exercising when it interferes with other responsibilities or commitments (e.g., school, social engagements)? [Yes/No]

...by becoming agitated or very upset if prevented from exercising? [Yes/No]

...by exercising in places where it would be inappropriate to do so (e.g., a restaurant, the theatre)? [Yes/No]

...by exercising at unusual times (e.g., the middle of the night)? [Yes/No]

Have you (or others) caught you child exercising in secret? [Yes/No]

Has your child been observed to exercise immediately after eating? [Yes/No]

Has your child expressed that they were exercising to compensate for overeating?

[Yes/No]

[Rate the number of days on which the child has engaged in “driven” exercising. Such exercising should have been intense in character and have had a “compulsive” quality to it. The child may have felt compelled to exercise. Other indices of this compulsive quality are exercising to the extent that it significantly interferes with day-to-day functioning (e.g., school or social activities) or exercising when it might do one harm (e.g., when possibly injured). Another suggestive feature is having a strong negative reaction to being unable to exercise.]

The excessive exercise should have been *predominantly* intended to use calories or change shape, weight or body composition, rather than intended to enhance health or fitness. In the absence of a stated explanation for the excessive exercise (i.e., if the child has neither volunteered nor been asked for a reason for the excessive exercise, or has refused to answer when asked), the interviewer should still rate the number of days of excessive exercise, but rate follow up question A regarding intent as “No.” If intent can be ascertained for one day, it may be inferred for the other days. The interviewer should also return to and re-rate this question if additional information is obtained later in the interview that informs the assessment of intent.

The excessive exercise, or evidence thereof, should have been directly observed by the parent or guardian, been described by the child to the parent or guardian, or been reported to the parent or guardian by a reliable third party, such as a housekeeper or the child’s siblings, friends, or teachers. Rate 00 if no such excessive exercise.]

days [][]

[Ask about the preceding two months. Rate the number of days on which the child has exercised in this manner over each of the two preceding months. If not asked, rate 99.]

month 2 days [][]

month 3 days [][]

A. If rating > 0, was intent pertaining to the influence of shape, weight, or body composition, established for at least one day? Yes / No / NA

I am now going to ask you some questions about the way your child experiences his/her/their shape and weight

DISSATISFACTION WITH WEIGHT

(Weight Concern subscale)

Over the past four weeks has your child reported being dissatisfied with their weight (..... the number on the scale)? *If yes: What exactly have you observed (or has been reported to you)?

***Why do you think your child has been dissatisfied with their weight? Have they been so dissatisfied with their weight that it's made them unhappy? Do you think they could have felt worse? How long has such a feeling lasted by your observation?**

Has your child been weighed by you or a doctor in the past month (or otherwise been told his/her/their weight)? Have they weighed themselves? *If yes: What has their reaction been? Mark whether or not the following was endorsed by circling yes or no and specifying the response:

Verbal reaction to weighing that indicated dissatisfaction [Yes/No]
Specify: _____

Non-verbal reaction to weighing that indicated dissatisfaction [Yes/No]
Specify: _____

***How would your child react if they were asked to weigh themselves once each week for the subsequent four weeks...just once a week; no more often and no less often?**

As the parent to describe in detail how the child would react. Check whether the parent believes this schedule of weighing would influence other aspects of the child's life. Expected negative reaction to weekly (only) weighing [Yes/No]

***Over the past four weeks has your child expressed a desire to weigh less (again I am referring to the number on the scale)?** [Yes/No]

***Over the past four weeks has your child expressed what weight they would like to be?**
Note number: _____

***Is this desired weight less than their current weight?** [Yes/No]

[Only rate dissatisfaction due to weight being regarded as too high. Dissatisfaction may be evidenced by direct expression of such, by a verbal or nonverbal negative reaction to knowing his/her/their weight, a negative reaction to the prospect of being weighed weekly, by expressing a desire to weigh less, or by a negative discrepancy between desired weight and current weight. The expression of dissatisfaction should have been directly observed by the parent or guardian, been described by the child to the parent or guardian, or been reported to the parent or guardian by a reliable third party, such as a housekeeper or the child's siblings, friends, or teachers. In common with all severity items, the rating should generally represent the *mode for the entire month*. Do not prompt with the terms "slight", "moderate", or "marked". Rating can be made even for children who do not know their exact weight. Only rate 9 for children who are totally unaware of their weight.]

