

8. Appendices

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Appendix 1: Diagnostic systems for anorexia nervosa

American Psychiatric Association (1980): DSM-III

- Intense fear of becoming obese that does not diminish as weight loss progresses.
- Disturbance of body image, for example, claiming to “feel fat” even where emaciated.
- Weight loss of at least 25% of original body weight. If under age 18 years, weight loss from original body weight plus projected body weight gain expected from growth charts may be combined to make the 25%.
- Refusal to maintain body weight over a minimal normal weight for age and height.
- No known physical illness that would account for the weight loss.

American Psychiatric Association (1987): DSM-III-R

- Refusal to maintain body weight over a minimal normal weight for age and height, for example, weight loss leading to maintenance of body weight 15% below that expected; or failure to make expected weight gain during period of growth, leading to body weight 15% below that expected.
- Intense fear of gaining weight or becoming fat, even though overweight.
- Disturbance in the way one’s body weight, size, or shape is experienced, for example, the person claims to “feel fat” even when emaciated, believes that one area of the body is “too fat” even when obviously underweight.
- In women, absence of at least three consecutive menstrual cycles when otherwise expected to occur.

World Health Organisation (1992); International Classification of Disease - 10

- Body weight is maintained at least 15% below that expected (either lost or never achieved), or Quetelet’s body mass index is 17.5 or less. Prepubertal patients may show failure to make the expected weight gain during the period of growth.
- The weight loss is self-induced by avoidance of “fattening foods” and one or more of the following: self-induced vomiting; self-induced purging; excessive exercise; use of appetite suppressants and/or diuretics.
- There is body image distortion in the form of a specific psychopathology whereby a dread of fatness persists as an intrusive, overvalued idea and the patient imposes a low weight threshold on himself or herself.
- If onset is prepubertal, the sequence of pubertal events is delayed or even arrested (growth ceases; in girls the breasts do not develop and there is a primary amenorrhoea; in boys the genitals remain juvenile). With recovery, puberty is often completed normally, but the menarche is late.

American Psychiatric Association (1993): DSM-IV

- Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g. weight loss leading to maintenance of body weight less than 85% of that expected).
- Intense fear of gaining weight or becoming fat even though underweight.
- Disturbance in the way in which one’s body weight or shape is experienced; undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.
- In postmenarchal females, amenorrhoea, that is, the absence of at least three consecutive menstrual cycles.

Appendix 2: Ethical approval, Department of Psychology, University of Exeter

Appendix 3: Information letter and consent form, Eating Disorders Clinic

Information Sheet

From: Dr. Bryan Lask

To: (patient and parents)

Dear

As you know, patient has been referred to our Eating Disorders Clinic, and as part of the assessment we have already asked you to fill in some questionnaires. Thank you very much for completing these.

We are now seeking your agreement to patient taking part in a pilot study of a future research study we are planning. This would involve patient undergoing an audiotaped interview and participating in a computer based performance test, which will help us in our evaluation of his/her eating difficulties. The computer based performance test would involve patient spending about 20 minutes responding to computer-administered instructions. He/she will not need to know how to operate the computer, and there will be someone beside him/her to help. It is not a pass or fail test, and children almost always enjoy doing it.

We do hope that you will agree to allowing patient to participate, but should you decide not to, this would not in any way influence the treatment we offer. Please do feel free to ask any questions before completing the attached sheet.

Thank you for considering this.

We confirm that we have read the attached information sheet, and that we agree/ do not agree to patient participating in the study.

SIGNED: _____ **Date:** _____.

-

NAME: _____

I confirm that I have read and understood the attached information sheet and I agree/ do not agree to participate.

SIGNED: _____ **Date:** _____.

-

NAME: _____

Appendix 4. Information letter for control participants

Dear Parents

Permission to include your daughter in eating disorders research

I would like your permission to include your daughter in a research study into eating disorders in girls. The study is part of a large Medical Research Council project based at the Hospital for Sick Children in London.

I am involved with the pilot study as part of my Doctorate in Clinical Psychology, awarded by the University of Exeter. I would like to interview your daughter for about 45 minutes in school (at a time that does not interfere with her studies), asking her a series of questions about her recent eating and any worries and concerns she has about weight and shape. We want to find out how girls and young women who do not have eating disorders answer the same questions we are asking to patients attending the Eating Disorders Programme in London.

It is possible that the interview might uncover some worries about eating, weight or shape meaning that your daughter could benefit from further help. If this is the case, then I will pass on this information to the school matron who will be able to best advise you and your daughter.

If you need any more information or details, please do not hesitate to contact me at Blackberry Hill Hospital on 0117 965 6061 ext.4655 or at home on 01225 460037. If you do not wish your daughter to be included in the study, please let the school matron know by the end of this term (the interviews will be taking place in February and March next year).

My research supervisor, Dr. Gloria Babiker, can be contacted at Barrow Hospital on 01275 763232 ext.273

Yours sincerely

Ian Frampton
Trainee Clinical Psychologist

Appendix 5: The child version of the Eating Disorder Examination (CH-EDE)

THE EATING DISORDERS EXAMINATION

Proposed version for use with subjects aged 8 - 14

INTERVIEW SCHEDULE

1. INTRODUCTION

The idea is to get a general picture of the subjects eating habits.

It is very difficult for children to get a clear grasp of the time span being discussed. Hopefully, we will have an agenda for the last three months that has been completed by the child's parent. At this point, ask the child if they think that the agenda is accurate, and if there were any other significant events that occurred over the last three months that they would like to add to the agenda. The child then keeps this agenda on which all this information is written throughout the interview and should be encouraged to refer to it.

Having used this agenda to orient the child to the specific time period being assessed, use the following questions as guidelines to ascertain the child's general eating habits.

- * To start with I'd like to get an idea of how your eating has been over the last four weeks.
- * Has your eating been very different from one day to the next?
- * Has your eating at weekends been different to days during the week?
- * Have there been any days when you haven't eaten anything at all?
- * What about during the past two months? (NB at this point you will almost certainly have to use the agenda to aid recall.)

THE KEY PROBLEM

Occasionally children will say that they "don't know" why it is they are avoiding certain foods etc... and therefore can't answer the key part of the item - is it to influence your weight or shape? Thus, on these items, they cannot be marked for these behaviours. However, when it becomes clearer later on that these are their main concerns and therefore prime motivation for engaging in a particular behaviour - Fairburn suggests that you can go back and re-rate, although he may not have had such core concepts in mind.

SCORING DECISIONS

- a) It has been decided to rate child's answers as what they would do if they were allowed to by their parents. Eg, social eating: children are made to do this but would almost certainly avoid it if they could, and therefore this should be rated as avoiding.
- b) A lot of children put their answer under a cover of "I used to ...but now I feel differently". In the pilot study, this was often not convincing (although not exactly lying) but had to be rated as child answered, and hence some scores may be consistently underrating the child's psychopathology.

2. PATTERN OF EATING

Essence of question: To get a clear picture of the child's eating habits over the last four weeks.

Questions to ask:

* I would like to ask about your pattern of eating: Over the past four weeks, which of these meals or snacks have you eaten regularly? (check understanding of regularly)

Guidelines

- Ask about weekdays and weekends separately.
- Meals or snacks should be rated even if they lead on to a "binge".
- "Brunch" should generally be classified as lunch.

Rating

Rate each meal and snack separately, usually accepting the subject's classification.

Rate up (ie give a higher rating) if it is difficult to choose between two ratings.

Rate 8 if meals or snacks are difficult to classify.

Rate each meal according to the rating table below.

Scoring: Fill in the brackets after each meal with the most appropriate score from the table below.

