

Table 1. Eating Disorder Screening Tool

Eating Disorder Screening Tool (.EDscreen)		
1	Are you happy with your weight?	Yes = 0 points, No = 1 point
2	In the past 3 months, have you been limiting the amount of food you eat to lose weight?	Yes = 1 point, No = 0 points
3	Do you check calories, fat, carbs before you consume any food?	Yes = 1 point, No = 0 points
4	In the past 3 months, have you gone more than 8 hours without eating anything to lose weight?	Yes = 1 point, No = 0 points
5	Do you think about food, calories, or your body so often that you find it difficult to focus on other things?	Yes = 1 point, No = 0 points
6	Do you have a fear of gaining weight?	Yes = 1 point, No = 0 points
7	Do you feel stressed when you are unable to exercise?	Yes = 1 point, No = 0 points
8	In the past 3 months, have you ever used laxatives, diuretics, diet pills or caffeine to alter your weight or body?	Yes = 1 point, No = 0 points
9	Do you ever feel out of control when you eat/eat more than you intend to?	Yes = 1 point, No = 0 points
10	In the past 3 months, have you self-induced vomiting after eating?	Yes = 1 point, No = 0 points
If score is ≥ 3 points, screen is positive. Discuss concerns with patient and family and schedule a close follow-up visit no later than 1 week from current visit date.		