STRUCTURED INTERVIEW ON ANOREXIC AND BULIMIC DISORDERS

(SIAB-EX)

Expert Assessment

3rd Revision (9/1997)

LAST NAME:_____FIRST NAME:_____DATE OF BIRTH:_____

ADDRESS: _____TODAY'S DATE: _____

_____INTERVIEWER:_____

[Code Column]

• 1. Deviance from Normal Weight (D - AN - A/ I - AN - 1/IR - AN - A) FP1, FC1

Were there times when your weight deviated markedly from your normal weight?

What was your lowest, and what was your highest weight since puberty? What is your height?

American raters may record height and weight as reported in inches and pounds (and transform it into meters and kg).

				now	past
a) Height	_____inch	_____cm		_____	
b) Weight now:	_____lbs	_____kg		_____	
c) min:	_____lbs	_____kg			_____
how old were you, when you had this low weight?		_____years			_____
d) Weight max:	_____lbs	_____kg			_____
how old were you when you had this high weight?		_____years			_____
e) BMI weight according to age (table/graph)		_____BMI			_____
f) BMI = weight in kg : (height in m)²					
				now	min.	max.

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2. Deviance from Normal Body Weight: (to be rated by the interviewer)

(D-AN-A/I-AN-1/IR-AN-A)**:**

a) at present:

0 = no: normal weight +/- 15% of normal body weight
1 = yes: markedly obese (more than 15% over normal body weight)
2 = yes: markedly underweight (more than 15% below expected („normal") body weight or failure to make expected weight gain during period of growth, leading to underweight of more than 15%

presently (index time point)

_____

b) in the past:

0 = no: normal weight (+/- 15% of normal weight)
1 = yes: markedly obese (more than 15 % above normal weight)
2 = yes: markedly underweight (more than 15 % below normal weight)
3 = yes: fluctuations (at different times both obese (>15%) and underweight (> 15% below normal weight)

past (0-3)

_____

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Instruction: "I am going to ask you some questions about emotional problems and eating disturbances. Please answer to what degree you are affected by each problem-area now (last 3 months) and to what degree you were affected by it in the past.

Note for the Interviewer: Please ask the main questions for each item. Additional questions should be asked if problem-areas are acknowledged, or if uncertainties emerge. Each item should be rated globally and coded in the code-column on the right (in general between 0 = no/does not apply to 4 = very much/applies to a very high degree). Evaluations for the "**past**" should assess the maximal degree of symptom expression (up to 3 months before interview).
Evaluations for the "**present**" relate to the maximal symptom expression in the 3 months preceeding the interview.

Example:

0 = no, symptom not present
1 = slightly, applies slightly
2 = markedly, applies markedly
3 = severely, applies strongly
4 = very severely, applies very strongly

last 3 months	**worst condition/maximal expression of pathology in the past**
1	4

Items which don't apply (e.g. amenorrhea in males) are coded "8".
Code 9 should be used for missing data
A = additional questions: to be asked if the main questions indicate that the symptom or problem is/was possibly present.

3. Internal Achievement Orientation (SS 30/2 2O) FP1, FC1 [4]

What was your **main occupation**? Your **present occupation**?

How well did you perform at school, at work or in your household? How satisfied were you with your achievements in the past and in the last three months? How dependent was your self-esteem upon achieving at school, work etc.?
Additional Questions (A): Did you work overtime or spend much time doing homework? How often? Were you proud when you achieved a good result? How did you feel, when you left things unfinished? How did you feel when you failed? How would failure affect you (e.g. distressed for an extended period of time)? Did any other areas in your life suffer because you were working such long hours at work/school? Were there other areas besides work or school in which how well you did was very important for you?

0 = no achievement orientation
1 = slight achievement orientation
2 = marked achievement orientation
3 = strong achievement orientation
4 = very strong achievement orientation
8 = not applicable

last 3 months	**maximal expression in past**

4. Anxieties (SS 1/S 2) FP2, FC2 [6]

	last 3 months	maximal expression in past

Did you feel generally tense, nervous, anxious, fearful or afraid in the last three months or in the past? Have you experienced panic with or without any obvious reason? Were there certain objects or situations that you were afraid of? (Interviewer: code fear of certain objects or situations under phobia.)
(A): Were you worried about something that might happen in the future? About what? How pervasive and frequent were these worrisome thoughts? Did you have panic attacks? Were you hit with a wave of anxiety out of the blue which may have been accompanied by symptoms such as trembling, sweating, hyperventilation or chest pain, as well as the feeling that you may have a heart attack or even die? How often did you have these attacks and with what consequences? To what degree did you feel impaired by your anxieties? How often did they occur? Did you avoid anxiety-provoking situations?

0 = not at all
1 = slightly
2 = markedly
3 = severely
4 = very severely _____ _____

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5. Phobias (Gb) (S 3) FP2, FC2 [7]

Did certain things or situations make you feel tense or anxious in the last three months or in the past? Examples are being alone at home, going out alone, travelling by bus or train, big animals, insects, height or darkness or being in front of a group of people?
(A): If indications for phobias exist: how serious were these phobias? How often did they occur? Did you try to avoid situations which provoked your phobias? What if any impairment did the phobias cause? How distressing were they? Do you believe that you were much more afraid in this situation than most people?