0 - No dissatisfaction

1 -

2 - Slight dissatisfaction (no associated distress)

3 -

4 - Moderate dissatisfaction (some associated distress)

5 -

6 - Marked dissatisfaction (extreme concern and distress; weight totally unacceptable) []

DESIRE TO LOSE WEIGHT**(Weight Concern subscale)**

Also rate separately the number of days on which the child has exhibited a desire to lose weight, even if this phenomenon has already been considered in making a rating of Dissatisfaction with Weight, above. Only rate 9 for children who are totally unaware of their weight.

- 0 - No desire to lose weight
- 1 - Desire to lose weight on 1 to 5 days
- 2 - Desire to lose weight on less than half the days (6 to 12 days)
- 3 - Desire to lose weight on half the days (13 to 15 days)
- 4 - Desire to lose weight on more than half the days (16 to 22 days)
- 5 - Desire to lose weight almost every day (23 to 27 days)
- 6 - Desire to lose weight every day

[]

REACTION TO PRESCRIBED WEIGHING**(Weight Concern subscale)**

Also rate separately the strength of negative reaction to the prospect of the child being weighed or weighing themselves once weekly (no more often, no less often) over the subsequent four weeks. This assumes that the child would thereby be made aware of their weight. Positive reactions should be rated 9. In common with all severity items, the rating should generally represent the *mode for the entire month*. Do not prompt with the terms “slight”, “moderate”, or “marked”. If the parent expects that the child would not comply with such weighing because it would be extremely disturbing, rate 6.

- 0 - No reaction
- 1 -
- 2 - Slight reaction
- 3 -
- 4 - Marked reaction (definite reaction, but manageable)
- 5 -
- 6 - Marked reaction (pronounced reaction which would affect other aspects of the child's life []

DISSATISFACTION WITH SHAPE

(Shape Concern subscale)

***Over the past four weeks has your child reported being dissatisfied with their shape (their figure)? *If yes:* What exactly have you observed (or has been reported to you)?**

***Why do you think your child has been dissatisfied with their shape? Have they been so dissatisfied with their shape that it's made them unhappy? Do you think they could have felt worse? How long has such a feeling lasted by your observation?**

For each of the following items, mark whether or not it was endorsed by circling yes or no:

***Has your child expressed a wish to have someone else's (smaller) shape?** [Yes/No]

***Has your child expressed a wish to have a flatter stomach?** [Yes/No]

What about a wish for a completely flat or concave stomach? *Do not circle yes if the child has expressed that they already have a completely flat or concave stomach.

[Yes/No]

***Has your child expressed that they have felt fat?** [Yes/No]

***Has your child expressed that any particular part of their body is too fat?**

[Yes/No]

***Have they exhibited discomfort or avoided seeing their own body, for example, in the mirror, in window reflections, while undressing, or while taking a bath or shower?**

[Yes/No]

***Have they exhibited discomfort or avoided others seeing their body, for example, in communal changing rooms, when swimming, or when wearing clothes that show their shape?**

[Yes/No]

***Has your child attempted to hide his/her/their shape by, for example, wearing baggy clothing?**

[Yes/No]

[Only rate dissatisfaction with shape or figure because it is viewed as too large. This dissatisfaction may include concerns about relative proportions of the body or dissatisfaction restricted to specific body parts. Do not rate concerns about body tone. Dissatisfaction may be evidenced by direct expression of such, or by discomfort with or avoidance of seeing one's own body or having others see one's body. Discomfort should not stem from sensitivity about specific aspects of appearance (e.g., acne) or from modesty. Avoidance by wearing loose clothing must be distinguished from any prevailing fashion style. The expression of dissatisfaction should have been directly observed by the parent or guardian, been described by the child to the parent or guardian, or been reported to the parent or guardian by a reliable third party, such as a housekeeper or the child's siblings, friends, or teachers. In common with all severity items, the rating should generally represent the *mode for the entire month*. Do not prompt with the terms "slight", "moderate", or "marked". Reports of disgust or revulsion should be rated 6.]

