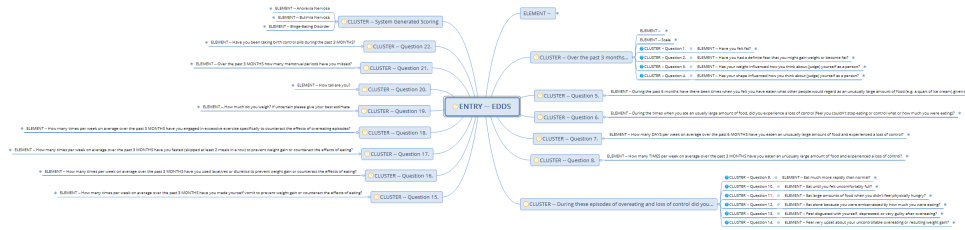


# Eating Disorder Diagnostic Scale (EDDS)

If you're interested in this clinical form for use in Explorer Online please [get in touch](#).

Clinical Form Name	EDDS
Clinical Area(s)	Psychology
Description of Use	Assesses the symptoms listed in the DSM-IV for anorexia nervosa, bulimia nervosa and binge-eating disorder
Availability	Yes, full access in Explorer Online
Explorer Online Screenshot	<div><div>EDDS</div><div>Please carefully complete <b>all</b> questions</div><div>OVER THE PAST 3 MONTHS...</div><div><div>SCALE</div><div>0 = Not at all 1 2 = Slightly 3 4 = Moderately 5 6 = Extremely</div></div><div>QUESTION 1. HAVE YOU FELT FAT? <div><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6</div></div><div>QUESTION 2. HAVE YOU HAD A DEFINITE FEAR THAT YOU MIGHT GAIN WEIGHT OR BECOME FAT? <div><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6</div></div><div>QUESTION 3. HAS YOUR WEIGHT INFLUENCED HOW YOU THINK ABOUT (JUDGE) YOURSELF AS A PERSON? <div><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6</div></div><div>QUESTION 4. HAS YOUR SHAPE INFLUENCED HOW YOU THINK ABOUT (JUDGE) YOURSELF AS A PERSON? <div><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6</div></div></div>
Report Preview	<div><div><div>Mrs Patient Marie TEST</div><div>Age: 32-Years-05M00 (31y) Gender: Female 31y at the time of observation</div></div><div><div>Address: 12 Benson Street HARDOCHYDRE QLD 4558</div><div>Phone: (07)54566800</div><div>Medicare No: 46086803715</div></div><div><div>Specimen: Lab No: A9FCS406-C9G7-4DCA-8A24-834FE5127D44</div><div>Request Date: 26/08/2022 3:19 PM</div><div>Effective Date: 26/08/2022 3:19 PM</div><div>Generated Date: 26/08/2022 3:18 PM</div></div></div> <div><div>Eating Disorder Diagnostic Scale (7 DAY)</div><div>Please carefully complete &lt;div&gt;all&lt;/div&gt; questions</div><div>OVER THE PAST 3 MONTHS...</div><div>&lt;div&gt;For Questions 1-5 use the scale below&lt;/div&gt;</div><div>0 = Not at all 1 2 = Slightly 3 4 = Moderately 5 6 = Extremely</div><div>Question 1. Have you felt fat? 2</div><div>Question 2. Have you had a definite fear that you might gain weight or become fat? 3</div><div>Question 3. Has your weight influenced how you think about (judge) yourself as a person? 5</div><div>Question 4. Has your shape influenced how you think about (judge) yourself as a person? 1</div><div>QUESTION 5. During the past 6 months have there been times when you felt you have eaten what other people would regard as an unusually large amount of food (e.g. a quart of ice cream) given the circumstances? YES</div><div>QUESTION 6. During the times when you ate an unusually large amount of food, did you experience a loss of control (feel you couldn't stop eating or control what or how much you were eating)? NO</div><div>QUESTION 7.</div></div>

## Mind Map



**Excel File  
/Structure**

CEN.EDDS.v1.xlsx

**Editor  
Screensh  
ot**

- ☐ ENTRY – EDDO
- ☒ ELEMENT –
- ☒ CLUSTER – Over the past 3 months...
  - ☒ ELEMENT –
  - ☒ ELEMENT – Scale
  - ☒ CLUSTER – Question 1.
  - ☒ CLUSTER – Question 2.
  - ☒ CLUSTER – Question 3.
  - ☒ CLUSTER – Question 4.
  - ☒ CLUSTER – Question 5.
    - ☒ ELEMENT – During the past 6 months have there been times when you felt you have eaten what other people would regard as an unusually large amount of food [e.g. a quart of ice cream] given the circumstances?
  - ☒ ELEMENT – During the times when you ate an usually large amount of food, did you experience a loss of control [feel you couldn't stop eating or control what or how much you were eating]?
  - ☒ CLUSTER – Question 7.
  - ☒ ELEMENT – How many DAYS per week, on average over the past 6 MONTHS have you eaten an unusually large amount of food and experienced a loss of control?
  - ☒ CLUSTER – Question 8.
  - ☒ ELEMENT – How many TIMES per week, on average over the past 3 MONTHS have you eaten an unusually large amount of food and experienced a loss of control?
  - ☒ CLUSTER – During these episodes of overeating and loss of control did you...
    - ☒ CLUSTER – Question 9.
    - ☒ CLUSTER – Question 10.
    - ☒ CLUSTER – Question 11.
    - ☒ CLUSTER – Question 12.
    - ☒ CLUSTER – Question 13.
    - ☒ CLUSTER – Question 14.
    - ☒ CLUSTER – Question 15.
  - ☒ ELEMENT – How many times per week, on average over the past 3 MONTHS have you made yourself vomit to prevent weight gain or counteract the effects of eating?
  - ☒ CLUSTER – Question 16.
  - ☒ ELEMENT – How many times per week, on average over the past 3 MONTHS have you used laxatives or diuretics to prevent weight gain or counteract the effects of eating?
  - ☒ CLUSTER – Question 17.
  - ☒ ELEMENT – How many times per week, on average over the past 3 MONTHS have you fasted [skipped at least 2 meals in a row] to prevent weight gain or counteract the effects of eating?
  - ☒ CLUSTER – Question 18.
  - ☒ ELEMENT – How many times per week, on average over the past 3 MONTHS have you engaged in excessive exercise specifically to counteract the effects of overeating episodes?
  - ☒ CLUSTER – Question 19.
  - ☒ ELEMENT – How much do you weigh? If uncertain please give your best estimate
  - ☒ CLUSTER – Question 20.
  - ☒ ELEMENT – How tall are you?
  - ☒ CLUSTER – Question 21.
  - ☒ ELEMENT – Over the past 3 MONTHS how many menstrual periods have you missed?
  - ☒ CLUSTER – Question 22.
  - ☒ ELEMENT – Have you been taking birth control pills during the past 3 MONTHS?
  - ☒ CLUSTER – System Generated Scoring