Kind of phobia: _____

0 = no phobic symptoms
1 = slight phobic symptoms
2 = marked phobic symptoms
3 = severe phobic symptoms
4 = very severe phobic symptoms _____ _____

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6. Sleep Disorders (Gb) FP2, FC2 [8]

Have you had problems sleeping, such as difficulty falling asleep, staying asleep, or waking too early in the last three months or in former years?
(A): Were you restless during the night? Did you frequently wake up early and still feel tired? Did you sleep too little? For how long did your sleep problems persist? Did your loss of sleep interfere with your functioning during the day? How many hours of sleep did you miss in a bad night? (Descriptive evaluation regardless of use of sleep medication.)

	last 3 months	maximal expression in past
0 = no sleep disturbance 1 = slight sleep disturbance 2 = marked sleep disturbance 3 = severe sleep disturbance 4 = very severe sleep disturbance	_____	_____

• 7. Fear of Gaining Weight or Getting Fat (Weight Phobia)
(D-AN-B/I-AN-3b/I-BN-3a/IR-AN-C2/IR-BN-D1) FP1, FC1 [9a]

How would you feel, if you gained 3-5 kg (=7-11 pounds) of weight within three months? Would this make you anxious or panic-stricken? And during times when you were especially concerned about the slimness of your body, how would you have felt, if you gained 3 - 5 kg (= 7 - 11 pounds) of weight within three months?
(A): How would you have felt if you would have gained just 1 or 2 pounds within three months? What did you do to deal with this anxiety (e.g. increase exercise or decrease food intake or purge)?
Interviewer: Are there indicators for weight-phobic behavior?

0 = no weight phobia 1 = slight weight phobia 2 = marked weight phobia 3 = severe weight phobia 4 = very severe weight phobia	_____	_____

8. What is your lowest preferred weight presently?
(I-AN-3c/I-BN-3b/IR-AN-C3) [9.b]
_____lbs or _____kg _____kg

9. What was your lowest preferred weight ever?
(I-AN-3c/I-BN-3b/IR-AN-C3) [9.b.b]
(A): Were you ever satisfied with your weight? Did you have a fixed weight limit, you didn't allow yourself to exceed?

_____lbs or _____ kg lowest preferred weight ever _____kg

• 10. Dependence of self-evaluation and self-esteem on body shape and weight
(D-BN-D/D-AN-C2) FP1,FC1 [9.c]
How dependent is/was your self-evaluation and self-esteem upon your body shape or weight?
(A): How do/did you generally feel about yourself when you "felt fat" vs. when you "felt thin"? Are/were there other areas in your life from which you can/could draw your sense of worth? If yes, rank order how important body shape and weight was upon self-esteem in comparison with these other areas.

0 = no 1 = slightly 2 = markedly 3 = strongly 4 = very strongly	_____	_____

11. Dieting or Fasting (**Quantitative Food-reduction**)
(SS 21/S 10) FP5, FC5 [10]

Have you dieted or restricted food intake in the past three months or in former years? Did you count calories? Did you try to eat as little as possible or less than your body would have needed to keep

	last 3 months	maximal expression in past
a stable weight? Did you diet or fast during the day as long as possible or to eat only in the evening? **(A)**: For how many hours a day would you go without eating? How often? For how long did this pattern persist? Did you go without eating for more than 8 hours during the day in order to diet? Have you skipped meals in order to reduce your caloric intake? 0 = no quantitative food reduction 1 = slight quantitative food reduction 2 = marked quantitative food reduction 3 = severe quantitative food reduction 4 = very severe quantitative food reduction	_____	_____
12. Avoidance of Fattening Food and Selective Eating (**Qualitative** Food-reduction) (I-AN -2 a/IR - AN - B) FP1, FC1 [11] Have you in the last three months or in the past tried to avoid certain high caloric foods, that you enjoy eating? Did you avoid it in order to remain or become slim? **(A)**: Did you intentionally eat less fat or carbohydrates in order to stay or get slim? Did you restrict the range of your food (e.g. no sauces, no butter)? What types of food were avoided? What types of food did you allow yourself to eat? 0 = no qualitative food reduction 1 = slight qualitative food reduction 2 = marked qualitative food reduction 3 = severe qualitative food reduction 4 = very severe qualitative food reduction	_____	_____
13. Limits for Caloric Intake FP1, FC1 [12] **Did you try to set a limit to your caloric intake?** **(A):** What was your lowest limit in calories per day you in the last three months and in the past at the time when you were restricting the most? 0 = no caloric limit 1 = slightly reduced caloric limit 2 = markedly reduced caloric limit 3 = heavily reduced caloric limit 4 = very heavily reduced caloric limit	**Caloric Limit**	_____ (0-4)
Lowest limit was____kcal/day in last 3 months Lowest limit was____kcal/day in past	_____ kcal no limit code 8888	_____ kcal no limit code 8888
• 14. Chewing and Spitting out Food (D-EDNOS-5) FP1, FC1 [13] **Have you put food into your mouth, chewed it (without swallowing) and spit it out again in the last three months or in the past in order to reduce caloric intake?** **(A):** If yes, how often at its most frequent? 0 = no 1 = rarely (up to once per month) 2 = sometimes (up to once a week) 3 = frequently (up to once a day) 4 = very frequently (more than once a day)	_____	_____

