

EATING PATHOLOGY SYMPTOMS INVENTORY – CLINICAN RATED VERSION

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EPSI-CR[©]

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Study Name: _____

Interviewee Name (and/or ID): _____

Interviewer Name (and/or ID): _____

Date of Interview: _____

Behavioral Observations:

Edited and Checked by: _____ Date _____



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INTERVIEWER INSTRUCTIONS

Overview:

The Eating Pathology Symptoms Inventory-Clinician Rated version (EPSI-CR) is a structured clinical interview that is based on an empirically derived model of eating disorder symptoms. The interview is designed for use in community settings in which the interviewer does not have significant training in eating disorders. However, the interview can also be used in clinical settings, if desired. The EPSI-CR was developed from the self-report version of the EPSI (Forbush et al., 2013). The development process for the self-report version of the EPSI included an initial scale development phase in which 160 items targeting 20 potential domains of eating pathology were written. These items were administered to independent samples of community members ($N=433$) and students ($N=407$). Exploratory and confirmatory factor analysis was used to refine the measure and develop an empirical model of eating disorder symptoms. Further analyses were carried out to develop a model that had similar psychometric properties and factor structures in men vs. women and healthy weight vs. obese persons. The final stages of scale development included administering a revised item pool to patients with eating disorders ($N=158$) and general psychiatric outpatients ($N=303$). The measure was administered to undergraduate students ($N=227$) to examine test-retest reliability. The final self-report measure has excellent psychometric properties in a variety of populations and can be used in both community and clinical settings. The primary goal of the EPSI-CR is to provide a relatively brief clinical interview to assess the eight EPSI scales. Experts in eating disorders will note that the content of the empirically derived scales differs in some ways from previous theoretical and diagnostic models of eating disorders. For example, the “Purging” scale is broader and includes additional content compared to current definitions of purging, which refer only to forcibly expelling calories from the body (e.g., self-induced vomiting, laxative, and diuretic use). The EPSI includes additional content based on the results of statistical analyses, which indicated that other weight-loss methods loaded strongly on this scale. Further details about the content of the EPSI can be found in Forbush et al. (2013). Finally, a secondary goal of the EPSI-CR is to provide a dimensional assessment of *DSM-5* eating-disorder symptoms to derive diagnoses.

Starting the Interview:

Before beginning the interview, it is helpful to establish with interviewees the time frame under consideration for the interview. The interviewer should begin by orienting the participant to the time frame using the calendar (see p. 37 [however, a different calendar can be used if the interviewer desires; please note that interviewers will need to choose and incorporate an updated calendar each year on their own]). Rapport is an important consideration when administering this interview and inexperienced raters may benefit from reading chapters on interviewing skills, such those contained in the Eating Disorders chapter in the textbook *Diagnostic Interviewing* (Segal, 2019).

Format: Questions in **bold** are required questions that must be asked verbatim. Suggested optional follow-up probes can be asked (as needed) and are in ***bold italic font***. The interviewer is free to ask any of his/her own additional follow-up questions to obtain accurate ratings. Words that are underlined should be emphasized by the interviewer. Items in brackets [] and non-bold text should never be read aloud to the participant, as they contain interviewer instructions. The majority of the interview focuses on the current month and the preceding two months (because this corresponds to the DSM-5 duration criteria for eating disorders).

Ratings: Ratings should be made on a five-point scale, ranging from 0 (Not at all) to 4 (Very Often). Additional criteria are included in the body of the interview. However, *the interviewer should not simply read the rating scale to the participant*, but should use the guidelines and scoring criteria to arrive at a rating.

In general, the following rating scheme should be followed:

- **Ratings of '4'** have a **high threshold** and are generally for **extreme, very frequent responses** (e.g., self-induced vomiting at least once per day, binge eating at least once per day, or body dissatisfaction all day, every day).
- **Ratings of '3'** correspond to **frequent behaviors** (e.g., self-induced vomiting at least twice per week, binge eating at least twice per week, or body dissatisfaction most of the day, several days per week to most of the day, nearly every day).
- **Ratings of '2'** should be made if the behavior occurs on a **regular, weekly basis** (e.g., binge eating once per week, on average, or body dissatisfaction that occurs nearly every day to every day, but lasts briefly, or longer-lasting dissatisfaction approximately once or twice per week).
- **Ratings of '1'** correspond to **infrequent behaviors** that occur less than weekly (e.g., binge eating less frequently than once per week or if the participant experiences infrequent fleeting body dissatisfaction).
- **Ratings of '0'** refer to the **absence** of eating-disorder behaviors.
- **Ratings of '-7'** are **not applicable (skipped)** and **ratings of '9'** are **missing**.

If the frequency of a participant's behavior is between two rating scores (between '2' and '3'), round to the nearest rating (e.g., if a participant endorses self-induced vomiting thirteen times a week the rater should code this as a '2' instead of a '3'). Some modules, such as Binge Eating and Restricting, require very detailed information about the type and amount of foods eaten. Interviewers will need to obtain this detail to calculate calorie content. It may help to give the interviewee benchmarks, such as "individual size," "family-size," etc. and/or assist them by providing guidelines for portion sizes, such as the size of a deck of cards, a CD, salad plate, dinner plate, etc. *Common guidelines for portion size are provided at the end of the interview and should be given to participants to improve the accuracy of their report.*

SCORING

Each item will generate a Total Score and/or a *DSM*-Score. The Total Score is obtained by adding (summing) the relevant item responses. The *DSM*-Score is made using a 0-3 point scale. The interviewer should carefully read through the SCORING CRITERIA section at the end of each module to ensure that they are rating the *DSM* symptoms correctly. *DSM*-Scores of '2' reflect 'sub-threshold' responses. These ratings should not be made for ambiguous answers (ambiguous answers should be probed until the interviewer arrives at a definite rating). Rather, sub-threshold scores reflect lower severity or frequency. Specific instructions for sub-threshold scores are provided in the SCORING CRITERIA section at the end of each module. EPSI-CR scores should be entered on p. 30. Modules with an asterisk are used to derive diagnoses of *DSM-5* eating disorders. To diagnose an eating disorder, the scoring rubric generated from the *DSM*-scores should be used (see *DSM-5* Diagnostic Rubric on p. 31).

ORIENTATION TO THE INTERVIEW

I'm going to be asking you a series of standard questions about your eating habits, body image, and weight. Some of these questions may not apply to you, but I will be asking all of the questions to gain a complete and accurate picture of your eating behaviors. During the interview, we will focus on the past three months. This includes the past 30 days [give specific dates to the interviewee], as well as the preceding 60 days [give specific dates to the interviewee]. Throughout the interview I will call the past 30 days Month 1. I will also refer to Months 2 and 3, which were the two months prior to the last 30 days. Does that make sense? [Make sure that the interviewee understands this time frame prior to proceeding.]

