SCOFF Questionnaire

1. Do you make yourself **S**ick (induce vomiting) because you feel uncomfortably full?
   ______ Yes ______ No

2. Do you worry you have lost **C**ontrol over how much you eat?
   ______ Yes ______ No

3. Have you recently lost more than **O**ne stone [approximately fifteen pounds] in a 3-month period?
   ______ Yes ______ No

4. Do you believe yourself to be **F**at when others say you are too thin?
   ______ Yes ______ No

5. Would you say that **F**ood dominates your life?
   ______ Yes ______ No

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Scoring:

- One point for every “yes”; a score of ≥ 2 indicates a likely case of anorexia nervosa or bulimia