	last 3 months	maximal expression in past
15. Regurgitation of Food FP1, FC1 [14] **Have you swallowed and then regurgitated food in order to chew it again in the last three months or in the past?** **(A)**: Did you do this to avoid gaining weight? If yes, how often at its most frequent? 0 = no 1 = rarely (up to once per month) 2 = sometimes (up to once a week) 3 = frequently (up to once a day) 4 = very frequently (more than once a day)	_____	_____
● 16. Body - Image - Disturbances (Self-perception) (SS 22/S 11) FP1, FC1 (D-AN-C1/I-AN-3a/IR-AN-C1/IR-BN-D1) [15] **According to your own standards, have you found your figure and body parts (thighs, waist) in the last three months or in former years to be too fat, too thin, or just right?** **(A)**: Did you see yourself as fatter than other people saw you (such as physicians or nurses)? How discrepant was your image of your body compared to others' images of your body? Were you satisfied with your figure at your lowest weight? 0 = no body image disturbance 1 = slight body image disturbance 2 = marked body image disturbance 3 = severe body image disturbance 4 = very severe body image disturbance	_____	_____
Interviewer: Ask the following question only if the person is/was underweight: **● 17. Denial of the Seriousness of the low body weight (Discrepancy between Medical Risks of Low Body Weight and the Persons Perception of these Risks)** (D-AN-C3) FP1, FC1 [15.a] If the person is/was underweight: **Do/Did you think your low weight had negative consequences for your health?** **(A):** Have you experienced any medical complications of your underweight? Did you believe it could be dangerous to be at such a low weight? **Interviewer:** Please rate the **discrepancy** between the objective dangers concerning the consequences of low weight and the opinion of the patient. 0 = no discrepancy between danger due to underweight and the perception of the patient. 1 = slight discrepancy between danger due to low weight and the patient's viewpoint 2 = marked discrepancy 3 = strong discrepancy 4 = very strong discrepancy 8 = not/never underweight	_____	_____
18. Women only: Menstruation [15.b] **How old were you, when you first menstruated?** _____years		**years** _____

	last 3 months	maximal expression in past
• 19. How was your period in the last 3 months and how was it in past years? (SS 84/S 33) (D-AN-D/I-AN-4a/IR-AN-D) FP1, FC1 [15.c; 43.b] 0 = normal and regular 1 = period occurred without hormone preparations but was fairly irregular or showed spotting 2 = it's quite definite that periods occur only following hormone, e.g. estrogen administration (no period occurs when taking pill is stopped) 3 = secondary amenorrhoea (period didn't occur for at least three month) 4 = period didn't occur for at least six month (secondary amenorrhoea) 5 = primary amenorrhoea (period never came) 6 = no period because of pregnancy 7 = takes the "pill". It is unknown whether the period would occur without hormone preparation 8 = does not apply (i.e. male; hysterectomy)	_____	_____
20. If secondary amenorrhoea was present: How old were you when your period didn't occur for three months or more for the first time? [15.d]		years _____
21. Binging (objectively or subjectively) (SS 2/S 12) [16] **Did you experience episodes of binge eating during which you ate a large amount of food in a relatively short period of time (in general less than two hours) in the last three months or in the past?** **(A)**: How often did you experience such episodes? Describe such a binge attack. How much did you eat during these binges (how many calories per binge)? Did you feel exhausted afterwards?		
• 21.a Episodes of Binge Eating (objectively) (D-BN-A1/D-BED-A1/I-BN-1c/IR-BN-A1) FP4, FC4 Interviewer: Binge eating (objectively) is defined as eating, in a discrete period of time (e.g., within any two-hour period), an amount of food, that is definitely larger than most people would eat during a similar period of time and under similar circumstances. This applies to scores 2, 3, and 4. The number of calories mentioned for scores 2, 3, and 4 are just rough guidelines, which the interviewer must evaluate in context. 0 = objectively no episodes of binge eating 1 = objectively slight episodes of binge eating 2 = objectively marked episodes of binge eating (1000 to 3000 kcal) 3 = objectively severe episodes of binge eating (>3000 to 5000 kcal) 4 = objectively very severe episodes of binge eating (>5000 kcal)	_____	_____
21.b Episodes of Binge Eating (subjectively) FP4, FC4 **- according to the patient's subjective rating: Ask the patient to rate!** 0 = no subjective episodes of binge eating 1 = slight subjective episodes of binge eating 2 = marked subjective episodes of binge eating 3 = severe subjective episodes of binge eating 4 = very severe subjective episodes of binge eating	_____	_____
If **eating binges** never occurred go on with item 29 and code intervening items as follows: 22 - 24 = 0; 25 - 28 = 8.		

Binges → yes:

no

22. How could the course of your binge eating over time (months and years) best be described? FP4, FC4 [16.c]

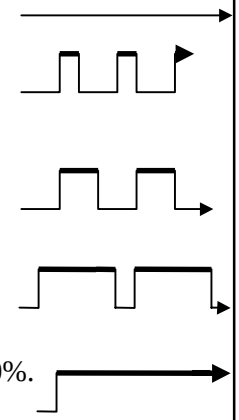
0 = no binges

1 = short episodes of binge eating followed by longer intervals without binge eating. Overall bingeing occurred up to 30%of time (or less).

2 = periods of binge eating and periods without of approximately equal length. Overall binge eating was present about 30-60% of the time

3 = long periods of bingeing with only short intervals without episodes of bingeing. Roughly, bingeing was present in 60-90% of the time

4 = Chronic bingeing, almost no intervals without bingeing. Binge eating was present chronically throughout time, roughly 90-100%. There were no major intervals without marked binge eating



last 3 months	maximal expression in past
_____	_____

• 23. Average Frequency of Binge Eating Episodes (objectively as rated by interviewer on the basis of overall evidence) (D-BN-C1/IR-BN-A2) FP4, FC4 [17]

How often did you have marked eating binges over a period of three months? And in the past?