Sometimes it can be difficult to remember your past eating habits. However, I will try my best to help you remember. For example, sometimes it can help to remember any major events, parties, vacations, or holidays that have taken place over the past three months as a way to jog your memory. Have you had any of these types of events in the last three months? [Record answer below].

Events occurring in the past three months:

Another way to help you remember is to think about any changes that have occurred in your eating and exercise habits over the past three months. Can you think of any changes to your overall pattern of eating and exercise that have occurred during the past three months?

Changes to eating habits and exercise over the past three months:

Now, I'd like to ask you some more specific questions about your eating habits, body image, and weight. Do you have any questions before we begin?

A. BODY DISSATISFACTION

Over the past three months, how have you felt about your body?

A1. Did you feel at all dissatisfied with your body weight or shape in the past three months? If endorsed, ask: How often did you feel this way?

Not at all	Rarely	Sometimes	Often	Very Often
0	1	2	3	4

If NOT AT ALL, SKIP to Module B. Otherwise, CONTINUE below.

[For the questions below follow-up endorsed items with:] **“How often (how much of the time) did you...?”**

Over the past three months:

A1a. Have you thought that part of your body was fat or too big?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

A1b. Did you wish the shape of your body was different?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

A1c. Have you been dissatisfied with how clothes fit the shape of your body?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

A1d. Did your feelings of body dissatisfaction cause any problems at work, school, or with your friends or family?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

SCORING CRITERIA

- Module A is for dissatisfaction with body weight and shape (in the direction of desiring a smaller, thinner body, or less body fat). Dissatisfaction with muscularity, in which the participant desires a larger, more muscular physique, should be rated in Module F.
- Ratings of ‘4’ should be made only if the items were present all day, every day in the past three months. To receive a ‘3’ the dissatisfaction item should have been present several days per week up to most of the day, nearly every day. A ‘2’ should be rated if the dissatisfaction was present nearly every day or every day, but lasted briefly, or for longer-lasting dissatisfaction approximately once or twice per week. Ratings of ‘1’ are given if the dissatisfaction occurred less than once per week. A score of ‘0’ is for the absence of body dissatisfaction.
- TOTAL is the sum of items **A1a-A1c**.
- DSM-SCORE is not rated.

TOTAL (Items A1a-A1c)

DSM-SCORE (Not Computed)	Sub-Threshold			Present
	Missing	Absent	Present	

B. OBJECTIVE BINGE EPISODES*

The next series of questions relate to times when you have felt you have overeaten. People have different definitions of what is meant by the word overeating. For the following questions, I am interested in any times that you have felt you have eaten too much within one sitting and times when you have felt as though your eating was out-of-control.

At any time in the past three months,

B1a. Did you eat a very large amount of food within one sitting, for example within two hours? If endorsed, ask: How often did you eat a very large amount of food in one sitting?

Not at all	Rarely	Sometimes	Often	Very Often
0	1	2	3	4

If NOT AT ALL to B1a, SKIP to Module D. Otherwise, CONTINUE below.

B1b. During these times did you feel as though your eating was out-of-control? If endorsed, ask: How often (frequently) did you feel as though your eating was out-of-control?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

[Suggested optional follow-up probes]: *Did you feel that you could have stopped once you started? Did you feel it was inevitable you would eat that amount of food? Did you have the feeling that you could not control when, what, or the amount of food you were eating?*

If NOT AT ALL to B1b, SKIP to Module D. Otherwise, CONTINUE below.

At any time in the past three months did you:

[For B2-B5 follow endorsed items with:] *“How frequently did you...?”*

B2. Eat when you were not hungry?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

B3. Eat as if you were on auto-pilot?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

B4. If someone offered you food, did you feel that you could not resist eating it?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

B5. Did you not notice how much you ate until after you had finished eating?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

If interviewee endorses B1a and B1b: **Do you recall the last time you felt you ate a very large amount of food in a short period of time and you felt out-of-control over your eating?**

If YES: **What did you eat during this time?** [Record food eaten]

If NO: **That's okay. Let's talk about a *typical time* when you've felt you have eaten a large amount of food in a short time frame. During these times, what have you typically eaten?** [Record food eaten]

Detailed list of foods consumed during eating episode:

*[If episode is NOT objectively large, GO TO to **D1b**, p. 14]*

After each food item reported, probe with **“What else?”** Continue using this probe until the interviewee indicates there was no more food consumed. Do NOT ask if there was “anything else,” as this may subtly imply that the interviewee has eaten too much.

B1c. Over what period of time did you eat these foods?

Community-recruited men considered three small hamburgers to be unusually large, whereas two small hamburgers were considered unusually large by community-recruited women. A final consideration is physical activity status. If the interviewee is an athlete, for example, they will require greater daily calories. An athlete should report an episode that is definitely larger than what other athletes with similar caloric expenditure would consume.

2. Episodes are associated with a subjective sense of loss-of-control (Question **B1b**). Loss-of-control refers to the subjective sense that the participant cannot stop eating or control when, what, or the amount of food that is eaten. For **B1b**, code a '4' if loss-of-control was present during every overeating episode reported on **B1a**. For example, if someone reported overeating 4 times on **B1a** and they reported feeling a sense of loss-of-control during all 4 overeating episodes, **B1b** would be coded a '4.' If someone reported overeating 4 times on **B1a** and they reported feeling a sense of loss-of-control during only 1 overeating episode, **B1b** would be coded a '1.'
3. Total Score is computed by summing responses to Items **B2-B5**.
4. *DSM* Score is coded present if the participant has objectively large binge episodes within a discrete period of time (**B1a and B1c**), loss of control (**B1b**), and these episodes occur once per week (or more) on average in past three months (**see B1d**). If participant has objectively large binge episodes with in a discrete period of time (**B1a and B1c**) and loss of control (**B1b**), but episodes are less than 1 week on average in the past 3 months, a sub-threshold score should be given. If the amount eaten is large, but there is no loss of control, then rate a 0 because this would be considered over eating and not a binge episode.