	SCORE
Breakfast	[]
Mid-morning snack	[]
Lunch	[]
Mid-afternoon snack	[]
Evening meal	[]
Evening snack	[]
Nocturnal snack (ie after having been asleep)	[]

Rating table:	0 - meal or snack not taken
	1 -
	2 - meal or snack eaten on less than half the days
	3 -
	4 - Meal or snack eaten on more than half the days
	5 -
	6 - Meal or snack eaten every day

3. RESTRAINT OVER EATING
subscale)

(Restraint

Essence of question: To ascertain whether the child has consciously been attempting to restrict what he/she eats, regardless of whether their attempts have been successful.

Questions to ask:

*Over the past four weeks have you deliberately been trying to cut down on what you eat, even if you haven't managed to do this?

*How often?

What is the purpose of cutting down?

Have you done this to try to change your shape or weight?

Guidelines

- The restraint should have been intended to influence shape, weight or body composition, although this may not be the sole or main reason.
- It should have consisted of planned attempts at restriction, rather than spur of the moment attempts such as the decision to resist a second helping.

Rating

Rate the number of days on which the subject has consciously attempted to restrict his/her food intake, whether or not he/she has succeeded.

Scoring: Circle the most appropriate score.

0 - No attempt at restraint

1 -

2 - Attempted to exercise restraint on less than half the days

3 -

4 - Attempted to exercise restraint on more than half the days

5 -

6 - Attempted to exercise restraint every day

4. AVOIDANCE OF EATING

(Restraint subscale)

Essence of question: To ascertain whether the child has gone for periods of 8 hours or more without eating, and if not, would they, were they allowed. In either instance, determine how often this occurred over the past four weeks.

Questions to ask:

* Over the past four weeks have you even not eaten anything for most of the day?(Expand by asking about skipping meals, usual times for breakfast, supper etc., to clarify whether the eight hour criterion is satisfied.)

How often has this happened?

Why have you done this?

Have you done this to try and change your shape and weight?

[IF SUBJECT IS PREVENTED FROM DOING THIS BY PARENTS....]

*Would you go without food (for over eight hours) if you were allowed to?

Guidelines

- It may be helpful to illustrate the length of time (eg 9am to 5pm).
- The abstinence must have been at least partly self-imposed, rather than being due to force of circumstance.
- It should have been intended to influence shape, weight or body composition, although this may not have been the sole or main reason.
- Check that avoidance has not been to annoy a parent.

Rating

Rate the number of days on which there has been at least eight hours abstinence from eating food (soup and milk-shakes count as food, whereas drinks in general do not) during waking hours.

Scoring: Circle the most appropriate score.

0 - No such days

1 -

2 - Avoidance on less than half the days

3 -

4 - Avoidance on more than half the days

5 -

6 - Avoidance every day

5. EMPTY STOMACH

(Restraint subscale)

Essence of question: To ascertain whether the child has a definite desire to have an empty stomach and if so, how often. It is important to differentiate between the desire to have an empty stomach and the desire for the stomach to feel empty or be flat.

Questions to ask:

* Over the past four weeks have you wanted your tummy to **BE** empty -I mean not to have anything in it at all?

* Why have you wanted to have an empty stomach?

Is it because you like to feel hungry?

How often have you wanted this?

Guidelines

- This item must be differentiated from a desire for the stomach to **FEEL** empty or to be flat.

Rating

Rate the number of days on which the subject has a definite desire to have a completely empty stomach for reasons to do with dieting, shape or weight.

Scoring: Circle the most appropriate score

0 - No definite desire to have an empty stomach

1 -

2 - Definite desire to have an empty stomach on less than half the days

3 -

4 - Definite desire to have an empty stomach on more than half the days

5 -

6 - Definite desire to have an empty stomach every day

6. FOOD AVOIDANCE
Subscale)

(Restraint

Essence of question: To ascertain whether, and how often, the child has been attempting to avoid liked foods, whether successful in those attempts or not.

Questions to ask:

What foods do you really like / did you like before?

*Over the past four weeks have you tried to not eat any foods that you especially like, even if you haven't managed this? (It may be easier to elicit liked foods first, then ask the question).

How often?

Why have you stopped eating those foods?

Have you done this to try to change your shape or weight?

Guidelines

- The goal should have been to avoid the foods altogether and not merely to restrict their consumption.
- Drinks do not count as food.
- The avoidance should have been intended to influence shape, weight or body composition, although this may not have been the sole or main reason.
- It should be a strong desire, not a passing thought

Rating

Rate the number of days on which the subject has actively attempted to avoid eating specific foods (which he/she likes) whether or not he/she has succeeded.

Scoring: Circle the most appropriate score

- 0 - No attempts to avoid food
- 1 -
- 2 - Attempted to avoid food on less than half the days
- 3 -
- 4 - Attempted to avoid food on more than half the days
- 5 -
- 6 - Attempted to avoid food every day

7. DIETARY RULES. Subscale)

(Restraint

Essence of question: To ascertain whether the child has any dietary rules as opposed to general eating principles, and if so, how often the child attempts to obey these rules.

Questions to ask:

* Over the past four weeks have you tried to stick to certain definite rules about your eating; for example, only allowing yourself a certain number of calories, or a certain amount of food, or rules about what you should eat or when you should eat?

* Have there been times when you know you have broken one of your own rules about eating?

* Would you keep to them if you were not made to break them by your parents?

How have you felt about breaking them?

How would you have felt if you had broken one of your eating rules?

What are your rules?

Why have you tried to stick to them?

Did you make them to try to change your shape or weight?

Do you try to stick to them every day (how often....)?

Tell me more about your rules. Are they about certain foods or are they more general? (You will need to give some examples at this point. Examples of definite rules would be "I must not eat eggs" or "I must not eat cake", whereas a general principle would be "I should try to eat healthy food".

Guidelines:

- Dietary rules should be rated as present if the subject has been attempting to follow "definite" (ie specific) dietary rules regarding his/her food intake.
- The rules should have been self-imposed, although originally they may have been prescribed.
- They should have concerned what the subject should have eaten or when eating should have taken place
- They might consist of a calorie limit (eg below 1,200 calories a day), not eating before a certain time of day, not eating certain kinds of food, or not eating at all.
- They should have been specific rules and not general guidelines, and there may have been distress should they have been broken.
- If the subject is aware that she has occasionally broken a personal dietary rule, this suggests that one or more specific rules has been present. In such cases the interviewer should ask in detail about the transgression in an attempt to identify the underlying rule.
- The rules should have been intended to influence shape, weight or body composition, although this may not have been the sole or main reason.
- Ensure that the dietary rules are not purely, for example, obsessive compulsive or control related.

- It should be noted that “dietary rules” are regarded as having been present if there have been clear attempts to obey specific dietary rules.

Rating

Rate 0 if no dietary rule can be identified.

If there has been more than one rule straddling different time periods within the four weeks, these periods should be summated to make the ratings.

Scoring: Circle the most appropriate score:

- 0 - Has not attempted to obey such rules
- 1 -
- 2 - Attempted to obey such rules on less than half the days
- 3 -
- 4 - Attempted to obey such rules on more than half the days
- 5 -
- 6 - Attempted to obey such rules every day

-

8. PREOCCUPATION WITH FOOD, EATING OR CALORIES

(Eating concern subscale)

Essence of question: To ascertain whether thinking about food etc. has at any time impaired concentration, and if so, how often.

Questions to ask:

- * Over the past four weeks have you spent much time between meals thinking about food, eating or calories?
- * How often?
- * Has thinking about food, eating or calories made it hard for you to concentrate on or pay attention to what you are doing?
- * How about concentrating on things that you like doing, like watching television, reading, playing computer games (etc.)?

Guidelines

- Concentration is regarded as impaired if there have been intrusive thoughts about food, eating or calories which have interfered with activities.
- Ask if the child could stop thinking about food if they tried, in order to ascertain whether the thoughts are intrusive or not.

Rating

Rate the number of days on which concentration has been impaired due to preoccupation with food, eating or calories, whether or not bulimic episodes have occurred.