0 = no marked eating binges
1 = rarely
2 = occasionally (at least an average of twice a week)
3 = frequently (up to once a day)
4 = very frequently (more than once a day)
5 = at least twice a week, but for less than 3 months

_____	_____

• 24.How often did you have marked eating binges over a period of 6 months? (D-BED-D1) [17.a]

no binges

0 = no marked eating binges
1 = rarely
2 = occasionally (at least an average of twice weekly)
3 = frequently (up to once a day)
4 = very frequently (more than once a day)
5 = at least twice a week, but for less than 6 months

last 6 months	maximal expression over 6-month period in past
_____	_____

• 25. Did the eating binges usually occur on two different days in the week? (D-BED-D2) [17.b]

0 = no
1 = yes
8 = no eating binges

_____	_____

• 26. Sense of Lack of Control With Regard to Eating: (D-BN-A2/D-BED-A2) FP4, FC4 [18]

Did you experience a sense of lack of control over your eating behavior during the binges in the last three months or in the past? To what degree? Did you have the feeling you could not stop eating during an episode and control what or how much you were eating?

(A): For example, would it have been very difficult or even impossible to answer the phone or the doorbell in the middle of a binge?

Interviewer: Only if obviously severe, ask whether they have been so desperate for food that they have stolen it in order to binge or taken food from waste receptacles.

	last 3 months	maximal expression in past
0 = no sense of lack of control over eating 1 = slight sense of lack of control over eating 2 = marked sense of lack of control over eating 3 = severe sense of lack of control over eating 4 = very severe sense of lack of control over eating 8 = no eating binges	_____	_____

• 27. Characteristics of the eating binges (D-BED-B) [18.a]
(Ask only when eating binges have occurred.)

-1. When binge eating did you eat more rapidly than normal?	**0-1,8**	**0-1,8**
-2. Did you eat during binges until you felt uncomfortably full?	**0-1,8**	**0-1,8**
-3. Did you eat larger amounts of food when you were not feeling physically hungry?	**0-1,8**	**0-1,8**
-4. Did you eat alone during a binge, because of being embarrased by how much you ate?	**0-1,8**	**0-1,8**
-5. Did you feel disgusted with yourself, depressed or guilty after overeating?	**0-1,8**	**0-1,8**
at least 3 of the 5 items answered affirmatively 0 = no 1 = yes 8 = no eating binges	**0-1,8**	**0-1,8**

no binges

• 28. Binging and Distress(D-BED-C) FP4, FC4 [18.b]

Have you experienced distress regarding binge-eating in the last three months or in the past?
(A): Did you feel worried or even desperate about the binges ? Are they a problem for you? Did you feel worried or even desperate because of the struggle to stop binge eating? Were you concerned about not being able to control or stop the binging? Were you concerned about the weight you would gain because of the binging? Or what the binging would do to your body?

0 = no
1 = slightly
2 = markedly
3 = strongly
4 = very strongly
8 = no eating binges

_____ _____

(From item 21.b if no binges)
29. Atypical "Binges" Extending Over a Larger Period of Time FP6, FC6 [18.c]

Did you eat the whole day long or during part of the day (e.g. in the evening) without planning meals? (Some people refer to this eating pattern as grazing.)
(A): If so, how much did you eat?
Interviewer: Please rate on the basis of all evidence available.

0 = objectively no atypical eating binges
1 = objectively slight atypical eating binges
2 = objectively marked atypical eating binges (> 1000 kcal)
3 = objectively severe atypical eating binges (> 3000 kcal)
4 = objectively very severe atypical eating binges (> 5000 kcal)

last 3 months _____ **maximal expression in past** _____

Interviewer: If atypical „binges“ never occurred go on with item 33 and code item 30 = 8, Items 31 and 32 = 0.

atypical binges → yes
↓ no

30. <u>Did you feel comfortably or uncomfortably full after eating large amounts of food for hours?</u> FP6, FC6 [18.d]

0 = neither nor
1 = slightly comfortable
2 = markedly comfortable
3 = strongly comfortable
4 = very strongly comfortable
5 = slightly uncomfortable
6 = markedly uncomfortable
7 = strongly uncomfortable
8 = no atypical binges

_____ _____

<u>31. Average Number of Marked Atypical Eating Binges („Grazing“)</u> FP6, FC6 [18.e]

33. How often have you had a marked atypical eating binge („grazing“)? How about the last three months? How about the past?

0 = never
1 = rarely
2 = occasionally, on the average at least twice weekly
3 = frequently (up to once daily)
4 = very frequently (more than once daily - each day nearly continuous eating)
5 = at least twice a week, but for <u>less</u> than 3 months

average last 3 months _____ **average past** _____

<u>32. How often have you had a marked atypical eating binge („grazing“) in a period of 6 months?</u> [18.f]

0 = never
1 = rarely
2 = occasionally, on the average at least twice weekly
3 = frequently (up to once daily)
4 = very frequently (more than once daily- each day nearly continuous eating)
5 = at least twice a week, but for <u>less</u> than 6 months

average during last 6 months _____ **average past** _____

<u>33. Did you eat more than usual when you felt stressed or overburdened</u> in the last three months or in the past? FP6, FC6 [18.g]

