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Binge Eating Disorder Screener-7 (BEDS-7)

This tool was developed by Shire US Inc and is intended for screening use only. It should not be used as a diagnostic tool.

The following questions ask about your eating patterns and behaviors within the last 3 months. For each question, choose the answer that best applies to you.

	Yes	No
1. During the last 3 months, did you have any episodes of excessive overeating (i.e., eating significantly more than what most people would eat in a similar period of time)?	○	○

Note: if you answered "no" to question 1, you may stop the remaining questions do not apply to you.

	Yes	No
2. Do you feel distressed about your episodes of excessive overeating?	○	○

Within the past 3 months…

	Never or rarely	Sometimes	Often	Always
3. During your episodes of excessive overeating, how often did you feel like you had no control over your eating (e.g., not being able to stop eating, feel compelled to eat, or going back and forth for more food)?	○	○	○	○
4. During your episodes of excessive overeating, how often did you continue eating even though you were not hungry?	○	○	○	○
5. During your episodes of excessive overeating, how often were you embarrassed by how much you ate?	○	○	○	○
6. During your episodes of excessive overeating, how often did you feel disgusted with yourself or guilty afterward?	○	○	○	○
7. During the last 3 months, how often did you make yourself vomit as a means to control your weight or shape?	○	○	○	○

Patient Name _____ Patient Signature _____ Date _____