Scoring: Circle the most appropriate score

- 0 - No concentration impairment
- 1 -
- 2 - Concentration impairment on less than half the days
- 3 -
- 4 - Concentration impairment on more than half of the days
- 5 -
- 6 - Concentration impairment everyday

9. FEAR OF LOSING CONTROL OVER EATING
subscale)

(Eating concern

Essence of question: To ascertain how often a fear of losing control over eating has occurred, regardless of whether the child felt in control of his/her eating behaviours.

Questions to ask:

* Over the past four weeks have you been frightened of losing control over eating?

Have you been afraid that you won't be able to stop eating? (That is, once you've started eating, have you been scared that you won't be able to stop, or have you avoided starting to eat because of fears that you won't be able to stop eating when you wanted to?)

How often have you felt like this?

Guidelines

- You are looking to identify instances of fear of losing control as a pose to instances of loss of control.
- "Loss of control" involves a sense that one will not be able to resist or stop eating.

Rating

Rate the number of days on which definite fear has been present, irrespective of whether the subject feels he/she has been in control.

If the subject feels unable to answer this question because he/she has already lost control, rate 9.

Scoring: Circle the most appropriate score

- 0 - No fear of losing control
- 1 -
- 2 - Fear of losing control present on less than half the days
- 3 -
- 4 - Fear of losing control present on more than half the days
- 5 -
- 6 - Fear of losing control every day

10. BULIMIC EPISODES AND OTHER EPISODES OF OVEREATING

(Diagnostic item)

Essence of question: To determine how many episodes of each of four different types of overeating have occurred (if any) in the specified period.

Guidelines for interviewers: Four forms of overeating are distinguished. The distinction is based upon the presence or absence of two characteristics:

- i) Loss of control (required for both types of “bulimic episode”)
- ii) The consumption of what would generally be regarded as large amounts of food (required for both types of “objective” episodes).

To facilitate the decision of what kind of overeating episode has occurred, use this table:

	“Large” (EDE definition)	Not “large”, but viewed by subject as excessive.
“Loss of control”	Objective Bulimic Episode	Subjective Bulimic Episode
No “loss of control”	Objective Overeating	Subjective Overeating

The interviewer should ask about each form of overeating. It is important to note that the forms of overeating are not mutually exclusive: it is possible for subjects to have had several different forms of overeating episodes over the preceding month.

Definition of key terms:

Loss of control: The interviewer should ask the subject whether he or she experienced a loss of control over eating at the time that the episode of overeating occurred.

- If this is clearly described, loss of control should be rated as present.
- Loss of control may be rated positively even if the episode has been planned.
- If the subject uses terms such as “driven to eat” etc., loss of control should be rated as present.

For chronic cases only:

- If the subject reports no sense of loss of control, yet describes having not been able to stop eating once eating had started, or having not been able to prevent the episode from occurring, loss of control should be rated as present.
- If subjects report that they are no longer trying to control their eating because overeating is inevitable, loss of control should be rated as present.

If the interviewer is in doubt, loss of control should be rated as absent.

Large amount of food. The decision whether or not the amount eaten was “large” should be made by the interviewer and should not require the agreement of the subject.

- “Large” may be used to refer to the amount of any particular types or the overall quantity of food consumed.
- The interviewer should take into account what would be the usual amount eaten under the circumstances. This requires some knowledge of the eating habits of the subject’s general (but not necessarily immediate) social group.
- What else was eaten and whether or not the subject subsequently spits or vomits the food are not of relevance.

If the interviewer is in doubt, the amount should not be classified as large.

The number of episodes of overeating. When calculating the number of episodes of overeating, the subjects definition of separate episodes should be accepted unless there was an hour or more within a period of eating when the subject was not eating.

- In this case, the initial episode should be regarded as having been completed.
- When estimating the length of any gap, do not count the time spent vomiting.
- Note that purging (self induced vomiting or laxative misuse) is not used to define the end of an individual episode of overeating.

Guidelines for rating the overeating section.

1. Ask the asterisked questions in order to identify the episodes of perceived or true overeating have occurred over the previous 28 days. Note down all the forms of overeating.
2. Obtain detailed information about each form of overeating to decide whether it involved eating "large" amounts of food and whether or not there was a "loss of control".
3. Then establish, for each form of overeating, the number of days on which it occurred and the total number of occasions. It is advisable to make comprehensive notes.
4. Finally, check with the subject to ensure that no misunderstandings have arisen.

Questions for rating items:

* I'd like to ask you about any times you have really eaten too much during the past four weeks.

* Different people mean different things by eating too much, or overeating. Can you tell me about any times when **you** have felt that you have eaten too much in one go?

* If I had been sitting next to you on the occasions when you thought that you had eaten too much, do you think that **I would say** that you had overeaten, or do you think that I would say that it was an ordinary amount of food?

(To assess amount eaten):

What have you usually eaten at times like this?

What was the rest of your family / friends eating when it happened?

(To assess loss of control):

Did you feel out of control, or that you just couldn't stop when it happened?

(Chronic case only):

Could you have made yourself stop eating once you had started?

Could you have somehow stopped yourself from starting to overeat in the first place?

Ask about the frequency of episodes, both over the last four weeks, and over the preceding two months.

Scoring: For objective bulimic episodes, subjective bulimic episodes and episodes of objective overeating, make the following ratings:

In general, it is best to calculate the number of days first, and then the number of episodes.

Rate 777 if the number of episodes is so great that their frequency cannot be calculated.

Rate 9 if you do not ask about the preceding two months.

Episodes of subjective overeating are not rated.

1) Objective Bulimic Episodes:

- (i) Number of days on which one or more episodes have occurred in the last 28 days (rate 00 if none): [] []
- (ii) Total number of episodes that have occurred in the last 28 days (rate 000 if none): [] [] []
- (iii) Number of days - Month 2 [] [] []
- (iv) Number of days - Month 3 [] [] []
- (v) Number of episodes - Month 2 [] [] [] []
- (vi) Number of episodes - Month 3 [] [] [] []

2) Subjective Bulimic Episodes:

- (i) Number of days on which one or more episodes have occurred in the last 28 days (rate 00 if none): [] []
- (ii) Total number of episodes that have occurred in the last 28 days (rate 000 if none): [] [] []
- (iii) Number of days - Month 2 [] [] []
- (iv) Number of days - Month 3 [] [] [] []
- (v) Number of episodes - Month 2 [] [] []
- (vi) Number of episodes - Month 3 [] [] [] []

3) Objective Overeating:

- (i) Number of days on which one or more episodes have occurred in the last 28 days (rate 00 if none): [] []
- (ii) Total number of episodes that have occurred in the last 28 days (rate 000 if none): [] [] []
- (iii) Number of days - Month 2 [] [] []
- (iv) Number of days - Month 3 [] [] [] []
- (v) Number of episodes - Month 2 [] [] []
- (vi) Number of episodes - Month 3 [] [] [] []

11. DIETARY RESTRICTION OUTSIDE BULIMIC EPISODES

(Diagnostic item)

Only ask this question if at least 12 objective bulimic episodes have occurred over the last three months.

Essence of question: To ascertain to what degree the subject cuts down on the amount he/she eats (outside of bulimic episodes) in order to change his/her shape or weight. Essentially, this is an overview of the periods that the subject has been in control over the last three months.

Questions to ask:

Apart from these times when you have been out of control with your eating, how much have you been cutting down on the amount you eat?

What have you usually been eating in a day?

Have you done this to try to change your shape or weight?

Guidelines:

- Ask about actual food intake outside the objective and subjective bulimic episodes.
- Any dietary restriction should have been intended to influence shape, weight or body composition, although this may not have been the sole or main reason.

Rating:

Rate the average degree of dietary restriction.

Rate each of the past three months separately.

Rate 9 if not asked.

