

The Renfrew Center Eating Disorder Questionnaire

As your patients' most trusted healthcare resource, you are in a unique position to identify the presence of an eating disorder.

This questionnaire was created to assist physicians and other medical professionals in diagnosing eating disorders. Due to the diversity in eating disorder symptoms, this questionnaire may not catch all presentations; it can however illuminate several areas of concern for follow-up.

Ask your patient the following questions to determine if their behaviors and attitudes suggest an eating disorder based on their symptoms the past three months. It's important to note that disordered eating falls along a spectrum, and so the presence of "yes" answers, even, a few, can still suggest further examination. In addition to your interpretation of their answers, you may further assess a possible eating disorder using the decision trees on the back of this form.

Patient Name

Home Address

Phone

Email

Yes No

1. Do you often worry about gaining weight?
2. Do you often obsess about losing weight, being thinner or more muscular?
3. Do you ever eat a large amount of food and feel out of control?
 Daily A few times per week A few times per month
 Only on very rare occasions, like holiday meal
4. Do you ever try to purge so you won't gain weight?
 If yes, what method do you use to prevent gaining weight?
 Laxatives Diuretics Vomiting Enemas
 Ipecac Diet pills Restricting insulin
5. Do you restrict your food intake in pursuit of weight loss? If yes, what method(s)?
 Limiting food groups Limiting calories
 Skipping meals Fasting (for non-religious reasons)
6. Do you avoid foods you don't deem "clean", "unprocessed", organic, or "whole"?
7. Do you obsess about your weight, shape, or size?
8. Do you ever wake up in the middle of the night to eat?
 Number of nights per week
9. Do you avoid food because of sensory characteristics, fear of aversive consequences or lack of interest?
10. Do you feel the need to exercise even when you're sick, injured, or tired?

TYPES OF EATING DISORDER DIAGNOSES

ANOREXIA NERVOSA (AN)

1. Restriction of energy intake relative to requirements leading to significantly low body weight in the context of age, sex, developmental trajectory and physical health.
2. Intense fear of gaining weight, becoming fat or persistent behavior that interferes with weight gain.
3. Disturbance in the way in which one's body weight or shape is experienced.

**Binge Eating/
Purging**

YES



**Anorexia Nervosa,
Binge Eating/
Purging Type**

NO



**Anorexia Nervosa,
Restricting Type**

BULIMIA NERVOSA (BN)

1. Recurrent episodes of binge eating.
2. Recurrent inappropriate compensatory behaviors in order to prevent weight gain.
3. Binge eating and compensatory behaviors occur on average at least 1 time a week for 3 months.
4. Self-evaluation is unduly influenced by body shape and weight.
5. The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER (ARFID)

1. Eating or feeding disturbance as manifested by persistent failure to meet appropriate nutritional and/or energy needs.
2. The disturbance is not better explained by lack of available food or by an associated culturally sanctioned practice.
3. The eating disturbance does not occur exclusively during the course of Anorexia Nervosa or Bulimia Nervosa.
4. The eating disturbance is not attributable to a concurrent medical condition or not better explained by another mental disorder.

BINGE EATING DISORDER (BED)

1. Recurrent episodes of binge eating.
2. Binge eating episodes are associated with 3 or more of the following:
 - Eating more rapidly than normal
 - Eating until uncomfortably full
 - Eating large amounts of food when not feeling physically hungry
 - Eating alone because of feeling embarrassed by how much one is eating
 - Feeling disgusted with oneself, depressed or very guilty afterward
3. Marked distress regarding binge eating
4. Binge eating occurs, on average, at least 1 time a week for 3 months.
5. Binge eating is not associated with inappropriate compensatory behavior.

OTHER SPECIFIED FEEDING OR EATING DISORDER (OSFED)

1. Atypical Anorexia Nervosa - all criteria for Anorexia are not met.
2. Bulimia Nervosa (low frequency or limited duration).
3. Binge Eating Disorder (low frequency or limited duration).
4. Purging Disorder.
5. Night Eating Syndrome.



This diagnostic tool was derived from the criteria for eating disorders in the DSM-5 to help practitioners identify patients with eating disorders. It cannot account for the truthfulness of the answers, only for the self-reporting of each participant. It does not substitute for a clinical assessment. The Renfrew Center cannot be responsible for any harm arising from the use or misuse of this diagnostic tool.



The Renfrew Center Eating Disorder Assessment

This assessment was created to assist physicians and medical professionals in assembling relevant data pertaining to patients with eating disorder symptoms. This assessment should remain in your patient's file for future reference.

To identify if your patient has an eating disorder, you may first wish to use The Renfrew Center's one-page screening scale entitled, "Eating Disorder Questionnaire." If you do not

have this form, please call **1-800-RENFREW (736-3739)** to request copies. Due to the diversity of eating disorder symptoms, these tools may not catch all eating disorder presentations; they can however illuminate several areas of concern for follow-up.

Upon completion of this scale, feel free to contact The Renfrew Center for additional assistance and resources in treating your patient's disorder.

Patient Name

Home Address

Phone

Email

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WEIGHT CHANGE

Has there been recent weight loss or weight gain?

Yes

No

How much:

Time frame:

.....

EATING PATTERNS

Restricting:

- Limiting food groups
- Limiting calories
- Skipping meals
- Fasting (non-religious reasons)
- Avoid foods due to sensory experiences (taste, texture, temperature, color)
- Only eat foods considered "clean", unprocessed, or organic

Night Eating:

- Consumes 25% of daily food intake after dinner
- Wakes up in the middle of the night to eat at least twice per week

Bingeing:

(frequency and amount)

Purging:

(frequency and amount)

Purging Method(s):

- Vomiting
- Laxatives
- Diet pills
- Enemas
- Ipecac
- Overexercising
- Restricting insulin

EATING DISORDERS REVIEW OF SIGNS AND SYMPTOMS

Intolerance to cold Cardiac problems Constipation Thyroid abnormalities Dry skin
Swollen cheeks Lanugo/change in hair Dental erosion Fainting/dizziness Blood in vomit or stool

History of amenorrhea:

Bone density scan results for patients with greater than 3 months of amenorrhea or irregular or light periods:

LABORATORY STUDIES

Based on the following baseline laboratory studies – **CBC, SMA 7, Biochem Profile, UA, TFTs, EKG** – you may encounter a variety of abnormalities listed in the box below.

Leukopenia and/or mild anemia
Hypokalemia (May be difficult to correct in setting of acid-base disturbance.)
Hypocalcemia
Hypomagnesemia (If present must be corrected to resolve hypokalemia and/or hypocalcemia.)
Hypophosphatemia (May worsen during early refeeding.)
Decreased T3, low normal to normal T4, and normal TSH ("sick thyroid syndrome")
Hypoglycemia
EKG (Bradycardia is common; prolonged QT may occur. Cardiomyopathy.)
Hypercholesterolemia
Metabolic acidosis due to laxative abuse
Metabolic alkalosis due to vomiting
Orthostasis

COMMENTS