TOTAL (Items B2-B5)

	Missing	Absent	Sub-Threshold	Present
DSM-SCORE (B1a-B1d)	-9	0	1	2

C. BINGE EATING DISORDER * – SKIP TO D IF NO BINGEING IS PRESENT

C1. Over the past three months, when you had an eating episode, in which you ate an amount of food that was similar to what you described to me, did you:

[Follow-up endorsed items with:] **“How frequently (or how often) did you...?”**

C1a. Eat much more rapidly than normal?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

C1b. Eat until you felt uncomfortably full?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

C1c. Eat large amounts of food when you weren't physically hungry?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

C1d. Eat alone because you were embarrassed by how much food you were eating?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

C1e. Feel disgusted with yourself, depressed, or very guilty after overeating?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

C2. Did these eating episodes cause you to feel badly about yourself or upset you?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

SCORING CRITERIA

- For items **C1a-C2**, code a '4' if the binge-eating symptoms were present for 100% of binge-eating episodes. For example, if a participant reported 4 binge-eating episodes and they reported that they ate alone because they felt embarrassed during all 4 binge-eating episodes, code a '4' for **C1d**. If a participant reported 4 binge-eating episodes and they reported that they ate alone because they felt embarrassed during only 1 binge-eating episode, code '1' for **C1d**.
- DSM-Score* is coded present if the participant scores \geq '2' on any three out of the five **C1a-C1e** responses and **C2** is rated \geq '2'. A score of '1' (Rarely) to **C2** can be coded a '1' (Sub-Threshold). If participant scores \geq '2' on any one to two out of the five **C1a-C1e** responses and **C2** is rated \geq '2' this can be rated a '1' (Sub-Threshold).

TOTAL (Not Computed)

DSM-SCORE (Any three C1a-C1e and C2)	Skipped	Missing	Absent	Sub-Threshold	Present
	-7	-9	0	1	2

D. SUBJECTIVE BINGE EATING

[If the participant endorsed B1b (loss of control), but did not eat an objectively large amount of food, do not read the initial probe (D1a), but re-record his/her response from B1b below and GO to Item **D1b**, p. 14].

D1a. In the past three months, have you had any times when you felt a loss of control after eating what most people would consider a typical or standard sized meal or snack? If endorsed, ask: **How often did you feel as though your eating was out-of-control when you ate a typical or standard meal or snack?**

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

[Suggested optional follow-up probes]: ***Did you feel that you could have stopped once you started? Did you have the feeling that you were eating more than you intended? Did you feel compelled or driven to continue eating once you started? Did you have the feeling that you could not control when, what, or the amount of food you were eating?***

If NOT AT ALL, SKIP to Module E. Otherwise, CONTINUE below.

What is the smallest amount of food you've eaten when you felt your eating was out-of-control?

What did you eat during this time? [Record food eaten below]

Detailed list of foods consumed during eating episode:

[If episode is objectively large, GO BACK to **B1c**, p. 9]

After each food item reported, probe with **“What else?”** Continue using this probe until the interviewee indicates there was no more food consumed. Do NOT ask if there was “anything else,” as this may subtly imply that the interviewee has eaten too much.

D1b. Over what period of time did you eat these foods?

D1c. If episode was not objectively large: How many days, in Month 1, did you have an eating episode, in which you ate an amount of food that was similar to what you just described [Give example of a few of the foods eaten, if participant is confused] and you felt out of control over your eating. Were there any days in which you had more than one episode?

Month 1: _____ Days _____ # Episodes

If there were “subjective” binge episodes in Month 1, ask: Did you have any eating episodes, in which you ate an amount of food that was similar to what you just described and you felt out of control over your eating in the two previous months?

If YES: How many days, in Months 2 and 3, did you have an eating episode, in which you ate an amount of food that was similar to what you described [Give example of a few of the foods eaten, if participant is confused] and you felt out of control over your eating. Were there any days in which you had more than one episode in Month 2? What about Month 3?

Month 2: _____ Days _____ # Episodes

Month 3: _____ Days _____ # Episodes

SCORING CRITERIA

1. Subjective binge episodes that occur within a discrete period of time. The episode must **NOT** be objectively large. See Module B for guidelines on objectively large binge episodes. Please note many people will experience both objective and subjective binge-eating episodes.
2. Episodes are associated with a subjective sense of loss-of-control (**D1a**).
3. No Total score is computed for this module.
4. *DSM* Score is coded present if the participant has subjective binge episodes within a discrete period of time (**D1a and D1b**). Episodes must occur once per week (or more) on average in past three months (**see D1c**). Sub-threshold can be rated if the episodes occur less than once per week over the past three months.

TOTAL (Not Computed)

	Skipped	Missing	Absent	Sub-Threshold	Present
DSM-SCORE (D1a-D1c)	-7	-9	0	1	2

E. RESTRICTING*

E1a. Did you have any times when you felt you were restricting (in other words purposely limiting the types or amounts of foods that you ate)? If endorsed, ask: How frequently did you restrict your eating?

Not at all	Rarely	Sometimes	Often	Very Often
0	1	2	3	4

[If NOT AT ALL, SKIP to Module F, p. 17. Otherwise, CONTINUE below. Note that “unsuccessful” attempts at restricting food intake should be rated in Module F.]

E1b. Why were you restricting the types or amounts of foods that you ate?

If restricting was NOT at all to influence body weight or shape or to gain a sense of control over their eating, SKIP to Module F. Otherwise, CONTINUE below.

During the times when you were restricting your eating:

[Follow-up endorsed items with:] **“How frequently (or how often) do/did you...?”**

E2a. Do you think people would have been surprised if they knew how little you ate?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

E2b. Did you ever skip two meals in a row?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

E2c. Did you get full after eating what most people would consider a small amount of food?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

E2d. Did people encourage you to eat more?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

E2e. Did people tell you that you do not eat very much?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

If interviewee endorsed E1a and E1b (the restricting is to influence body weight, shape, or to gain a sense of control over their eating): **Do you recall the last time you restricted?**

If YES: **What did you eat before, during, and after this time?** [Record food eaten below]

If NO: **That's okay. Let's talk about a *typical time* when you've restricted. Typically what did you eat before, during, and after restricting?** [Record food eaten]

Detailed list of food consumed before, during, and after restricting:

[Be sure to ask about amount of hours slept, if applicable]

E1c. Over what period of time did your restriction last?

E1d. How many days, in Month 1, did you restrict your eating [If participant is confused, describe pattern of restriction from the detailed list]? **What about Months 2 and 3?**

Month 1: _____ Days

Month 2: _____ Days

Month 3: _____ Days

SCORING CRITERIA:

1. The participant must be restricting/limiting their intake intentionally (**E1a and E1b**). Do not count fasting for religious purposes – such as Ramadan. The restricting should not be due only to circumstances (such as not having time to eat). However, the interviewer should probe to ensure that this is truly unintentional and not due to the participant purposely scheduling activities during meal/snack times to avoid eating. If a secondary reason is to affect their body weight or shape or give them a sense of control over eating, this should be considered restricting.