0 = no
1 = slightly
2 = markedly
3 = strongly
4 = very strongly

last 3 months _____ **past** _____

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	last 3 months	maximal expression in past
34. Have you experienced a strong desire or <u>compulsion to eat</u> in the last three months or in the past, and did you <u>crave for food which you generally avoid</u> (e.g. chocolate, spaghetti)? (I-BN-1b/IR-BN-B2) FP4, FC4 [18.h] **(A):** How often? If you tried to resist these urges, how uncomfortable did you feel? 0 = no 1 = slightly 2 = markedly 3 = strongly 4 = very strongly	_____	_____
<u>Inappropriate Compensatory Behaviors in Order to Prevent Weight Gain</u> **<u>● 35. (Self-induced) Vomiting</u>**: (SS 3/S 13) (D-BN-B1/I-AN-2b/I-BN-2a/IR-BN-C1) FP4, FC4 [19.a] **Did you induce vomiting in the last three months or in the past? Did you do so in order to avoid weight gain, or in order to feel relieved? Did you vomit mainly after binging? How often and in what way did you induce vomiting?** 0 = never 1 = rarely (less than twice a week) 2 = sometimes (at least twice a week) 3 = frequently (up to once a day) 4 = very frequently (several times a day)	_____	_____
<u>● 36. Laxative Abuse</u> (SS 51 a/S 15) FP5, FC5 (D-BN-B2/I-AN-2c/I-BN-2b/IR-BN-C2) [19.b] **Did you use laxatives in the last three months or in the past to avoid gaining weight?** **(A)**: Which laxatives did you use and in what amount? How often? And for what period of time? How would you feel if you had to stop using laxatives? 0 = never 1 = rarely (less than twice a week and/or in low dose) 2 = sometimes (at least twice a week and/or in moderate dose) 3 = frequently (up to once daily and/or in high dose) 4 = very frequently (several times a day and/or in very high dose)	_____	_____
Did you use any of the following methods in the last three months or in the past in order to avoid weight gain? **<u>● 37. Water Pills - Diuretics</u>** (SS 16c/S 25e) (D-BN-B3/I-AN-2e/I-BN-2f/IR-BN-C4c) FP5, FC5 [19.c] **(A):** Which ones? How often? For what period of time? How would you have felt if you had to stop using them? (rating from 0 - 4 analogous to item 36)	_____	_____
<u>● 38. Appetite Suppressants</u> (SS 16d/S 25d) (D-BN-B4/I-AN-2e/I-BN-2d/IR-BN-C4a) FP5, FC5 [19.d] **(A):** Which ones? How often? For what period of time? How would you have felt if you had to stop using them? (rating from 0 - 4 analogous to item 36)	_____	_____

• 39. Have you used medication to increase thyroid metabolism ? (D-BN-B4/I-BN-2e/IR-BN-C4b) FP5, FC5 [19.e]

(A): Which ones? How often? _____
(rating from 0 - 4 analogous to item 36)

last 3 months	maximal expression in past
_____	_____

• 40. Are you diabetic?
(Interviewer: If yes, ask the following question**:).**
Did you neglect insulin treatment in order to avoid weight gain?
(D-BN-B8/I-BN-2g/IR-BN-C4d) [19.f]

0 = never
1 = rarely
2 = sometimes
3 = frequently
4 = very frequently
8 = does not apply (no diabetes mellitus) _____ _____

• 41. Excessive Fasting (D-BN-B5/I-BN-2c/IR-BN-C3) FP5, FC5 [19.g]

Did you refrain from eating anything for more than 24 hours in order to avoid weight gain? (A): For how long did you fast and how often? (**Interviewer:** Be aware also of the items 11 to 13.) If subjects report eating no solids but drinking some nutrive substance, try to determine its caloric value. If < 400 calories per day code as fasting.

0 = never
1 = slightly/rarely (up to one day per month)
2 = markedly/sometimes (up to one day per week)
3 = strongly/frequently (up to one week continuously)
4 = very strongly/very frequently (longer than one week) _____ _____

• 42. Excessive Exercise (SS 23/S 16) FP1, FC1 (D-BN-B6/I-AN-2d) [19.h]

How much exercise did you engage in? If you couldn't exercise, did you feel uneasy or stressed in the last three months or earlier?
(A): Did you find it difficult to sit still over long periods of time? What types of exercise did you engage in? How often? For how many hours a day? Have there been times when you declined opportunities to be with friends in order to exercise? Have you ever exercised despite an injury or illness that would have prevented others from exercising? Have you engaged in sports or exercised to burn up calories and to toughen and trim your body?

0 = never
1 = rarely (less than twice a week)
2 = sometimes (at least twice weekly)
3 = frequently (up to once daily)
4 =very frequently (more than once daily) _____ _____

• 43. Enemas (D-BN-B7) FP5, FC5 [19.i]

Did you use enemas in order to avoid weight gain?
(A): If yes, how often?

0 = never
1 = rarely (less than twice a week)
2 = sometimes (at least twice a week)
3 = frequently (up to once a day)
4 = very frequently (several times a day)

last 3 months _____ **maximal expression in past** _____

• 44. Have you used medication such as ipecac in order to induce vomiting? (D-BN-B1) FP5, FC5 [19.k]

0 = never
1 = rarely (less than twice a week)
2 = sometimes (at least twice a week)
3 = frequently (up to once a day)
4 = very frequently (several times a day)

_____ _____

• 45. Frequency of Inappropriate Compensatory Behaviors to Counteract Weight Gain (D-BN-C2/D-EDNOS-3/D-EDNOS-4a) [20]

Did you use inappropriate measures to counteract weight gain (see item 35-44) such as self-induced vomiting, laxatives, dehydration medication, appetite suppressants, thyroid medication, fasting, excessive exercising or enemas or ipecac in the last three months or in the past?

