

Data Collection Worksheet

how much you were eating?)

[] YES

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

Eating Disorder Diagnostic Scale (EDDS) - DSM-5 VERSION

Please carefully complete all questions, choosing NO or 0 for questions that do not apply.

Over the past 3 months	Not all	: at	Slig	ghtly	Mode	rately	Extremely
1. Have you felt fat?	0	1	2	3	4	5	6
2. Have you had a definite fear that you might gain weight or become fat?	0	1	2	3	4	5	6
3. Has your weight or shape influenced how you judge yourself as a person?	0	1	2	3	4	5	6
4. During the past 3 months have the other people would regard as an unu cream) given the circumstances?					-		
[] YES							
[] NO							
5. During the times when you ate an experience a loss of control (e.g., fe			•	_			•

	[]	NO														
									erage nd ex							ave you eaten ol?
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16+
Du	ring	epis	ode	s of	over	eati	ng v	vith	a los	s of	cont	rol,	did	you	•••	
7.	Eat n	nuch	mo	re ra	apidl	y tha	an n	orma	al?							
	[]	YES														
	[]	NO														
8.	Eat u	ıntil	you	felt	unc	omfo	ortab	ly fu	ull?							
	[]	YES														
	[]	NO														
9.	Eat la	arge	amo	ount	s of	food	whe	en yo	ou di	dn't	feel	phy	sical	ly hı	ungr	y?
	[]	YES														
	[]	NO														
10.	Eat	alon	e be	ecau	se yo	ou w	ere (emb	arras	sed l	y ho	ow n	nuch	you	wer	e eating?
	[]	YES														
	[]	NO														
11.	Fee	l dis	gust	ed v	vith y	our:	self,	dep	resse	ed, o	r ver	y gu	ilty	afte	r ove	ereating?
	[]	YES														
	[]	NO														
12.	If yo	ou ha	ave (epis	odes	of u	ncor	ntrol	lable	e ove	reat	ing,	does	s it n	nake	you very upset
	[]	YES														
	[]	NO														

In order to prevent weight gain or counteract the effects of eating, how many times per month on average over the past 3 months have you:

13. Made yourself vomit?	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16) +
14. Used laxatives or diuretics?	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	j+
15. Fasted (skipped at least 2 meals in a row)?	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	5 +
16. Engaged in more intense exercise specifically to counteract the effects of overeating	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16) +
17. How many <u>times per nafter</u> awakening from slee evening meal and felt dist	р	or	ea	ter	า a	n	un	us	ua	lly	lar							
0 1 2 3 4 5	6	7	,	8		9		10		11	12	2 1	13	14	15	5 1	6+	
18. How much do eating o problems impact your relative friends and family, work p	tic	ns	hi	ps	wi	th			at		Slig	htl	y	Mod	dera	atel	y l	Extremely
and school performance?							1				2	3		4		5	(6
19. How much do you weig	gh?	' If	ur	nce	ert	aiı	n,	ple	eas	se	give	e yo	our	bes	st e	stin	nate	e.
20. How tall are you?	_ 1	t.			i	in.	-(or-				_ cr	n.					
21. What is your highest w	/ei	ght	t a	t y	ou/	ır o	cui	rre	nt	he	eigh	t? _			_ lt	os.	-or-	kg
22. What is your sex?																		
[] MALE																		
[] FEMALE																		

23.	What	is	vour	age?	

Protocol source: https://www.phenxtoolkit.org/protocols/view/120602