2. Participant must go for a concrete period of time without eating (e.g., more than several waking hours) or eat considerably less than others of the same age, sex, and weight (see **E1c and Detailed List**).
3. For items **E2a-E2e**, code a '4' if the participant endorsed the symptom during 100% of the restricting days reported in **E1a**. For example, if a participant reported 4 restricting days and reported skipping at least two meals on all 4 days, **E2b** would be coded a '4.' If a participant reported 4 restricting days and reported skipping at least two meals on only 1 day, **E2b** would be coded a '1.'
4. Total Score is computed by summing items **E2a-E2e**.
5. Total Restricting is computed by summing all restricting days from **M1, M2, and M3**.
6. *DSM-Score* is coded present if the participant has intentional restriction to influence their body weight or shape or to gain a sense of control over their eating (**E1a and E1b**), avoids eating for a concrete period of time (**E1c**), and his/her restricting occurs at least once per week on average for past three months (**E1d**).

TOTAL (Items E2a-E2e)

TOTAL RESTRICTING (M1+M2+M3)

	Missing	Absent	Sub-Threshold	Present
DSM-SCORE (E1a-E1d)	-9	0	1	2

F. COGNITIVE RESTRAINT

F1a. Now I'm going to ask you a slightly different question. Did you have any times when you tried to avoid or limit the type or amount of food you ate, whether or not you succeeded?

Not at all	Rarely	Sometimes	Often	Very Often
0	1	2	3	4

If endorsed, ask:

How frequently did you try to avoid or limit the type or amount of food that you ate?

[If NOT AT ALL, SKIP to Module G, p. 19. Otherwise, CONTINUE below.]

F1b. Why were you trying to avoid or limit the foods you ate?

If cognitive restraint was NOT at all to influence body weight or shape or to gain a sense of control over their eating, SKIP to Module G. Otherwise, CONTINUE below.

During the times when you were trying to avoid or limit the type or amounts of food that you ate:

[Follow-up endorsed items with:] ***“How frequently (or how often) do/did you...?”***

F2a. Did you try to exclude “unhealthy” foods from your diet?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

F2b. Did you try to avoid foods with a high calorie content?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

F2c. Did you count the calories of the foods you ate?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

SCORING CRITERIA

1. It is important to note that this module is for attempted efforts to avoid or limit food intake. Efforts do not need to be successful.
2. The participant must be attempting to avoid or limit their intake intentionally (**F1a and F1b**). Do not count attempts at avoiding foods due to medical reasons (such as food allergies, appropriate adherence to the carbohydrate exchange system for persons with diabetes mellitus, lactose intolerance, or Celiac's disease). However, the interviewer should probe to ensure that this is truly of medical necessity (e.g., the participant reports receiving a medical diagnosis from a certified physician). If a secondary reason is to affect their body weight or shape

or give them a sense of control over their eating, this should be considered cognitive restraint.

3. Ratings of '4' should be made on F1a only if participant attempted or tried to avoid or limit intake every day in the past three months. To receive a '3' attempts at avoidance should be present several days per week up to most of the day, nearly every day. A '2' should be rated if the attempts at avoidance were present once or twice per week. Ratings of '1' are given if the attempts at avoidance occurred less than once per week.
4. For items **F2a-F2c**, code a '4' if the participant endorsed the symptom during 100% of cognitive-restraint days as assessed in item **F1a**. For example, if a participant reported 4 cognitive-restraint days and they tried to avoid foods with a high calorie content on all 4 days, **F2b** would be coded a '4.' If a participant reported 4 cognitive-restraint days and they tried to avoid foods with a high calorie content on only 1 day, **F2b** would be coded a '1.'

TOTAL (Items F2a-F2c)

	Missing	Absent	Sub-Threshold	Present
DSM-SCORE (Not Computed)				

G. MUSCLE BUILDING

**G1a. Did you think your muscles were too small? If endorsed, ask:
How often did you feel this way?**

Not at all	Rarely	Sometimes	Often	Very Often
0	1	2	3	4

[If NOT AT ALL, SKIP to Module H, p. 21. Otherwise, CONTINUE below.]

[Follow-up endorsed items with:] **“How frequently (or how often) did you...?”**

G1b. Did you take protein supplements?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

G1c. Did you use a muscle building supplement?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

G1d. Did you think about taking steroids as a way to get more muscular?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

G1e. Did your desire to increase your muscle mass (or use of [list supplements taken]) cause you any problems at work, school, or with your friends or family?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

G1f. How much did thinking that your muscles were too small bother or upset you?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

If interviewee endorses G1b or G1c: **What did you take to build your muscle mass?**

Supplements or foods used/consumed to build muscle:

*[If the main substance is protein, obtain specific information on the grams of protein consumed on a typical day. If it is not clear, ask the following probe: **What do you typically eat and drink on the days you are trying to build your muscle mass?***

Food/drinks/supplements consumed on days interviewee is trying to increase protein:

G1g. How many days per week, in Month 1, did you [describe supplement usage that was endorsed]? What about Months 2 and 3?

Month 1: _____ Days

Month 2: _____ Days

Month 3: _____ Days

SCORING CRITERIA

1. Module G is for dissatisfaction *in which the participant desires a larger, more muscular physique. Dissatisfaction with body weight and shape (in the direction of desiring a smaller, thinner body, or less body fat) should be rated in Module A.*
2. For **G1a**, Ratings of '4' should be made only if dissatisfaction with muscularity was present all day, every day in the past three months. To receive a '3' the muscle dissatisfaction should have been present several days per week up to most of the day, nearly every day. A '2' should be rated if the muscle dissatisfaction was present nearly every day or every day, but lasted briefly, or for longer-lasting muscle dissatisfaction approximately once or twice per week. Ratings of '1' are given if the muscle dissatisfaction occurred less than once per week. A '0' is for the absence of muscle dissatisfaction.
3. A rating of '4' for protein supplements (**G1b**) has a high threshold. Daily consumption of a protein shake would not count as 'very often.' Daily use of an excessive amount of protein shakes/powders (e.g., three or more per day) or consuming the majority of calories each day from protein would qualify for a score of '4'.
4. A rating of a '4' for muscle building supplements (**G1c**) is given for daily use potentially dangerous muscle building supplements (e.g., anabolic steroid use, anti-estrogens, muscle filler injections, non-FDA approved or illicit muscle building substances). If the substance is not potentially dangerous or illicit, a '4' should be given only if an excessive amount (e.g., more than twice the recommendation by the FDA) is used on a daily basis.
5. TOTAL is the sum of items G1a-G1f.
6. No DSM-SCORE is computed.

