

## Modified SCOFF Questionnaire

This is a brief questionnaire that is looking at your attitudes and feelings about food.

Please read the questions below and check Yes or No.

1) Do you ever make yourself throw up (or use laxatives, water pills or exercise) 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 or gained more than 10-15 pounds 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) Do thoughts and fears about food and weight dominate your life?

Yes     No

6) Do you feel bad about yourself because of your weight, shape, or eating habits?

Yes     No