Scoring: Circle the most appropriate score

Month 1

0 - No extreme restriction outside objective bulimic episodes

1 - Extreme restriction outside objective bulimic episodes (ie low energy intake (>1,200 kcals) due to infrequent eating and/or consumption of low calorie foods)

2 - No eating outside objective bulimic episodes (ie "fasting")

9 - Not applicable, since no objective bulimic episodes during the month in question

Month 2

0 -

1 -

2 -

9 -

Month 3

0 -

1 -

2 -

9 -

12. SOCIAL EATING
subscale)

(Eating concern

Essence of question: To ascertain whether the child has felt concerned about other people seeing them eat, and also whether they have avoided eating in front of others.

Questions to ask:

* Over the past four weeks have you been worried about other people seeing you eat?

Have you tried putting off (or getting out of) eating with other people?

Would you avoid eating in front of others if you were allowed to by your parents?

Why were you concerned about others seeing you eat?

Guidelines

- DO NOT CONSIDER objective bulimic episodes or episodes of objective overeating. In other words this item is to do with concern and avoidance of eating normal or less than normal amounts of food in front of others.
- Make sure you find out the reasons for concern / avoidance. The reasons should be to do with, for example, the amount they are eating or for shape and weight reasons, NOT because they are afraid they may dribble their food!

Rating

Rate the degree of concern about eating normal or less than normal amounts of food in front of others (eg family) and whether this has led to avoidance.

This rating should represent the average for the month.

If the possibility of eating with others has not arisen, rate 9.

A child may feel a definite concern, but not be able to avoid eating in public, due to parental pressure. If this is the case, rate 8.

Scoring: Circle the most appropriate score

0 - No concern about being seen eating by others and no avoidance of such occasions

1 -

2 - Has felt slight concern about being seen, but no avoidance

3 -

4 - Has felt definite concern, and has avoided some such occasions

5 -

6 - Has felt definite concern, and has avoided all such occasions

8 - Has felt definite concern, but was unable to avoid such occasions

9 - The possibility of eating with others has not arisen

13. EATING IN SECRET
subscale)

(Eating concern

Essence of question: To ascertain whether, and how often the child, has eaten in secret.

Questions to ask:

* Over the past four weeks, have you eaten in secret?

How often?

Guidelines

- DO NOT CONSIDER Objective bulimic episodes.
- Secret eating refers to eating which is furtive and which the subject wishes to conceal.
- Avoidance of eating in front of others should be rated under "Social Eating".

Rating

Rate the number of days on which there has been at least one episode of secret eating.

If the possibility of eating with others has not arisen, rate 9.

Scoring: Circle the most appropriate score

0 - Has not eaten in secret

1 -

2 - Has eaten in secret on less than half the days

3 -

4 - Has eaten in secret on more than half the days

5 -

6 - Has eaten in secret every day

9 - The possibility of eating with others has not occurred

14.GUILT ABOUT EATING

(Eating concern subscale)

Essence of question: To ascertain whether, and how often, the child has felt as if he/she was doing something wrong by eating.

Questions to ask:

* Over the past four weeks, have you felt that you have done something wrong during or after eating?

Have you felt guilty about eating? By that I mean, have you felt bad about eating and felt that you shouldn't have done it?

Why?

How often when you have eaten, have you felt it was wrong or that you shouldn't have?

Guidelines

- DO NOT CONSIDER Objective bulimic episodes
- The feelings of guilt should relate to the effects of eating on shape, weight or body composition.
- Distinguish guilt from regret: guilt refers to a feeling that one has done wrong; regret is a desire not to have done something. The child may have guilt coupled with regret, but ensure that following eating, the child felt as if he/she had been bad or done wrong.

Rating

Rate the proportion of times on which feelings of guilt have followed eating

NB This rating is based on number of occasions, NOT days.

Scoring: Circle the most appropriate score

0 - No guilt after eating

1 -

2 - Has felt guilty after eating on less than half the occasions

3 -

4 - Has felt guilty after eating on more than half the occasions

5 -

6 - Has felt guilty after eating on every occasion

15. SELF-INDUCED VOMITING

(Diagnostic item)

Essence of question: To ascertain whether, and how often, the child is using self-induced vomiting as a means of controlling his/her shape or weight.

Questions to ask:

* (For ethical reasons) When was the last time you were physically sick / vomited?

What happened then?

(If necessary...)

Have there been times when you have eaten more than you have been happy with and felt that you have had to do something about it?

Some people feel so desperate sometimes that they even try to make themselves sick. Have you ever done this?

If so, was this during the last four weeks?

Did you do this to try to keep your weight down / to stop you from getting fat / putting on weight ?

Ask about the frequency of episodes, both over the last four weeks, and over the preceding two months.

Guidelines

- Ensure that the main reason is in order to control shape or weight.

Rating

Rate the number of days and the number of discrete episodes on which there has been self-induced vomiting.

Rate 00 if no vomiting.

Rate 777 if the number of discrete episodes of self-induced vomiting is so great that it cannot be calculated.

Scoring: Mark the number of days and episodes in the brackets.

	<u>Month 1</u>	<u>Month 2</u>	<u>Month 3</u>
Number of days	[] []	[] []	[] []
Number of episodes	[] [] [] []	[] [] [] []	[] [] [] []

16. LAXATIVE MISUSE

(Diagnostic item)

Essence of question: To ascertain whether, and how often, the child is misusing laxatives as a means of controlling his/her shape or weight.

Questions to ask:

* Have there been times when you have eaten more than you have been happy with and felt that you have had to do something about it?

Some people feel so desperate that they even take pills or medicine to make them go to the loo. Have you ever done this (over the last four weeks)? Why?

Was this to make sure that you didn't put any weight on or get too fat?

What, and how much did you take?

Ask about the frequency of episodes, both over the last four weeks, and over the preceding two months.

Guidelines

- If the child has taken pills or medicine, ensure that you are talking about laxatives, not diuretics or any other form of medication.
- To be classed as misuse, laxatives must have been taken at a dose of at least twice the recommended amount.

Rating

Rate the number of days and discrete episodes on which laxatives have been taken as a means of controlling shape, weight or body composition.

Rate 00 if no such laxative misuse.

Rate 777 if the number of discrete episodes of laxative misuse is so great that it cannot be calculated.

Rate the average number of laxatives taken on each occasion.

Note the type of laxative taken.

Rate 999 if the question is not asked or is not applicable.

Scoring: Fill in the brackets:

	<u>Month 1</u>	<u>Month 2</u>	<u>Month 3</u>
Number of days	[][]	[][]	[][]
Number of episodes	[][][]	[][][]	[][][]
Average number of laxatives taken on each occasion			[][][]
Type of laxative taken			[][][]

17. DIURETIC MISUSE

(Diagnostic item)

Essence of question: To ascertain whether, and how often, the child is misusing diuretics as a means of controlling his/her shape or weight.

Questions to ask:

* Do you ever take any other sorts of pills to help you deal with the feeling of having eaten too much? (Clarify whether the child has taken any diuretics, and question understanding of what their action is.)

Have you taken these (over the last four weeks)? Why?

Was this to make sure that you didn't put any weight on or get too fat?

What, and how much did you take?

Ask about the frequency of episodes, both over the last four weeks, and over the preceding two months.

Guidelines

- Ensure that you are talking about diuretics.
- To be classed a misuse, diuretics must have been taken at a dose of at least twice the recommended amount.

Rating

Rate the number of days and episodes on which diuretics have been taken as a means of controlling shape, weight or body composition.

Rate 00 if no such diuretic misuse.

Rate 777 if the number of discrete episodes of diuretic misuse is so great that it cannot be calculated.

Rate the average number of diuretics taken on each occasion.

Note the type of diuretic taken.

Rate 999 if the question is not asked, or is not applicable.

Scoring: Fill in the brackets.

	<u>Month 1</u>	<u>Month 2</u>	<u>Month 3</u>
Number of days	[] []	[] []	[] []
Number of episodes	[] [] [] []	[] [] [] []	[] [] [] []
Average number of diuretics taken on each occasion			[] [] [] []
Type of diuretic taken			

18. INTENSE EXERCISING TO CONTROL SHAPE OR WEIGHT

(Diagnostic item)

Esence of question: To ascertain how much (if any) exercise the child does in order to control his/her shape or weight.

