

The SCOFF Questionnaire

Please circle yes or no for each question

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 in a 3 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

6.