0 - No dissatisfaction with shape

1 -

2 - Slight dissatisfaction with shape (no associated distress)

3 -

4 - Moderate dissatisfaction with shape (some associated distress)

5 -

6 - Marked dissatisfaction (extreme concern and distress; shape totally unacceptable) []

DISCOMFORT SEEING BODY

(Shape Concern subscale)

Also rate separately the severity with which the child has exhibited discomfort or avoidance seeing their own body, even if this phenomenon has already been considered in making a rating of Dissatisfaction with Shape, above. Only rate discomfort about overall shape or figure because it is viewed as too large. The discomfort should not stem from sensitivity about specific aspects of appearance (e.g., acne) or from modesty. One index of the severity of such discomfort is whether it has led to avoidance (ask for examples, e.g., when washing). In common with all severity items, the rating should generally represent the *mode for the entire month*.

0 - No discomfort about seeing body

1 -

2 - Some discomfort about seeing body

3 -

4 - Definite discomfort about seeing body

5 -

6 - Extreme discomfort about seeing body (e.g., viewed as loathsome) []

DISCOMFORT ABOUT EXPOSURE

(Shape Concern subscale)

Also rate separately the number days on which the child has exhibited discomfort or avoidance about others seeing his/her/their body, even if this phenomenon has already been considered in making a rating of Dissatisfaction with Shape, above. Only rate discomfort arising from concerns about overall shape or figure because it is viewed as too large. Do not consider discomfort restricted to family members who are aware that the participant has an eating problem. One index of the severity of such discomfort is whether it has led to avoidance (ask for example, e.g., when dressing). Avoidance by wearing loose clothing must be distinguished from any prevailing fashion style or cultural/religious customs/requirements. Again, this discomfort should not stem from sensitivity about specific aspects of appearance (e.g., acne) or from modesty. In common with all severity items, the rating should generally represent the *mode for the entire month*.

- 0 - No discomfort about seeing body
- 1 -
- 2 - Some discomfort about seeing body
- 3 -
- 4 - Definite discomfort about seeing body
- 5 -
- 6 - Extreme discomfort about seeing body []

FEELING FAT

(Diagnostic item, Shape Concern subscale)

Also rate separately the number of days on which the child has expressed feeling fat in general (not with respect to a particular body part), even if this phenomenon has already been considered in making a rating of Dissatisfaction with Shape, above. Distinguish “feeling fat” from feeling bloated premenstrually, unless this is experienced as feeling fat.

- 0 - Has not felt fat
- 1 - Has felt fat on 1 to 5 days
- 2 - Has felt fat on less than half the days (6 to 12 days)
- 3 - Has felt fat on half the days (13 to 15 days)
- 4 - Has felt fat on more than half the days (16 to 22 days)
- 5 - Has felt fat almost every day (23 to 27 days)
- 6 - Has felt fat every day []

[For children whose weight might be viewed as “significantly low,” ask about each of the preceding two months. Rate 9 if not asked.]

month 2 []

month 3 []

FLAT STOMACH

(Shape Concern subscale)

Also rate separately the number of days on which the child has expressed a definite desire to have a flat or concave stomach, even if this phenomenon has already been considered in making a rating of Dissatisfaction with Shape, above. Children who already regard themselves as having a flat stomach can be rated, whereas the desire to have a "flatter" (i.e., less protruding) stomach should not be rated.]