Questions to ask:

* What sort of exercise do you usually do? Which sports? How often?

* Over the past four weeks, have you exercised / done sport / worked out in order to keep your weight down?

Have you exercised to change your shape?

Which parts of you were you trying to change?

Have you exercised to try to burn off calories / use up the food that you have eaten?

Ask about the frequency of episodes, both over the last four weeks, and over the preceding two months.

Guidelines

- Find out whether the exercise is for fun, or predominantly to do with shape or weight. The exercise must be intense and predominantly intended to burn off calories or change shape, weight or body composition.
- The decision whether the exercise was “intense” should be made by the interviewer.
- If in doubt, the exercising should not be classified as intense.
- Discount any exercise that was done purely for enjoyment.
- Watch out for children who abuse the group activity, for example, running around far more than is necessary, and far more than others in a “fun” setting such as a football team.

Rating

Rate the number of days that the subject has engaged in intense exercise that was predominantly intended to use calories or change shape, weight or body composition.

Rate the average amount of time, in minutes, per day spent exercising in this way. Only consider days on which the subject exercised.

If you do not ask about the preceding two months, rate 99.

Scoring: Fill in the brackets:

	<u>Month 1</u>	<u>Month 2</u>	
<u>Month 3</u>			
Number of days (Rate 00 if no such exercising)	[] []	[] []	[] []
Number of minutes (Rate 999 if no such exercising)	[] [] [] []	[] [] [] []	[] [] [] []
	[] [] [] []		

19. ABSTINENCE FROM EXTREME WEIGHT CONTROL BEHAVIOUR

(Diagnostic item)

ONLY ASK THIS QUESTION IF AT LEAST ONE OF THE KEY FORMS OF WEIGHT CONTROL BEHAVIOUR HAS BEEN RATED POSITIVELY AT THE SPECIFIED SEVERITY LEVEL OVER THE PAST THREE MONTHS.

Essence of question: To ascertain whether the child has abstained from any particular form of weight controlling behaviour over the last three months.

The five forms of behaviour are as follows:

- *Fasting*
- *Self-induced vomiting*
- *Laxative misuse*
- *Diuretic misuse*
- *Excessive exercise*

Questions to ask:

* Over the past three months has there been a period of two or more weeks when you have not.....(ask for each individual form of behaviour that has been practised by the child)

Guidelines

- Ascertain the number of consecutive weeks over the past three months “free” (ie not above threshold levels) from all five forms of extreme weight control behaviour.
- Ascertain whether abstinence was due to force of circumstance (eg being in hospital).

Rating

Rate the number of consecutive weeks over the past three months free from all five forms of extreme weight control behaviour.

Do not rate abstinence due to force of circumstance.

Rate 99 if not applicable.

Scoring: Fill in the brackets:

Number of consecutive weeks over the past three months free of all five forms of extreme weight control behaviour

[] []

19. OTHER EXTREME METHODS FOR CONTROLLING SHAPE OR WEIGHT

(Diagnostic item)

Essence of question: To ascertain whether the child has engaged in any other forms of extreme weight / shape control behaviour.

Questions to ask:

* Over the past four weeks, have you done anything else to try to change your shape or weight?
(Specify the nature of these acts)

Ask about the frequency of episodes, both over the last four weeks, and over the preceding two months.

Guidelines

- Examples of other forms of extreme weight / shape control behaviour include misusing appetite suppressants, spitting out food, and under-using insulin in those subjects with insulin-dependant diabetes mellitus.
- Different acts should be combined to derive a total for the past four weeks.
- The behaviour does not have to have been effective in controlling weight, shape or body composition, merely present.

Rating

Rate the number of days, and the number of occasions, that the child has engaged in extreme forms of behaviour designed to influence weight, shape or body composition, irrespective of whether they are likely to have been effective.

Rate 00 if no such acts.

When rating occasions, rate 000 if no such acts, and 777 if the number of occasions is so great that it cannot be calculated.

If the question is not asked, rate 999.

Scoring: Fill in the brackets:

	<u>Month 1</u>	<u>Month 2</u>	
<u>Month 3</u>			
Number of days	[] []	[] []	[] []
Number of occasions	[] [] [] []	[] [] [] []	[] []
[] []			

20. DISSATISFACTION WITH WEIGHT
subscale)

(Weight concern

Essence of question: To ascertain whether the child has felt dissatisfied and distressed about his/her WEIGHT.

Questions to ask:

* Over the past four weeks, how have you felt about your weight?

*Have you felt dissatisfied with your weight?

* Has this made you really miserable or unhappy?

Guidelines

- Dissatisfaction should only be taken into account if it is due to weight being too high
- When asking about the level of distress felt due to dissatisfaction with weight, do not prompt the child with the terms "slight", "moderate" or "marked".
- The child's attitude towards his/her weight should be assessed by the interviewer.
- Ensure that you are talking about WEIGHT dissatisfaction, and not shape dissatisfaction.
- Try to find out how much dissatisfaction surrounds the child's weight, eg two days per month, 28 days per month, and rate on severity.

Rating

Rate the child's attitude to his/her weight. This should represent the average for the entire month.

Only rate 4, 5 or 6 if there has been distress.

Rate 9 if the subject is unaware of his/her weight.

Scoring: Circle the most appropriate score:

0 - No dissatisfaction

1 -

2 - Slight dissatisfaction (no associated distress)

3 -

4 - Moderate dissatisfaction (some associated distress)

5 -

6 - Marked dissatisfaction (extreme concern and distress; weight totally unacceptable)

9 - Subject unaware of his/her weight

21. DESIRE TO LOSE WEIGHT
subscale)

(Weight concern

Essence of question: To ascertain if, and how often, the child has a strong desire to lose weight.

Questions to ask:

* Over the last four weeks, have you wanted to lose weight?

Have you had a very strong wish to lose weight?

Guidelines

- Remember that this item is concerned with WEIGHT and not shape.

Rating

Rate the number of days on which there has been a strong desire to lose weight.

Scoring: Circle the most appropriate score:

- 0 - No strong desire to lose weight
- 1 -
- 2 - Strong desire present on less than half the days
- 3 -
- 4 - Strong desire present on more than half the days
- 5 -
- 6 - Strong desire present every day

22. DESIRED WEIGHT

* What weight would you like to be?

Rating

Rate weight in kilograms

Rate 888 if the subject is not interested in his or her weight

Rate 777 if no specific weight would be low enough

Rate 666 if the subject is primarily interested in his or her shape, but has some concern about weight (but not a specific weight)

Scoring: Fill in the brackets:

Child's desired weight [] [] [] []

23. REACTION TO PRESCRIBED WEIGHING
subscale)

(Weight concern

Essence of question: To assess the child's reaction to having to be weighed.

Questions to ask:

* How would you feel if you were told to weigh yourself once a week for the next four weeks?

What about if you were told that you were going to be weighed once a week by someone else?

How would you feel if you were told that you could only weigh yourself once a week, and not more often?

Guidelines

- Check whether other aspects of the child's life would be influenced by prescribed weighing.
- Ask the subject to describe in detail how he or she would react.
- Try to find out if it would make the child feel tense - this is a difficult item to ask children, as they generally have no choice as to whether they get on the scales or not.
- A child may also be distressed through only being able to weigh themselves once a week, rather than, eg, every day. This reaction should also be rated.
- Do not prompt the child with the terms "slight", "moderate" or "marked".

Rating

Rate the strength of the reaction

Positive reactions should not be rated

Ask the child to explain in detail how he or she would react, and rate accordingly

If the child would not comply with prescribed weighing, because it would be extremely disturbing, rate 6.