Note for the interviewer: Since **different measures to counteract weight gain** may have been used, the answer to this item must consider whether these different measures add up to a frequency of **at least twice weekly over a period of 3 months.**

Measures to counteract weight gain occurred:

0 = Never

1 = At least twice weekly over a time period of 3 months or more.
2 = Less than twice a week over a time period of 3 months or more
3 = At least twice a week for less than 3 months
4 = Less than twice a week for less than 3 months

_____ _____

• 46. Ask only, if previous item (45) is coded "1, 2, 3 or 4" and marked binges never occurred (item 21.a coded „0" or „1"). [20.a]

What was your lowest weight when you used measures to counteract weight gain like self-induced vomiting, use of laxatives, diuretics, appetite suppressants or medication to increase thyroid metabolism, excessive fasting or excessive exercise, use of enemas or ipecac? (D-EDNOS-4b)

_____lbs or _____kg _____ kg

0 = normal weight (+/- 15% of normal body weight)
1 = obese (> 15% over normal body weight)
2 = underweight (> 15% below normal weight)
8 = does not apply (e. g. marked eating binges occurred, Item 21.a coded 2-4 or item 45 coded 0)

last 3 months _____ **0-2,8** **maximal expression in past** _____ **0-2,8**

• 47. Interviewer: Please specify on the basis of all information obtained whether the measures to counteract weight gain were mainly of purging or of non-purging type. (D-BN-Type) [21]
(to be rated by interviewer)

The measures to counteract weight gain were of

0 = Non-purging type: (Regular use of dieting, fasting or excessive exercise. Purging behavior not regularly shown)
1 = Purging type: (regularly self-induced vomiting, abuse of laxatives, diuretics, appetite suppressants, enemas, ipecac or thyroid medication or neglect of insulin treatment)
2 = Irregular purging type
3 = Mixed type: at times purging behavior regularly shown and at other times non-purging behavior regularly shown
8 = item does not apply (no measures to counteract weight gain) ____ **0-1,8** ____ **0-3,8**

• 48. Interviewer: Criteria for anorexia nervosa - code fulfilled in the past:

	yes	**no**
a) BMI (item 1) below 17.6 for women and below 18.6 for men (consider fulfilled in case of doubts)	____	____
b) Weight Phobia (item 7 - code 2-4)	____	____
c) Body-Image-Disturbances (item 16 - code 2-4) or dependence of self-esteem on figure and weight (item 10 - code 2-4) or denial of the risks of the low body weight (item 17 - code 2-4)	____	____
d) Amenorrhea (item 19 - code 2-5, also 6 or 7)	____	____
4 times yes at 48 a-d → AN yes	☐	____

Simultaneous occurrence of anorectic symptoms: If all 4 criteria of AN were fulfilled in the past, ask: (D-AN past)

You have reported that you had a low body weight, that you had an intense fear of gaining weight, that you (paraphrase: body-image-disturbances, dependence of self-esteem on figure and weight and/or denial of risks of low body weight) and that your period (paraphrase: never occurred, stopped, only occurred with hormone preparations). Has there ever been a time during which these symptoms occurred simultaneously? (If it is not clear, let the patient describe, how distinct the symptoms were.)

0 = no
1 = yes
8 = does not apply (not all criteria of AN fulfilled) ____ **0-1,8**

If yes: How old were you when all symptoms occurred simultaneously for the first time? (**If necessary, sum up:** when you were underweight for the first time, had fear of gaining weight and (describe corresponding symptom of criterion c) and your period (did not occur, was irregular, only occurred with hormone preparations)). **years** ____

Interviewer: Ask only if the person ever had an **anorexic episode**:

Rate for binge eating and purging behavior separately!

		last 3 months	maximal expression in past
	a) binge eating:	_____	_____
		0-2,8	**0-3,8**
	b) purging behavior:	_____	_____
		0-2,8	**0-3,8**

• 49.a Did you also have **eating binges during the anorectic phase(s)** (e.g. underweight, fear of gainingweight, denial of the seriousness of the low body weight, and amenorrhoea)?

• 49.b Did you also have **inappropriate compensatory behaviors** in order to prevent weight gain (vomiting or misuse of laxatives, diuretics, appetite suppressants or thyroid medication, enemas) **during the anorectic phase(s)**?

Interviewer: Please specify the type of anorexia nervosa (D-AN-type) [22]

0 = no
1 = yes, but not regularly
2 = yes, regularly
3 = yes, at times regularly and at other times not regularly
8 = does not apply, no signs of anorexia nervosa - neither presently nor in former times

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• 50. Interviewer: Criteria A-D of bulimia nervosa - code for fulfilled in the past:

	yes	no
a) objective episodes of binge eating (item 21.a - code 2-4) and loss of control (item 26 - code 2-4)	_____	_____
b) at least 1 measure to counteract weight gain (items 35-44, at least 1 x code 2-4)	_____	_____
c) at least twice a week for 3 months binge eating (item 23 - code 2-4) and counteracting measures (item 45 - code 1)	_____	_____
d) dependence of self-esteem on figure and weight (item 10 - code 2-4)	_____	_____
4 times yes at 50 a-d → BN yes	☐	_____

Simultaneous occurrence of bulimic symptoms: If all criteria A-D of bulimia nervosa were fulfilled in the past, ask: (D-BN past)

You have reported that you had episodes of binge eating, loss of control over eating, that you used inappropriate compensatory behaviors such as ... in order to prevent weight gain and that your self-esteem was highly dependent on your body shape and weight. Has there ever been a time during which these symptoms occurred simultaneously? Did the binge eating and purging behavior occur 3 months or more at least twice a week simultaneously? (If it is not clear, let the patient describe, how distinct the symptoms were.)

0 = no
1 = yes
8 = does not apply (not all criteria of BN fulfilled)

_____
0-1,8

If yes: How old were you when all symptoms occurred simultaneously for the first time? (**If necessary, sum up:** when you had binges and (corresponding counteracting measures) simultaneously for the first time and your self-esteem was highly dependent on your body shape and weight?)

