

## SCOFF QUESTIONNAIRE

1. Do you make yourself sick 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 (14 pounds) in a three-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

*Note: The threshold is usually set at 2 or more 'Yes' answers*

*Article: Morgan JF, Reid F, Lacey JH. The SCOFF questionnaire: assessment of a new screening tool for eating disorders. BMJ. 319(7223): 1467-8 (1999)*

*Also Online: [www.findarticles.com/m0999/7223\\_319/58410591/p1/article.jhtml](http://www.findarticles.com/m0999/7223_319/58410591/p1/article.jhtml)*

*Sensitivity: 100%*

*Specificity: 87%*