Scoring: Circle the most appropriate score:

0 - No reaction

1 -

2 - Slight reaction

3 -

4 - Moderate reaction (definite reaction, but manageable)

5 -

6 - Marked reaction (pronounced reaction which would affect other aspects of the child's life)

24. DISSATISFACTION WITH SHAPE
subscale)

(Shape concern

Essence of question: To ascertain whether the child has felt dissatisfied and distressed about his/her SHAPE.

Questions to ask:

- * Over the past four weeks, how have you felt about your shape?
- * Have you felt dissatisfied with your shape?
- * Has this made you really miserable or unhappy?

Guidelines

- Dissatisfaction should be due to shape, and not concerning body tone.
- When asking about the level of distress felt due to dissatisfaction with shape, do not prompt the child with terms such as “slight”, “moderate” or “marked”.
- The child’s attitude toward his/her shape should be assessed by the interviewer.
- Ensure that you are talking about SHAPE dissatisfaction, and not weight dissatisfaction.
- Try to find out how much dissatisfaction surrounds the child’s shape, and rate on severity.

Rating

Rate the child’s attitude to his/her shape. This should represent the average for the entire month.

Only rate 4, 5 or 6 if there has been distress.

Scoring: Circle the most appropriate score:

- 0 - No dissatisfaction
- 1 -
- 2 - Slight dissatisfaction (no associated distress)
- 3 -
- 4 - Moderate dissatisfaction (some associated distress)
- 5 -
- 6 - Marked dissatisfaction (extreme concern and distress; shape totally unacceptable)

25. PREOCCUPATION WITH SHAPE OR WEIGHT

(Shape and weight

concern subscales)

Essence of question: To ascertain whether thinking about his/her shape or weight has impaired the child's ability to concentrate on things that he/she enjoys doing.

Questions to ask:

* Over the last four weeks, have you spent much time thinking about your shape or weight?

(Check that the child has grasped these concepts)

* Has thinking about your shape or weight made it hard for you to pay attention to what you are doing?

What about when you are doing things that you enjoy, for instance, watching television, reading, playing computer games (etc.)?

How often does this happen?

Guidelines

- Concentration is regarded as impaired if there have been intrusive thoughts about shape and weight which have interfered with activities.

Rating

The interviewer must be convinced that intrusive thoughts about shape and weight are leading to an inability to concentrate on things that the child enjoys doing, in order to rate concentration impairment as present.

Rate the number of days on which this has happened.

Scoring: Circle the most appropriate score:

0 - No concentration impairment

1 -

2 - Concentration impairment on less than half the days

3 -

4 - Concentration impairment on more than half the days

5 -

6 - Concentration impairment every day

26. / 27. IMPORTANCE OF SHAPE AND IMPORTANCE OF WEIGHT

(Diagnostic items and weight concern subscale / shape concern subscale)

Essence of question: To ascertain how important the child's shape and weight are in influencing how they evaluate themselves as a person.

Introduction

"I'd like to find out what sort of things are important to you when you think about how good you are as a person. People differ in what really matters to them. For some, doing really well at school is very important to them. For others, doing well at sport is important to how they think about themselves. I'd like to make a list with you of about five or six things which are important to you in how you see yourself or think about yourself."

* When you think about what sort of things would make you a good person, what do you think of? (Prompt with examples if necessary, eg, being an obedient / good / loving child; being a good / honest / trustworthy friend; being kind to animals; being strong; being good at music; being artistic; being good at sport.)

For each you should clarify its status by saying:

"So if you do well at school then you would be a good / worthwhile / valuable person?"

Then ask:

- * Is having a thin shape important to you?
- * Is being very light / weighing very little important to you?

If the answer is "yes" to either of these questions, write out all the items on individual cards.

Then say:

* "Now I want you to put these down in order on the floor / table with the one that has been most important to how you think about yourself as a person in the past four weeks at the top, and then the next most important just underneath, and so on."

If you have more than 7 items, then ask the child to remove the least important item to them.

Ask the child to arrange the items in order of importance for the preceding two months also.

In order to ensure that the child has understood the concept, ask the following questions:

If your shape had changed over the past four weeks (has it?), would this have made a difference to how you feel about yourself? How?

If your weight had changed over the past four weeks (has it?), would this have made a difference to how you feel about yourself? How?

Would you prefer your shape not to change? How important is it that you keep the same shape?

Would you prefer your weight not to change? How important is it that you keep the same shape?

Rating

Rate the most important item as 6, the second most important item as 5, the third most important item as 4, the fourth most important item as 3..... etc.

Note the rating of the importance of shape and importance of weight items.

Rate 9 if not asked about the preceding two months.

Scoring: Fill in the brackets:

	<u>Month 1</u>		<u>Month 2</u>		<u>Month 3</u>
Importance of shape	[]		[]		[]
Importance of weight	[]		[]		[]

28. FEAR OF WEIGHT GAIN

(Diagnostic item)

Essence of question: To ascertain whether the child has a definite fear of gaining weight.

Questions to ask:

* Over the past four weeks, have you been scared that you might put on weight or get fat?

Ask about the frequency of this fear, both over the last four weeks, and over the preceding two months.

Guidelines

- Exclude reactions to actual weight gain.
- Anorectics are in control and can't perceive ever gaining weight. Whilst in control, it is unlikely that they will have fear of gaining weight.

Rating

Rate the number of days on which a definite fear has been present.

Rate 9 if not asked about the preceding two months.

Scoring: Circle the most appropriate score

	<u>Month 2</u>	
<u>Month 3</u>		
0 - No definite fear of fatness or weight gain		0
0		
1 -	1	
1		
2 - Definite fear of fatness or weight gain on less than half the days		2
2		
3 -	3	
3		
4 - Definite fear of fatness or weight gain on more than half the days		4
4		
5 -	5	
5		
6 - Definite fear of fatness or weight gain present every day		6
6		
9 - Not asked	9	
9		

29. DISCOMFORT SEEING BODY
subscale)

(Shape concern

Essence of question: To ascertain whether, and to what degree, the subject feels any discomfort when seeing their body.

Questions to ask:

* Over the past four weeks, have you felt awkward or embarrassed seeing your own body, for example, in the mirror, reflected in a shop window, getting undressed, having a bath or shower?

Have you tried not looking at your body? Why?

Guidelines

- The discomfort should be due to the child's sensitivity about the overall appearance of his/her shape or figure.
- It should not stem from sensitivity about specific aspects of appearance (eg, acne, big nose).
- It should not stem from modesty - stress to the child that it does not include other people seeing their body.

Rating

Rate the level of discomfort felt by the child, averaged out over the past four weeks.

Scoring: Circle the most appropriate score

0 - No discomfort about seeing body

1 -

2 - Some discomfort about seeing body

3 -

4 - Definite discomfort about seeing body

5 -

6 - Definite discomfort about seeing body, and has attempted to avoid all such occasions (ie the child has attempted not to see his/her body at all, even when washing)

30. AVOIDANCE OF EXPOSURE
subscale)

(Shape concern

Essence of question: To ascertain whether, and to what degree, the child feels any discomfort when other people see his/her body.

Questions to ask:

* Over the past four weeks, have you felt awkward or embarrassed when other people see your body, for instance, getting changed for swimming, in the swimming pool, if you are wearing shorts or a short skirt?

What about when your parents / brother(s) / sister(s) / friends (male and female) can see your body?

Have you tried not to let other people see your body? Why?

Guidelines

- The discomfort should be due to the child's sensitivity about the overall appearance of his/her shape or figure.
- It should not stem from sensitivity about specific aspects of appearance (eg, acne, big nose).
- The discomfort should not stem from modesty.

Rating

Rate the level of discomfort felt by the child, averaged out over the past four weeks.

If the possibility of exposure has not arisen, rate 9.