TOTAL (Items G1a-G1f)

	Missing	Absent	Sub-Threshold	Present
DSM-SCORE (Not Computed)				

H. PURGING*

H1. Over the past three months, did you:

[Follow-up endorsed items with:] *“How frequently (or how often) did you...?”*

H1a. Make yourself vomit in order to lose weight?

Not at all	Rarely	Sometimes	Often	Very Often
0	1	2	3	4

H1b. Use laxatives in order to lose weight?

Not at all	Rarely	Sometimes	Often	Very Often
0	1	2	3	4

H1c. Use diet pills or weight loss supplements of any kind?

Not at all	Rarely	Sometimes	Often	Very Often
0	1	2	3	4

H1d. Use diet teas or cleansing teas to lose weight?

Not at all	Rarely	Sometimes	Often	Very Often
0	1	2	3	4

H1e. Use diuretics to lose weight?

Not at all	Rarely	Sometimes	Often	Very Often
0	1	2	3	4

H1f. Consider using diuretics to lose weight?

Not at all	Rarely	Sometimes	Often	Very Often
0	1	2	3	4

H1g. Use any other substances to lose weight? [Examples include insulin omission, taking extra or non-prescribed synthetic thyroid hormone, enemas, or suppositories]

Not at all	Rarely	Sometimes	Often	Very Often
0	1	2	3	4

If NOT AT ALL to H1a-H1g, SKIP to Module I. Otherwise, CONTINUE below.

If interviewee endorses use of weight loss supplement/pills:

H2. What have you taken to lose weight?

Substances used to lose weight:

H3. Did the participant endorse multiple purging methods? Yes _____ No _____

H4. [Write the specific purging method(s) that were endorsed and then ask the question on the next page for each purging behavior. Repeat the question until you have assessed the frequency of all purging methods reported by the participant.]

How many days per week, in Month 1, did you [name purging method]? What about Months 2 and 3? Were there any days you had more than one episode?

a. Purging Method # 1 _____

Month 1: ___ Days ___ Episodes

Month 2: ___ Days ___ Episodes

Month 3: ___ Days ___ Episodes

d. Purging Method # 4 _____

Month 1: ___ Days ___ Episodes

Month 2: ___ Days ___ Episodes

Month 3: ___ Days ___ Episodes

b. Purging Method # 2 _____

Month 1: ___ Days ___ Episodes

Month 2: ___ Days ___ Episodes

Month 3: ___ Days ___ Episodes

e. Purging Method # 5 _____

Month 1: ___ Days ___ Episodes

Month 2: ___ Days ___ Episodes

Month 3: ___ Days ___ Episodes

c. Purging Method # 3 _____

Month 1: ___ Days ___ Episodes

Month 2: ___ Days ___ Episodes

Month 3: ___ Days ___ Episodes

f. Purging Method # 6 _____

Month 1: ___ Days ___ Episodes

Month 2: ___ Days ___ Episodes

Month 3: ___ Days ___ Episodes

SCORING CRITERIA

1. To the authors' knowledge there currently is no empirical evidence indicating whether or not consumption of high-fiber foods should be considered a form of purging. At this time, therefore, the use of fiber cereals, prune juice, regular caffeinated beverages (such as coffee), etc. should not be considered laxative use.
2. Purging method refers to distinct types of purging (e.g., vomiting or laxatives). Enemas and suppositories are considered distinct methods.
3. Total Purging is computed by summing all purging episodes from **M1, M2, and M3**.
4. Total Score is computed by summing responses to Items **H1a-H1c and H1e-H1g**
5. *DSM* Score is coded present if the participant endorsed purging behavior (**H1a, H1b, H1d*, H1e, or H1g**) once per week (or more) on average in past three months (**see H4**) (e.g., scores \geq '2'). Sub-threshold ratings can be made if the participant endorsed purging behavior less often than once per week on average (e.g., scores of '1' to H1a, H1b, H1d*, H1e, or H1g).
6. *H1d can be coded toward the *DSM* score if the diet or cleansing tea had a laxative or diuretic effect. Other names for these teas are "skinny teas" or "slimming teas." Do not count teas that are calorie free that have no laxative or diuretic effect.

TOTAL (Items H1a-H1c and H1e-H1g)

TOTAL PURGING (M1+M2+M3 episodes)

***DSM-SCORE* (H1a, H1b, H1d*, H1e, or H1g)**

	Missing	Absent	Sub-Threshold	Present
	-9	0	1	2

I. EXCESSIVE EXERCISE*

Over the past three months did you engage in physical exercise?

Yes _____ No _____

If NO, SKIP to Module J. Otherwise, CONTINUE below.

I1. Over the past three months, did you:

[Follow-up endorsed items with:] **“How frequently (or how often) did you...?”**

I1a. Did you exercise to the point of exhaustion?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

I1b. Did you push yourself extremely hard when you exercised?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

I1c. Did you plan your days around exercising?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

I1d. Did you feel that you needed to exercise nearly every day?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

I1e. How often would it have bothered you if you were unable to exercise for some reason?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

I1f. Did your exercise cause you any problems at work, school, or with your family or friends?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

I1g. Did you exercise despite an injury or when you were sick?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

If NOT AT ALL to I1a-I1g, SKIP to Module J. Otherwise, CONTINUE below.

[If there is evidence of excessive exercise]:

I2. What have you typically done for exercise?

Exercise pattern: _____

I3. [If there is evidence of excessive exercise]: **How many days per week, in Month 1, did you [describe excessive exercise pattern]? What about Months 2 and 3?**

Month 1: _____ Days

Month 2: _____ Days

Month 3: _____ Days

SCORING CRITERIA

1. Exercise that occurs for sports or ballet training is not necessarily intense unless it is beyond what is considered normative in this context (e.g., exercising outside of practice, when not recommended by coaches or trainers, etc.)
2. Total Exercise is computed by summing exercise days from **M1**, **M2**, and **M3**.
3. Total score is sum of **I1a-I1d**.
4. *DSM*-score is rated present if the exercise is intense (beyond interviewee’s physical capacity) or for an excessive duration (e.g., 2 hours or greater) (**see I2**), occurs once per week or more (on average) over the past three months (**see I3**), and causes subjective distress or impairment in social or occupational functioning (score ≥ ‘2’ to **I1e, I1f, or I1g**). Sub-Threshold scores can be given for excessive exercise that occurs once per week or more (on average) over the past three months, and causes some subjective distress or impairment in social or occupational functioning (score ‘1’ to **I1e, I1f, I1g**) or excessive exercise that occurs less than once per week, but causes subjective distress or impairment in social or occupational functioning (score ≥ ‘2’ to **I1e, I1f, or I1g**).

