

## SCOFF Questionnaire

1. Do you make yourself Sick (induce vomiting) because you feel uncomfortably full?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

2. Do you worry you have lost Control over how much you eat?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

3. Have you recently lost more than One stone [approximately fifteen pounds] in a 3-month period?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

4. Do you believe yourself to be Fat when others say you are too thin?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

5. Would you say that Food dominates your life?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

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Scoring:

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