Scoring: Circle the most appropriate score

0 - No discomfort about others seeing body

1 -

2 - Some discomfort about others seeing body

3 -

4 - Definite discomfort about others seeing body

5 -

6 - Definite discomfort about others seeing body, and has attempted to avoid all such occasions

9 - Possibility of exposure has not arisen

31. FEELINGS OF FATNESS
subscale)

(Diagnostic item and shape concern

(Omit this item if the child is obviously overweight, and rate 7.)

Essence of question: To ascertain whether, and how often, the subject has felt fat over the last four weeks.

Questions to ask:

* Over the past four weeks, have you felt fat?

Ask about the frequency of episodes, both over the last four weeks, and over the preceding two months.

Guidelines

- Distinguish “feeling fat” from feeling bloated premenstrually, unless this is experienced as feeling fat.
- Accept the child’s use of the expression “feeling fat”.

Rating

Rate the number of days on which the subject has felt fat.

Scoring: Circle the most appropriate score

	<u>Month 2</u>
<u>Month 3</u>	
0 - Has not felt fat	0
0	
1 -	1
1	
2 - Has felt fat on less than half the days	2
2	
3 -	3
3	
4 - Has felt fat on more than half the days	4
4	
5 -	5
5	
6 - Has felt fat every day	6
6	
7 - Child obviously overweight, so question not asked.	7

32. FLAT STOMACH
subscale)

(Shape concern

(Omit this item if the child is obviously overweight and rate 7.)

Essence of question: To ascertain whether, and how often, the child has the desire for a flat stomach.

Questions to ask:

* Over the past four weeks, have you ever wished / wanted to have a really flat tummy / stomach?

How often?

Guidelines

- The desire must be to have a flat or concave stomach, not simply a “fletter” stomach.
- The child may want a flat stomach all the time, but you are looking for the number of days that the child actually thinks about his / her desire for a flat stomach.

Rating

Rate the number of days on which the child has a definite desire to have a flat or concave stomach.

Scoring: Circle the most appropriate score

0 - No definite desire to have a flat stomach

1 -

2 - Definite desire to have a flat stomach on less than half the days

3 -

4 - Definite desire to have a flat stomach on more than half the days

5 -

6 - Definite desire to have a flat stomach every day

7 - Child obviously overweight, so question not asked

33. WEIGHT AND HEIGHT

Obtain this data from the child's file.

Weight in kgs	[] [] []
Height in cms	[] [] []

34. MAINTAINED LOW WEIGHT

(Diagnostic item)

(Only rate children who may be underweight)

Essence of question: To ascertain whether a child of low weight is trying to lose weight, or at least not gain weight.

Questions to ask:

- * Over the past three months, have you been trying to lose weight?
- * If not, have you been trying to make sure that you do not put on any weight?

Guidelines

- If weight is low, take into account presence of attempts either to lose weight or to avoid weight gain.
- Ascertain as to whether any attempts to lose / maintain weight were for reasons concerning shape or weight.

Scoring: Circle the most appropriate score

0 - No attempts either to lose weight or to avoid weight gain over the last three months

1 - Attempts either to lose weight or to avoid weight gain over the last three months for reasons concerning shape or weight.

2 - Attempts either to lose weight or to avoid weight gain over the last three months for other reasons

35. MENSTRUATION
(Diagnostic item)

Essence of question: To ascertain menstrual status.

Questions to ask:

* Have your periods started yet?

What has happened to your periods?

Do you get one every month?

(In a few cases) Are you on the pill?

Guidelines

- Determine whether a regular cycle has been established.
- If the girl does not get one every month, get details of any periods
- Make sure the girl is not talking about isolated days: a period should last at least a few days.

Rating

Rate the number of menstrual periods over the past three expected menstrual cycles.

Rate 7 if the child is pre-menarchal, or has been taking oral contraceptives.

Scoring: Fill in the brackets

Number of menstrual periods in the last three months []

Appendix 6: Introduction to the research study, Eating Disorders Clinic

EDE Pilot Study - Interview Introduction

We are asking all the children who come here some questions about eating and worries. We are doing this so that you can have a chance to have your say. We hope that by hearing your point of view we will be able to understand more about the kinds of worries and problems young people have about food and eating.

Maybe there are things you haven't told your parents about your eating. If so you might be worried about telling us about them thinking that we might tell your parents. But you don't have to worry; anything that you say to us is private within the team.

This means that it will be most helpful to us if you let us know what you really think and do. There are no right or wrong answers to any of the questions so just answer with what seems right for you.

Some of the questions are very similar to each other; however we need to ask them all to make sure we get an accurate picture about what you think and how you feel.

Your parents have filled in your diary for the last four weeks. Have they remembered all the important things that have happened in the last four weeks. Did they get anything wrong? Are there any other things that they have forgotten? *(if so, include them in the diary with the child)*

We are going to use this diary to help us think about your eating in the last four weeks - for example, if you've been to a birthday party or to the cinema you may have had something special or unusual to eat like cake or popcorn. *(+ a further example if there is one from their diary).*

So now I'd like to start asking you about your eating, and about how you feel about your shape and weight...

Go to Question 2:

Appendix 7: Example of printout from Excel weight for height program

Eating Disorders Research Team, GOS

Name:	<input type="text" value="S N"/>	Date of birth:	<input type="text" value="01/07/85"/>
		Date in clinic:	<input type="text" value="09/04/96"/>
Input		Results	
Age:	<input type="text" value="10"/> years	Weight for Height	<input type="text" value="80.14"/>
	<input type="text" value="9"/> months	Height Centile	<input type="text" value="53"/>
Height	<input type="text" value="140.6"/> cm	Weight Centile	<input type="text" value="18"/>
Weight	<input type="text" value="26.8"/> kg		

Appendix 8: Example of standard case conference report

Eating Disorders Examination

Name: C.F.
Date of Birth: 14 April 1981
Date of Assessment: 04 March 1996

Presentation

C.F. came willingly to the session and spoke in great detail about her worries and concerns about eating, her weight and shape. She described the content of meals in great detail, and was able to describe very clearly the range of feelings and thoughts eating evokes for her. She described her main fear of losing control and how her eating worries related to this.

Restraint

In the past month C.F. has been helped by her parents to eat more food. This means that she now has main meals every day, and her parents help her with additional Build Ups after her evening meal. This means that she has stopped trying to cut down on what she eats, and tries to eat more. However, C.F. has found it impossible to give up her rules about foods she can eat, though has tried not to count calories.

Eating Concern

She has continued to experience intrusive thoughts about food, and continues to fear that she is losing control if she eats more. She tries to avoid eating in front of others at school, though recognises that having her parents around is helping her to eat. She continues to feel guilty about eating after almost every meal, either because she feels she has eaten too much and is losing control, or that she is not eating enough to be healthy.

Weight Control Measures

C.F. said that she has not vomited after eating because she can't make herself do it (she tried once a long time ago). She has been taking some laxatives under her parents direction because of constipation, but says that she has not misused them. She has tried to cut down the amount of exercise she does to control her weight over the past four weeks, and now spends about an hour a day exercising. She thinks that before this she was doing a lot more exercise.

Weight Concern

Thinking about her weight has made C.F. feel very upset and unhappy in the past month. Though part of her knows she needs to gain weight to be healthy, another part of her has a strong desire to continue to lose weight as a sign of being in control. She is constantly thinking about her weight and shape and this impairs her ability to think about other things. She rated Importance of Weight as her second highest self construct for the past 3 months.

Shape Concern

C.F. continues to feel very upset about seeing her body, as sometimes she thinks she is too thin and sometimes too fat. She tries to avoid letting other people see her body and has felt fat every day. She continues to have a desire for a flat stomach every day. She rated Having a Thin Shape as the most important self construct for her in the past three months.

Summary

C.F. described a changing situation of fears about her weight and shape and consequent problems with eating. Since her parents arranged her appointment here she has tried to eat well, but a part of her still feels that she is losing control when she eats, and that she needs to continue to lose weight.