TOTAL (Items I1a-I1d)

TOTAL EXERCISE (M1+M2+M3)

	Missing	Absent	Sub-Threshold	Present
DSM-SCORE (I1e, I1f, <u>or</u> I1g <u>and</u> I2 <u>and</u> I3)	-9	0	1	2

J. LOW WEIGHT*– THIS ITEM SHOULD BE ASKED FOR ALL PARTICIPANTS

J1. INITIAL PROBE

What is your current height and weight [If objective measurements are feasible, it is best to use these data, rather than self-report]? **What was your weight in Months 2 and 3?** [If the participant has not reached adulthood, it is appropriate to ask their heights in Months 2 and 3].

Month 1: _____Weight (lbs) _____ft _____inches BMI: _____
 Month 2: _____Weight (lbs) _____ft _____inches BMI: _____
 Month 3: _____Weight (lbs) _____ft _____inches BMI: _____

[If body weight is low and you are unaware of why this would be the case, ask the following probe]: **Other than the things we have already discussed in this interview, has there been anything you have been doing to keep your weight low or to prevent weight gain?**

SCORING CRITERIA

1. No Total Score is computed.
2. *DSM* Score is rated present if the low weight is due to restriction of energy intake relative to requirements and not due to a general medical condition. The interviewee’s weight must be significantly lower than what is expected based on the person’s age, sex, developmental trajectory, and physical health (e.g., less than 18.5 BMI) – **See BMI Charts** p. 34-35. Significantly low weight is defined as a weight that is less than minimally normal, or, for children and teenagers, less than that minimally expected. *Although a BMI of 18.5 is given as an example, it is not a strict cut-off.* Sub-threshold scores are for individuals who are less than a BMI of 19, but do not meet full criteria for low weight based on their BMI. Sub-threshold ratings are only for individuals whose low weight is due to restriction of energy intake relative to requirements and not due to a general medical condition.
3. For persons with atypical anorexia nervosa (a specific form of OSFED), their weight may not be objectively low at the time of assessment. To identify whether a diagnosis of atypical anorexia nervosa is warranted, the interviewer should be mindful of the rate of weight loss across M1-M3. Depending on the participant’s pattern of weight loss, the interviewer may also want to ask about weight loss in the preceding three months (M4-M6). Unless the participant is on a “very low-calorie diet” or has had weight-loss surgery, weight loss greater than a rate of 2 lbs/wk is an unhealthy rapid rate of weight loss. **If atypical anorexia nervosa is being considered, the interviewer should assess Module L.**

TOTAL (Not Computed)

	Missing	Absent	Sub-Threshold	Present
DSM-SCORE (J1)	-9	0	1	2

K. OVERVALUATION OF WEIGHT AND SHAPE*

K1. Over the past three months, how has your weight and/or body shape made you feel about yourself as a person?

K2. Over the past three months, would gaining 2 pounds have influenced how you felt about yourself? What about if you had woken up one morning and realized that your jeans did not fit in a specific area – would this have affected how you felt about yourself as a person?

If NO EVIDENCE of Overvaluation of weight and shape, SKIP to Module L. Otherwise, CONTINUE below.

K3. In Month 1, were your weight and/or your body shape among the most important aspects of how you evaluated, thought about, or judged yourself as a person?

K4. What about Month 2? Month 3?

[If participant is uncertain it can be helpful to have them create a pie chart in which each piece of the pie represents how he/she evaluates him or herself as a person. Use the chart collaboratively with the participant to help him or her consider which piece is the biggest.]

[Alternatively, participants can be asked to construct a list of things that affect how they feel about themselves as a person, such as their family relationships, friendships, work performance etc. The interviewer can then ask “***Where do weight and shape belong on this list?***” The interviewer can compare pairs of items to determine if changes in these items differentially would affect how the participant judges, thinks about, or evaluates themselves as a person. For example, the interviewer could ask: “***Which would have a greater effect on how you judge, think about, or evaluate yourself as a person, waking up one morning and realizing your jeans do not fit in a specific area or getting a bad grade on a school paper?***”]

SCORING CRITERIA

1. No Total Score is computed.
2. Similar to Module A, Module K is for body weight and shape concerns that are in the direction of desiring a smaller, thinner body, or less body fat. *Dissatisfaction with muscularity, in which the participant desires a larger, more muscular physique, should be rated in Module F.*
3. Note that influence on self-evaluation is not necessarily the same construct as ‘things’ that are important to the participant. For example, world peace may be very important to the participant. However, it is unlikely that the absence of world peace causes the participant to feel bad about him/herself/themselves as a person. Self-evaluation can also be distinguished from the participant’s priorities, such as taking care of their children, making time for friends, studying for exams, etc. The main distinction is that self-evaluation refers specifically to the influence that something

has on how the person views him or herself (i.e., it should influence whether the participant views him/herself as a 'good' or 'bad' person).

4. *DSM Score* is rated present if body weight and/or body shape were among the most important things that influence how the participant views him or herself as a person for the past three months. Sub-threshold scores are for cases in which weight/shape were among the most important aspects of the participant's self-evaluation for part (but not all) of the past three months.

TOTAL (Not Computed) ██████████

	Missing	Absent	Sub-Threshold	Present
<i>DSM-SCORE (K1a-K4)</i>	-9	0	1	2

L. FEAR OF WEIGHT GAIN* – SKIP TO END IF LOW WEIGHT IS **ABSENT**, unless the interviewer is assessing atypical anorexia nervosa, in which case continue below.

[Follow-up endorsed items with:] **“How frequently (or how often) did you...?”**

L1a. Have you had a fear of gaining weight or becoming fat?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

L1b. Have you felt that part or parts of your body were overweight or too big?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

L1c. Have other people told you that your weight is too low?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	0	1	2	3	4

If YES to L1c, Ask:

L1d. Have you also been concerned your weight is too low?