_____ **years**

only in anorectic times

• 51. Simultaneous Occurrence of Anorectic and Bulimic Episodes
(D-BN-E/D-BED-E1) [23]

Rate for binge eating and inappropriate compensatory behavior separately!

a. Were the **episodes of binge eating** exclusively present in times when you had an **anorectic episode** (item 48. (presence of AN (past)) answered yes (= 1))?

a) binge eating: _____ **0-1,8**

0 = no
1 = yes
8 = does not apply

b. Were the **inappropriate compensatory behaviors** in order to prevent weight gain (vomiting, misuse of laxatives/diuretics/enemas/other medication, fasting or excessive exercise exclusively present in times when you had an **anorectic episode** (item 48)?

0 = no
1 = yes
8 = does not apply (no bulimic symptoms presently or in past)

b) compensatory behavior: _____ **0-1,8**

• 52. Interviewer: Criteria for Binge Eating Disorder (BED) - code for fulfilled in the past:

	yes	**no**
a) objective episodes of binge eating (item 21.a - code 2-4) and loss of control (item 26 - code 2-4)	_____	_____
b) at least 3 of the following symptoms: eating fast, eating until feeling uncomfortably full, eating without being hungry, eating alone, being depressed etc. because of the binges (item 27 - at least 3 times code 1)	_____	_____
c) distress regarding binge eating (item 28 - code 2-4)	_____	_____
d) binges at least on two different days in a week (item 25 - code 1) over a period of at least 6 months (item 24 - code 2-4)	_____	_____
4 times yes at 52 a-d	_____	_____

Simultaneous occurrence of symptoms of Binge Eating Disorder (BED):
If criteria a-d of BED were fulfilled in the past, ask: (D-BED past)

Your have reported that you experienced binges and loss of control, that you (paraphrase: corresponding features of criterion B) and that you were worried or desperate about your binges. Has there ever been a time during which these symptoms occurred simultaneously? (If it is not clear, let the patient describe, how distinct the symptoms were.)

0 = no
1 = yes
8 = does not apply (not all criteria a-d of BED fulfilled)

52.a _____ **0-1,8**

If yes: Did you use inappropriate compensatory behaviors in order to prevent weight gain regularly during this period of time (vomiting, laxative abuse, abuse of diuretics, appetite suppressants, thyroid medication, neglect of insulin treatment, dieting, excessive exercising, enemas or ipecac)? (D-BED-E2)

0 = no 52.b
1 = yes
8 = does not apply (not all criteria a-d of BED fulfilled, or item 52.a is coded 0 or 8)

_____ **0-1,8**

If no: How old were you when all symptoms occurred simultaneously for the first time? (**If necessary, sum up:** when you had binges, (reported features of criterion B) as well as distress and despair about the binges?
(Code 88, if item 52.b is coded 1 or 8) 52.c

years _____

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53. Objective Impairment at School/at Work/With Household
(SS 44 a/S 39 a) FP3, FC2 [23.c]

last 3 months | **worst condition in past**

Was your work performance objectively impaired at work or in your household in the last three months or in times you had problems like ... (symptoms of a disturbed eating behavior).
(A): Have you been criticized for your lack of achievement? Did the same achievements take more energy? (Examples: frequently absent, lack of concentration, more mistakes) Could you get anything at all accomplished?

0 = no impairment
1 = slight impairment (e.g. same achievement as in the past but more effort)
2 = marked impairment
3 = severe impairment
4 = very severe impairment (e.g. complete inability to work)
8 = not applicable (e.g.patient in clinic) _____ _____

Ask only if eating disorder was present:
54. Age of Onset of the eating disorder [23.d]

Age at onset

At what age was the first onset of your eating disorder as discussed during the interview? (e.g.deviation from normal weight, fear of gaining weight, self-evaluation is unduly influenced by body shape and weight, eating binges, or using measures to counteract weight gain).

a) Onset of eating disorders at age: _____ _____ years

b) Onset of binges (eating large amount of food in relatively short time) at age: _____ _____ years

If the case is not clear: Please describe the eating disorder briefly .

0 = no eating disorder
1 = anorectic symptoms
2 = bulimic symptoms
3 = obese
4 = others, describe: _____ _____ **0-4**

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55. Did you Suffer From Constipation in the last three months or in the past? (SS/S 14) FP1, FC1 [24]

(A): How often and how severe was it?
0 = no
1 = rarely
2 = sometimes
3 = frequently
4 = very frequently

last 3 months	worst condition in past
_____	_____

The Following Items Inquire about **Obsessive-Compulsive Symptoms**:
These are defined as compulsive acts or obsessive thoughts which **momentarily reduce distress or anxiety**, but which the patient **recognizes as irrational**.

0 = no
1 = slightly
2 = markedly
3 = strongly
4 = very strongly

56. Obsessive-Compulsive Checking: (/S4) FP2, FC2 [25]
In the last three months or in the past did you have to **repeatedly check things** that you had already taken care of, e.g. locks, switches, etc.? How many times? **Did you** have to **touch or count certain things over and over again**, or did you have **to repeat certain actions again and again?** Did you have **to order things** or put things on the right place**?**
(A): How many times? What happened when you attempted not to follow your compulsion (fear, anxiety)? How hard was it to resist? Did others notice? Has it interfered with your functioning (e.g. making you late)? Did it bother you a lot that you had to do these things ?

_____ _____

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57. Obsessions about Cleanliness: (S 5) FP2, FC2 [26]
In the last three months or in the past did you take a lot of time for your personal hygiene, e.g. did you **wash yourself repeatedly**, although you knew you were already clean? How many times? Were you afraid of catching diseases? Did you have **other rituals relating to cleanliness?**
(A): What happened when you tried to resist the compulsion (anxiety, fear)? How hard was it to resist? Did others notice? Has it interfered with your functioning (e.g. making you late)? Did it bother you a lot that you had to do these things ?