Ian Frampton

Trainee Clinical Psychologist
Honorary Research Assistant

Date:

Appendix 9: Introduction to the study, control participants

Thank you for offering to help me with my research into attitudes about food and eating in young people. As I mentioned at the meeting, I am trying to find out about the kinds of worries and problems young people who are in hospital have about weight, shape and eating. In order to be able to help these young people, it is useful to know what young people who do not have an eating disorder think about the questions I'm asking.

This is where you come in - you are part of the normal control group for my research; and it would be very helpful to hear what you think about the questions I'm going to ask. This means that there are no right or wrong answers; I'm interested in your opinion and what you think.

Whatever you say here is confidential - that means that it is private and I won't be telling any one else about what you say. The only person I would talk to is Mrs Wrighton if I think that you have any worries she can help you with. If I'm going to tell her anything I'll let you know first. Is that alright with you?

Do ask any questions as we go along - or we can make some time at the end to discuss things in more detail.

Appendix 10: Certificate presented to control participants

Appendix 11: summary of the research data set

Sub Ref	Gp	Gender	Age	Wt/Ht	Rest.	Eating	Weight	Shape
1	1	F	12.10	67	4.8	3.6	3.2	4.1
3	1	F	10.08	101	0.2	1.6	3.6	2.4
6	1	F	11.06	83	4.8	3.4	4.6	4.8
8	1	F	11.04	88	3.8	3.6	3.0	4.1
9	1	F	13.06	73	4.6	2.6	3.6	3.3
10	1	F	12.10	89	3.4	3.0	2.4	3.6
12	1	F	12.04	77	1.8	0.0	1.0	1.3
14	1	F	14.02	62	0.0	0.2	0.0	0.0
15	1	F	14.03	81	0.0	1.4	0.4	0.3
16	1	F	12.05	74	1.4	0.8	3.0	3.4
17	1	F	12.08	81	3.8	3.6	3.8	3.6
18	1	F	14.06	79	3.6	2.0	3.2	4.3
20	1	M	13.09	66	1.8	0.0	1.0	1.3
25	1	F	12.10	73	0.0	0.0	0.0	1.4
27	1	F	14.10	75	4.8	2.0	4.8	5.3
2	2	F	10.03	118	0.0	0.0	0.0	0.0
4	2	F	14.10	106	0.0	0.0	0.4	0.0
5	2	F	10.06	100	0.0	0.0	0.0	1.4
7	2	F	8.02	100	5.2	1.6	4.8	4.3
11	2	F	9.10	100	0.2	0.0	1.0	3.0
13	2	F	8.03	93	0.0	0.0	0.0	0.8
21	2	F	12.10	64	0.0	0.8	0.0	0.0
22	2	M	8.04	80	0.0	0.0	0.6	0.4
23	2	F	13.07	100	0.0	0.0	0.0	0.0
24	2	M	8.01	100	0.0	0.0	0.0	0.0
26	2	M	13.06	96	0.0	0.0	0.0	0.3
28	2	F	14.11	105	5.6	4.0	5.6	5.5
29	2	F	12.07	93	0.2	0.0	0.2	0.5
30	2	F	12.00	100	0.0	0.0	0.4	0.6
61	2	F	12.00	100	0.0	0.0	0.4	0.6
43	3	F	11.05	n/a	0.0	0.0	0.0	0.0
33	3	F	11.06	n/a	0.0	0.2	0.0	0.0
34	3	F	11.06	n/a	0.0	0.0	0.0	0.3
35	3	F	11.06	n/a	0.0	0.0	0.0	0.0
50	3	F	11.06	n/a	0.0	0.0	0.0	0.1
45	3	F	11.09	n/a	0.0	0.0	0.0	0.0
37	3	F	11.10	n/a	4.8	2.2	3.6	3.8
41	3	F	11.10	n/a	0.0	0.0	0.0	0.0
38	3	F	11.11	n/a	0.0	0.0	0.0	0.0
44	3	F	11.11	n/a	3.8	2.6	4.2	3.0
40	3	F	12.00	n/a	0.0	0.0	1.2	0.5
49	3	F	12.00	n/a	0.0	0.0	0.0	0.1

32	3	M	9.01	n/a	0.0	0.0	0.0	0.3
36	3	M	13.03	n/a	0.0	0.0	0.4	0.6
42	3	M	9.04	n/a	0.0	0.0	0.0	0.0
31	4	F	12.03	n/a	0.0	0.2	0.0	0.0
39	4	F	12.03	n/a	0.0	0.0	0.0	0.0
48	4	F	12.05	n/a	0.0	0.0	0.0	0.0
53	4	F	12.06	n/a	0.0	0.0	0.4	0.5
60	4	F	12.06	n/a	1.2	0.2	1.8	1.4
46	4	F	12.08	n/a	0.2	0.0	0.4	0.4
55	4	F	12.08	n/a	0.8	0.0	1.4	0.5
51	4	F	12.09	n/a	1.2	0.4	0.0	0.6
47	4	F	12.11	n/a	1.2	1.8	1.8	1.4
52	4	F	12.11	n/a	0.0	0.0	0.0	0.0
54	4	F	13.02	n/a	0.0	0.0	0.0	0.0
59	4	F	13.02	n/a	0.8	0.4	0.2	1.3
56	4	F	13.03	n/a	3.6	1.8	3.8	4.3
57	4	F	13.03	n/a	1.0	0.0	1.4	1.3
58	4	M	13.03	n/a	0.2	0.2	1.0	0.5

Appendix 12: Power analysis and rationale for statistical design

$$\begin{aligned}\text{Glass's Effect Size: } d &= (m_i - m_{ii})/u \\ &= (2.5 - 0.5)/0.91 \\ D &= d/(d^2 + 1/pq)^{1/2} \\ &= 0.739 \\ n &= v + 2 \\ &= 26 + 2 \\ &= 28 @ 99\% \text{ power} \\ &\quad 1\% \text{ confidence} \\ &\quad 1 \text{ tailed test}\end{aligned}$$

In their initial development of the Eating Disorder Examination, Fairburn and Cooper (1993) suggest that "EDE data may not meet accepted criteria for normality. In this case either nonparametric statistical tests should be used or the data should be transformed" (p.324). However, other authors have concluded that ANOVA is relatively robust and insensitive to level of data, for example Box (1953): "Because the F Test is insensitive to nonnormality and because with equal n's it is insensitive to inequality of variances, it can safely be used under most conditions to indicate that the means in a set differ significantly when a significant F ratio is obtained."

In the current design, because main effect differences between the samples are being investigated, ANOVA can be justified as a suitable test. This approach is also endorsed by Guilford and Fruchter (1978).

References

- Box, G.E.P. (1953) Non-normality and tests of variance, Biometrika, Vol.40 p.318
- Fairburn, C.G. and Cooper, Z. (1993) The eating disorder examination (12th version) in Fairburn, C.G. and Wilson, G.T. (eds) Binge Eating: Nature, assessment and treatment, New York: Guilford Press
- Guilford, J.P. and Fruchter, B. (1978) Fundamental statistics in psychology and education Tokyo: McGraw Hill.

Appendix 13: Twoway analysis of variance for the full data set

Source of Variance	Sums of Squares	DF	Mean Squares	F
Subscales	11.219	3	3.740	12.19
Group	117.854	3	57.618	8.12
Interaction	2.007	9	0.223	0.73
Error Terms				
SxS/G	51.529	168	0.307	
S/G	397.210	56	7.093	
Total	634.819	239		

Appendix 14: Diagnostic use of the CH-EDE and contingency tables

1. The subject's weight and height should have been measured and reference made to tables of population norms to determine whether body weight is 15% or more below that expected.
 2. Maintained low weight should have been rated 1.
 3. Fear of Weight Gain should have been rated 4, 5 or 6 for each of the past 3 months.
 4. Importance of Shape, Importance of Weight or Feelings of Fatness should have been rated 4, 5, or 6 for each of the past 3 months.
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Criteria for CH-EDE diagnosis of anorexia nervosa