N/A	Not at all	Rarely	Sometimes	Often	Very Often
-7	4	3	2	1	0

[Did interviewee have a ‘2’ for the **OVERVALUATION OF WEIGHT/SHAPE DSM-SCORE?**]

Yes _____ No _____

SCORING CRITERIA

- Total Score not computed.
- DSM Score rated present if the interviewee has evidence of: (a) an intense fear of gaining weight or becoming fat, even though underweight (\geq ‘2’ to **L1a**) or persistent behavior that interferes with weight gain, even though at a significantly low weight (DSM-Scores of \geq ‘2’ to Restricting, Purging, or Excessive Exercise Modules) AND (b) disturbance in the way in which his/her body weight or shape is experienced (\geq ‘2’ to **L1b**), undue influence of weight or shape on self- evaluation (**Overvaluation of Weight/Shape DSM-Score \geq ‘2’**), or denial of the seriousness of their low body weight (\geq ‘2’ to **L1d**). Sub-threshold scores may be given if there is weight phobia (\geq ‘2’ to **L1a**) AND some evidence of body/weight shape disturbance, undue influence of weight/shape on self-evaluation, or denial of the seriousness of low weight (scores of ‘1’ on these items) or vice versa (i.e., a score of ‘1’ to weight phobia AND a score \geq ‘2’ on undue influence of weight/shape on self-evaluation or denial of the seriousness of low weight).

TOTAL (Not Computed)

	Skipped	Missing	Absent	Sub-Threshold	Present
DSM-SCORE (see instructions above)	-7	-9	0	1	2

M. NEGATIVE ATTITUDES TOWARD OBESITY

Many of the previous questions I've asked you have been focused on your feelings about your body weight and shape. The last question is a little bit different. This question is focused on your attitudes toward others' bodies.

Over the past three months:

[For the questions below follow-up endorsed items with:] ***“How often (how much of the time) did you (were you)...?”***

M1. Were you disgusted by the sight of obese people?

Not at all	Rarely	Sometimes	Often	Very Often
0	1	2	3	4

M2. Did you feel that overweight people are unattractive?

Not at all	Rarely	Sometimes	Often	Very Often
0	1	2	3	4

M3. Did you think that overweight people lack self-control?

Not at all	Rarely	Sometimes	Often	Very Often
0	1	2	3	4

M4. Were you disgusted by the sight of an overweight person wearing tight clothes?

Not at all	Rarely	Sometimes	Often	Very Often
0	1	2	3	4

TOTAL (Items M1-M4)

DSM-SCORE (Not Computed)	Sub-			
	Missing	Absent	Threshold	Present

SCORING CRITERIA

1. Total score is the sum of items **M1-M4**.
2. Ratings of '4' should be made only if the items were present all day, every day in the past three months. To receive a '3' the item should have been present several days per week up to most of the day, nearly every day. A '2' should be rated if the item was present nearly every day or every day, but lasted briefly, or for longer-lasting negative attitudes that occurred approximately once or twice per week. Ratings of '1' are given if the negative attitudes occurred less than once per week. A score of '0' is for the absence of negative attitudes toward overweight/obese persons.
3. *DSM-Score* not computed.

END OF INTERVIEW

SCORING SHEET*

Total and <i>DSM</i> -Scores	Total Score	N/A	Missing	Absent/No	Sub-Threshold	Present/Yes
A. Body Dissatisfaction		-7	-9			
B. Objective Binge Episodes		-7	-9	0	1	2
C. Binge Eating Disorder		-7	-9	0	1	2
D. Subjective Binge Episodes		-7	-9	0	1	2
E. Restricting		-7	-9	0	1	2
F. Cognitive Restraint			-9			
G. Muscle Building			-9			
H. Purging			-9	0	1	2
<u>Multiple Purging?</u> (0=No; 2=Yes)			-9	0		2
I. Excessive Exercise		-7	-9	0	1	2
J. Low Weight			-9	0	1	2
K. Overvaluation of Weight and Shape			-9	0	1	2
L. Fear of Weight Gain		-7	-9	0	1	2
M. Negative Attitudes toward Obesity			-9			

* Grey shaded areas represent scores that are not applicable.

SCORING SHEET CONT.*

Inappropriate Compensatory Behaviors			Total Episodes/ Days
E. Total Restricting			
H. Total Purging			
I. Total Exercise			
Non-Purging Sum Total Episodes/Days: E + I=			
Purging Total Episodes/Days: H=			
Inappropriate Compensatory Behavior Sum Total Episodes/Days E + H + I=			
<i>DSM-Scores</i>	Absent	Sub- Threshold	Present
Non-Purging <i>DSM-Score</i> coded '2' if Total Episodes/Days Non-Purging ≥ 12 . Code '1' if > 0 and < 12 .	0	1	2
Purging <i>DSM-Score</i> coded '2' if Total Episodes/Days Purging ≥ 12 . Code '1' if > 0 and < 12 .	0	1	2
Inappropriate Compensatory Behavior <i>DSM-Score</i> coded '2' if Total Episodes/Days Inappropriate Compensatory Behavior ≥ 12 . Code '1' if > 0 and < 12 .	0	1	2

* Grey shaded areas represent scores that are not applicable.

DIAGNOSTIC RUBRIC

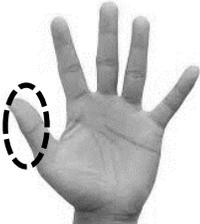
DSM-5 Diagnoses	Missing	Absent/No	Sub-Threshold	Present/Yes
Anorexia Nervosa (<i>DSM-Scores for Modules J and L coded '2'</i>).	-9	0	1	2
<i>Restricting Type*</i> (Participant meets criteria for anorexia nervosa [see above] <u>and</u> <i>DSM-Scores for Modules B, C, and H coded = 0</i>).	-9	0		2
<i>Binge-Eating Purging Type*</i> (Participant meets criteria for anorexia nervosa [see above] <u>and</u> <i>DSM-Scores for Modules B, C, <u>and/or</u> H coded ≥ 1</i>).	-9	0		2
Bulimia Nervosa (<i>DSM-Scores for Modules B <u>and</u> K coded '2'</i> ; Inappropriate Compensatory Behavior coded '2'; Anorexia Nervosa coded '0').	-9	0	1	2
Binge Eating Disorder (<i>DSM-Scores for Module B and C coded '2' <u>and</u> Inappropriate Compensatory Behavior coded '0'</i> ; Anorexia Nervosa <u>and</u> Bulimia Nervosa coded '0').	-9	0	1	2
OSFED: Purging Disorder (<i>DSM-Scores for Modules D <u>and</u> K coded '2'</i> ; Purging coded '2'; Anorexia Nervosa <u>and</u> Bulimia Nervosa coded '0').	-9	0	1	2
OSFED: Compensatory Eating Disorder (<i>DSM-Scores for Modules D <u>and</u> K coded '2'</i> ; Purging coded '0'; Non-Purging coded '2'; Anorexia Nervosa <u>and</u> Bulimia Nervosa coded '0').	-9	0	1	2
OSFED** (Specify Type): _____	-9	0	1	2

*Anorexia nervosa subtypes are diagnosed for past three months (current) only.

