

**Jenny's Answers . This was administered by the counselor.**

**SCOFF Questions**

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

**Sometimes**

Do you worry that you have lost **Control** over how much you eat?

**Yes, at work.**

Have you recently lost more than **One stone** (14 lb [6.4 kg]) in a three-month period?

**No, I feel like I am the same weight.**

Do you think you are too **Fat**, even though others say you are too thin?

**No, I feel like I am ok right now.**

Would you say that **Food** dominates your life?

**Yes, especially Carbs. I want to eat carbs all the time and I know I need to eat a variety of foods.**

*One point for every yes answer; a score 2 indicates a likely case of anorexia nervosa or bulimia nervosa (sensitivity: 100 percent; specificity: 87.5 percent).*

**Score: 3**

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*Reprinted with permission from Morgan JF, Reid F, Lacey JH. The SCOFF questionnaire: assessment of a new screening tool for eating disorders. BMJ 1999; 319:1467.*

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<http://www.aafp.org/afp/2003/0115/p297.html>