0 - No definite desire to have a flat stomach

1 - Definite desire to have a flat stomach on 1 to 5 days

2 - Definite desire to have a flat stomach on less than half the days (6 to 12 days)

3 - Definite desire to have a flat stomach on half the days (13 to 15 days)

4 - Definite desire to have a flat stomach on more than half the days (16 to 22 days)

5 - Definite desire to have a flat stomach almost every day (23 to 27 days)

6 - Definite desire to have a flat stomach every day

[]

PREOCCUPATION WITH SHAPE OR WEIGHT (Shape and Weight Concern subscales)

***Over the past four weeks has your child spent much time talking about his/her/their shape or weight?** *Mark whether or not this item was endorsed by circling yes or no:*

[Yes/No]

***What about other indications that they are spending time thinking about their shape or weight?** *Mark whether or not this item was endorsed by circling yes or no:*

[Yes/No]

***Has your child expressed that thinking about his/her/their shape or weight has interfered with their ability to concentrate on things that they are actively engaged in, for example, doing homework, following a conversation or reading? Have you observed such interference?** *Mark whether or not this item was endorsed by circling yes or no:*

[Yes/No]

***Over the past four weeks how often has your child weighed themselves? _____**

***Over the past four weeks has your child been actively monitoring his/her/their shape for example, by scrutinising themselves in the mirror, by measuring or pinching themselves, or by repeatedly checking that certain clothes fit?** *Mark whether or not this item was endorsed by circling yes or no:*

[Yes/No]

***Have you or others observed that your child's vigilance about checking weight or shape has interfered with his ability to accomplish expected tasks (e.g., schoolwork) or engage in pleasurable activities?** *Mark whether or not this item was endorsed by circling yes or no:*

[Yes/No]

If yes to any of the above:

What exactly have you observed (or has been reported to you)?

On how many days in the past four weeks has your child exhibited a preoccupation with shape or weight?

[Preoccupation is evidenced by excessive child-initiated remarks or conversations about shape or weight, by the child reporting intrusive thoughts about shape or weight, by excessive weighing (at a frequency greater than once per week), by body checking behaviours, or by weight/shape checking interfering with role functioning or recreation. The preoccupation should have been directly observed by the parent or guardian, been described by the child to the parent or guardian, or been reported to the parent or guardian by a reliable third party, such as a housekeeper or the child's siblings, friends, or teachers. Rate the number of days on which this has occurred.]

0 - No preoccupation

1 - Preoccupation on 1 to 5 days

2 - Preoccupation on less than half the days (6 to 12 days)

3 - Preoccupation on half the days (13 to 15 days)

4 - Preoccupation on more than half the days (16 to 22 days)

5 - Preoccupation almost every day (23 to 27 days)

6 - Preoccupation every day

[]

IMPORTANCE OF WEIGHT AND SHAPE

(Diagnostic items, both Weight and Shape Concern subscales)

***I am now going to ask you a rather complex question - you may not have thought about this before. Over the past four weeks has your child's shape and/or weight (the number on the scale) been important in influencing how she/he/they feels about (judges, thinks about, evaluates) him/her/themself as a person?**

***There are many things that can influence how a child feels about, judges, thinks about, or evaluates him/her/themself as a person. Typically these things include, but are not limited to:**

- **relationships with peers and friends**
- **relationships with family members**
- **school performance**
- **performance on extracurricular activities or hobbies, including athletics**
- **overall appearance**

Are there other things pertaining to your child's self-evaluation that you would put on this list?

***Based on your observations of your child, and/or on what you have heard about your child from others, if you put these things in order of importance, where does your child's weight fit in? What about shape? In answering, please consider all that you know about your child.**

***How does your child talk about weight loss, if at all? Do they view weight loss as an impressive achievement or self-discipline? What about weight gain? Is this perceived as a moral failing? What about changes in shape (e.g., going up or down a size)?**

***Which affects your child's self-evaluation more...a change in [another domain] or a change in weight? What about shape?** *Use examples pertinent to the child you are evaluating, such as receiving a grade lower than expected versus an increment of weight gain, or versus failure to fit into an item of clothing.*

***Let's look at this question more carefully.** *Present blank circle and explain that it is to be a pie chart. If this pie represents your child's self evaluation, how much is affected by weight? By shape? By each of the other things that we discussed? Note that it is acceptable for shape and weight to overlap partially or entirely.*

[This is a severity (not frequency) item, and the rating should represent the *mode for the entire month*. Do not prompt with the terms "some", "moderate" or "supreme". In this case 0 represents the absence of the feature in question and 6 represents its presence to an extreme degree; a rating of 1 should be made only if the feature is barely present, and a rating of 5 should be made only if the feature is present to a degree not quite severe enough to justify a rating of 6. A rating of 3 should be used for degrees of severity midway between 0 and 6.