**Many forms of OSFED can be diagnosed if there is eating pathology that is judged to be clinically significant.

***Modules coded as not applicable can be treated as 'absent/no' for the purpose of deriving diagnoses.

Guidelines on Portion Size

Type of Food	Hand Equivalent	Amount
<ul style="list-style-type: none"> • Cooked meats (hamburger, fish fillet, pork loin, chicken breast) • Canned fish (tuna, salmon) 	 <p style="text-align: center;">Palm of hand</p>	3 ounces
<ul style="list-style-type: none"> • Rice, pasta • Mashed potatoes • Fruit • Veggies 	 <p style="text-align: center;">Clenched fist</p>	1 cup
<ul style="list-style-type: none"> • Hot cereal • Berries, nuts, raisins • Candy • Sauces (applesauce, spaghetti sauce) • Beans (canned or cooked) 	 <p style="text-align: center;">One hand, cupped</p>	½ cup
<ul style="list-style-type: none"> • Breakfast cereal • Soup • Green salads • Mixed dishes (chili, stew, mac and cheese) • Chips • Popcorn • Pretzels 	 <p style="text-align: center;">Two hands, cupped</p>	1 cup
<ul style="list-style-type: none"> • Peanut butter • Salad dressing • Dips • Sour cream • Cream cheese • Mayonnaise 	 <p style="text-align: center;">Thumb</p>	1 tablespoon
<ul style="list-style-type: none"> • Cooking oil • Butter • Sugar 	 <p style="text-align: center;">Tip of thumb</p>	1 teaspoon

BMI CHART – Over 20 yrs.

Inches	58.0	59.0	60.0	61.0	62.0	63.0	64.0	65.0	66.0	67.0	68.0	69.0	70.0	71.0	72.0	73.0	74.0	75.0	76.0
Pounds																			
80.0	16.8	16.1	15.7	15.1	14.7	14.2	13.7	13.3	12.9	12.6	12.1	11.9	11.5	11.2	10.8	10.6	10.3	10.0	9.7
85.0	17.9	17.2	16.7	16.1	15.7	15.1	14.5	14.2	13.7	13.4	12.9	12.6	12.2	11.9	11.5	11.3	10.9	10.6	10.4
90.0	18.9	18.2	17.7	17.0	16.6	16.0	15.4	15.0	14.5	14.2	13.7	13.4	12.9	12.6	12.2	12.0	11.6	11.2	11.0
95.0	19.9	19.2	18.7	17.9	17.5	16.8	16.2	15.8	15.3	14.9	14.4	14.1	13.6	13.3	12.9	12.6	12.2	11.8	11.6
100.0	21.1	20.2	19.7	18.9	18.5	17.8	17.1	16.7	16.1	15.7	15.2	14.9	14.4	14.0	13.6	13.3	12.9	12.5	12.2
105.0	22.1	21.2	20.6	19.9	19.4	18.6	18.0	17.5	16.9	16.5	15.9	15.6	15.1	14.7	14.2	13.9	13.5	13.1	12.8
110.0	23.1	22.2	21.6	20.8	20.3	19.5	18.8	18.4	17.7	17.3	16.7	16.3	15.8	15.4	14.9	14.6	14.1	13.7	13.4
115.0	24.2	23.2	22.6	21.8	21.2	20.4	19.7	19.2	18.5	18.1	17.5	17.1	16.5	16.1	15.6	15.3	14.8	14.3	14.0
120.0	25.2	24.2	23.6	22.7	22.1	21.3	20.5	20.0	19.3	18.9	18.2	17.8	17.2	16.8	16.3	15.9	15.4	14.9	14.6
125.0	26.3	25.2	24.6	23.6	23.0	22.2	21.4	20.9	20.1	19.7	19.0	18.5	17.9	17.5	17.0	16.6	16.1	15.6	15.2
130.0	27.3	26.3	25.6	24.6	24.0	23.1	22.2	21.7	20.9	20.4	19.7	19.3	18.7	18.2	17.6	17.3	16.7	16.2	15.9
135.0	28.4	27.3	26.6	25.6	24.9	24.0	23.1	22.6	21.8	21.2	20.5	20.0	19.4	19.0	18.3	17.9	17.4	16.8	16.5
140.0	29.4	28.3	27.5	26.5	25.8	24.8	23.9	23.4	22.5	22.0	21.3	20.8	20.1	19.6	19.0	18.6	18.0	17.4	17.1
145.0	30.5	29.3	28.5	27.4	26.7	25.7	24.8	24.2	23.3	22.8	22.0	21.5	20.8	20.3	19.7	19.3	18.6	18.1	17.7
150.0	31.6	30.3	29.5	28.4	27.7	26.6	25.7	25.1	24.2	23.6	22.8	22.3	21.5	21.0	20.4	19.9	19.3	18.7	18.3
155.0	32.6	31.3	30.5	29.3	28.6	27.5	26.5	25.9	25.0	24.4	23.6	23.0	22.3	21.8	21.1	20.6	19.9	19.3	18.9
160.0	33.6	32.3	31.5	30.3	29.5	28.4	27.4	26.7	25.8	25.2	24.3	23.7	22.9	22.4	21.7	21.2	20.6	19.9	19.5

Note:

Dark Gray = BMIs 17.5 or below (diagnostic threshold)

Light Gray = BMIs below 19.0 (sub-threshold)

Clear = BMIs healthy or overweight/obese (absent)

2018

January	February	March
SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

April	May	June
SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

July	August	September
SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

October	November	December
SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

2018 Holidays

Jan 01	New Years Day	Jun 17	Father's Day
Jan 15	M L King Day	Jul 04	Independence Day
Feb 14	Valentines' Day	Sep 03	Labor Day
Feb 19	Presidents' Day	Oct 08	Columbus Day
Mar 30	Good Friday	Oct 31	Halloween
Apr 01	Easter Sunday	Nov 11	Veterans Day
May 13	Mother's Day	Nov 22	Thanksgiving Day
May 28	Memorial Day	Dec 25	Christmas

2019

January	February	March
SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

April	May	June
SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

July	August	September
SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

October	November	December
SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

2019 Holidays

Jan 01	New Years Day	Jun 16	Father's Day
Jan 21	M L King Day	Jul 04	Independence Day
Feb 14	Valentines' Day	Sep 02	Labor Day
Feb 18	Presidents' Day	Oct 14	Columbus Day
Apr 19	Good Friday	Oct 31	Halloween
Apr 21	Easter Sunday	Nov 11	Veterans Day
May 12	Mother's Day	Nov 28	Thanksgiving Day
May 27	Memorial Day	Dec 25	Christmas