

SCOFF Questionnaire

Eating disorder screening questions.

Patient Name: _____ Date of Birth: _____

YES

NO

1. Do you make yourself sick because you feel uncomfortably full?
2. Do you worry you have lost control over how much you eat?
3. Have you recently lost more than 14 pounds in a 3 month period?
4. Do you believe yourself to be fat when others say you are too thin?
5. Would you say food dominates your life?

Reference:

Luck, A.J., Morgan, J.F., Reid, F., O'Brien, A., Brunton, J., Price, C., Perry, L., Lacey, J.H. (2002), 'The SCOFF questionnaire and clinical interview for eating disorders in general practice: comparative study', *British Medical Journal*, 325,7367, 755 - 756.