Shape and weight may be given the same rating. Help the parent consider behaviour suggestive of level of importance, including self-criticism.]

0 - No importance

1 -

2 - Some importance (definitely an aspect of self-evaluation)

3 -

4 - Moderate importance (definitely one of the main aspects of self-evaluation)

5 -

6 - Supreme importance (nothing is more important in the child's scheme for self-evaluation)

Weight []

Shape []

[Ask about each of the preceding two months. Rate 9 if not asked.]

Weight month 2 []

Weight month 3 []

Shape month 2 []

Shape month 3 []

FEAR OF WEIGHT GAIN

(Diagnostic item, Shape Concern subscale)

***Over the past four weeks has your child expressed a fear of gaining weight or becoming fat?**

[For children who have recently gained weight the question may rephrased as "..... has your child expressed a fear of gaining *more weight*".]

If yes:

What exactly has your child said to indicate this?

On how many days in the past four weeks has your child expressed a fear of gaining weight or becoming fat?

[Rate the number of days on which the child has expressed a *definite fear* of gaining weight. The expressed desire should have been directly observed by the parent or guardian, been described by the child to the parent or guardian, or been reported to the parent or guardian by a reliable third party, such as a housekeeper or the child's siblings, friends, or teachers.]

- 0 - No definite fear of weight gain
- 1 - Definite fear of weight gain on 1 to 5 days
- 2 - Definite fear of weight gain on less than half the days (6 to 12 days)
- 3 - Definite fear of weight gain on half the days (13 to 15 days)
- 4 - Definite fear of weight gain on more than half the days (16 to 22 days)
- 5 - Definite fear of weight gain almost every day (23 to 27 days)
- 6 - Definite fear of weight gain every day []

[For children whose weight might be viewed as "significantly low," ask about each of the preceding two months. Rate 9 if not asked.]

month 2 []

month 3 []

Re-rate this item taking into account behavioural evidence of fear of weight gain. *The new ratings would include both expressions of fear of weight gain (above) and behavioural indicators of such fear (delineated below). This rating cannot be lower than the one above. Some of the questions below also appear in Restriction of Energy Intake Leading to Significantly Low Body Weight.*

*For children who are underweight or whom parents or doctors are concerned have lost too much weight: **Have you tried to encourage your child to eat more in order to gain weight? How have they responded? Have they rejected advice or prescriptions (from you, doctors, or other professionals) to increase their weight?** In addition to taking notes, mark whether or*

not there was a negative response to efforts to increase the child's food consumption or weight by circling yes or no: [Yes/No]

Have they refused attempts (by you, doctors, or other professionals) to increase their weight? [Yes/No]

If yes:

...by passive resistance (e.g., by simply refusing to eat)? [Yes/No]

...and/or by active resistance such as...? [Yes/No]

...yelling? [Yes/No]

...throwing a tantrum? [Yes/No]

...throwing food or dishes? [Yes/No]

...running away? [Yes/No]

...threatening to hurt him/herself if made to eat? [Yes/No]

...other (specify)?

0 - No definite fear of weight gain

1 - Definite fear of weight gain on 1 to 5 days

2 - Definite fear of weight gain on less than half the days (6 to 12 days)

3 - Definite fear of weight gain on half the days (13 to 15 days)

4 - Definite fear of weight gain on more than half the days (16 to 22 days)

5 - Definite fear of weight gain almost every day (23 to 27 days)

6 - Definite fear of weight gain every day []

[For children whose weight might be viewed as "significantly low," ask about each of the preceding two months. Rate 9 if not asked.]

month 2 []

month 3 []