Name: _____ Pb.:_____

SIAB-EX-diagnosis anorexia nervosa according to DSM IV (307.10)

						Criterion fulfilled current	Criterion fulfilled past
A *Refusal to maintain the minimum of the normal body weight related to age and height*							
Age	BMI females	BMI males	sex f / m				
10-12	≤14.9	≤15.0	Age current ____	BMI current ____	c: Criterion fulfilled⇒	Y N	
13-14	≤16.0	≤16.3					
15-16	≤16.8	≤17.2	Age min. ____	BMI min. ____	p: Criterion fulfilled⇒		Y N
≥ 17	≤17.6	≤18.6					
B *Intense fear of gaining weight or becoming fat even though underweight*							
Item 7	c: ____	(PLEASE COPY THE SCORES FROM THE INTERVIEW)			c: Code 2 - 4? ⇒	Y N	
	p: ____				p: Code 2 - 4? ⇒		Y N
C *Body image disturbance or dependence of self-evaluation and self-esteem on body shape and weight or denial of the seriousness of the low body weight*							
Item 16	c ____	Item 10	c ____	Item 17	c ____		
	p ____		p ____		p ____		
c Code 2-4: Y N	or	c Code 2-4: Y N	or	c Code 2-4: Y N	c: at lea 1x yes? ⇒	Y N	
p Code 2-4: Y N	or	p Code 2-4: Y N	or	p Code 2-4: Y N	p: at lea 1x yes? ⇒		Y N
D *Amenorrhoea* (considered as fulfilled in males)							
Item 19	c ____				c: Code 2–5, 8? ⇒	Y N	
	p ____				p: Code 2-5, 8? ⇒		Y N
Simultaneous occurence of symptoms of AN, Item 48 ____							
Item 48 Code 1? All criteria of AN were fulfilled simultaneously in the past					⇒		Y N
					Sum yes: (0 - 4 / 0 - 5)		

<u>Diagnosis currently:</u> c Sum yes = 4? **Criteria of AN fulfilled currently** Y N

<u>Diagnosis past:</u> p Sum yes = 5? **Criteria of AN fulfilled in the past** Y N

c: current p: past y: yes n: no Please mark the right answer**!**

Type of AN currently

mark code

Item		Code (c)					
21a	Eating binges (objectively)		0	1	2	3	4
35	Self-induced vomiting		0	1	2	3	4
36	Laxative abuse		0	1	2	3	4
37	Diuretics		0	1	2	3	4
38	Appetite suppressants		0	1	2	3	4
39	Medication to increase thyroid metabolism		01		2	3	4
40	Insulin treatment	8	0	1	2	3	4
43	Enemas		0	1	2	3	4
44	Ipecac		0	1	2	3	4

At least 1 code in this column?
binge / purge type Y N

All Items coded in this column? **restrictive type** Y N

Type of AN past

Item		Code (p)			
49a	Eating Binges	0	1	2	3
49b	Compensatory behavior to counteract weight gain	0	1	2	3

It. 49a coded 0 or 1 AND It.49b coded 0 or 1? — yes → **restrictive type** Y N

no

It. 49a coded 2 OR 49b coded 2? — yes → **binge / purge type** Y N

no

It. 49a coded 0, 1 or 3 AND It. 49b coded 3? — yes → **restrictive and binge / purge type** Y N

no

It. 49a coded 3 AND It. 49b coded 0, 1 or 3? — yes → **restrictive and binge / purge type** Y N

c: current p: past y: yes n: no

Please mark the right answer**!**