_____ _____

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58. Obsessive Thoughts: (/S 6) FP2, FC2 [27]
In the last three months or in the past did you have unwanted, intrusive, recurrent thoughts (against your own will), **which you couldn't get rid of?**
(A): How often? Has it interfered in your functioning? Has it bothered you a lot that you had these thoughts? Did you have terrible thoughts on your mind, which you could not stop (e.g. the fear or image that you would hurt someone you love)? What happened when you attempted to stop these thoughts? Did you find it difficult to make decisions even about unimportant matters ?

_____ _____

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59. Compulsive Behavior Concerning Food or Eating
(SS 4/ S/) FP1, FC1 [28]
In the last three months or in the past did you have fixed eating habits, and was it a problem if you could not follow them? For instance, did you have certain times at which you needed to eat and did not feel as if you could deviate from this pattern?
(A): What if you were invited to a party where food was served; could you deviate from your usual in such a situation? What were your typical eating habits? Has it been important for you to „celebrate" meals in a ritualistic way, to keep to preparations, cover, order, etc.? Did you hoard, weigh or hide food compulsively? Have you been obsessed with collecting recipes? Did you cook for others in a compulsive way ?

_____ _____

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	last 3 months	worst condition in past
60. Preoccupation with Food and Eating (I-BN-1a/IR-BN-B1) FP1, FC1 [29] **Have you been preoccupied with thoughts concerning eating, food, cooking, calories in the last three months or in in former years?** **(A):** Were these thoughts very persistent? What percentage of your waking hours were spent thinking about food and eating? Did these thoughts interfere with your life in any way ?	_____	_____
61. Preoccupation with Body Slimness, Shape and Body Weight (SS 2O/S 9) FP1, FC1 [30] see also SIAB item 10 and 16 **Did you think a lot about your figure and weight and how others might perceive you in the last three months or in the past? Did you weigh yourself frequently?** **(A)**: How often do you weigh yourself? How much time do you spend thinking about your figure and weight? What percentage of your waking hours were spent thinking about your figure and weight? How concerned were you about this?	**0 = no** **1 = slightly** **2 = markedly** **3 = strongly** **4 = very strongly** _____	_____
62. Feelings of Insuffiency and Helplessness (SS 1O/S 17) FP2, FC2 [31] **In the last three months or in the past did you feel helpless, without hope and think there was no way out of your situation? Were you convinced that everything you could do wouldn't really change anything?** **(A)**: Did you think it was senseless for you to commit yourself to something in life, and that all your efforts wouldn't change anything? Did you feel that you had little control over what happened to you? Did you feel as if you were at the mercy of other persons or powers? In what areas of your life did you feel that you had no control? How pervasive was this feeling ?	_____	_____
63. Reduced Perception of Internal Stimuli (SS 22/S 18) FP3, FC1 [32] **Interviewer:** Please explore in detail since patient may not be aware of reduced perception. **How well could you perceive hunger, satiety and physical pain in the last three months or in the past? How well could you distinguish among different internal feeling states such as sadness and anger?** **(A)**: Did you notice that you had insufficient sensitivity to external coldness or heat (e.g.getting burns from drinking hot beverages without noticing the heat at the moment?) (Hypersensitivity to cold temperature in underweight people does not apply here) .	_____	_____
64. Depressed Mood (SS 25/S 21) FP2, FC2 [33] **What was your basic mood in the last three months or in the past? How was it at its worst?** **(A)**: Did you have times when you felt sad or unhappy? Did you often feel like crying? Did feel desperate and hopeless? Could you get rid of this mood and distract yourself? For how long did the depressed period last? Did this impair your functioning (e.g. work, relationship)? Did you ever receive treatment for depression ?	_____	_____
65. Irrational, Depressive Thoughts and Dysfunctional Cognitive Schemata (Dichotomous Thinking, Overgeneralization) (SS 26/S 22) FP2, FC2 [34] **Did you tend to see only the negative sides of life in the last three months or in the past? Did you tend to brood over things which you thought you did wrong?**		

	last 3 months	worst condition in past
(A): Did you often think according to the "all or nothing-principle" ("if I don't pass the exam, I am a total failure")? Did your negative thoughts easily generalize to other areas? Did you quickly take criticism personally and then feel "totally" down? Did you blame yourself for things that were not your fault? (for code 4, feelings of inferiority and suicidal thoughts may also be present)	_____	_____
66. Reduced Self-Confidence in Performance (SS 29/S 27) FP2, FC2 [35] **Did you have lack of confidence in your own abilities in the last three months or in former years?** **(A)**: Did you feel awkward and insecure when you were with people because you did not know what to say or do? Did you feel you couldn't handle everyday problems? Examples? Did you think you were not doing well enough (at work or school) despite your grades or other evaluations not indicating this? (for code 4, subject may feel incapable of even simple, familiar daily tasks)	**0 = no** **1 = slightly** **2 = markedly** **3 = strongly** **4 = very strongly** _____	_____
67. Reduction of Self-Esteem (PSE/ /S26) FP2, FC2 [36] **How would you describe your self-esteem at it's worst in the last three months and in the past? Did you often feel inferior or worthless?** **(A):** Did you judge yourself more negatively in comparison to other people? Did you feel inferior only in certain areas (specify) or in general? Were you incapable of enjoying an activity just for the fun of it because you were so concerned about how well you did it? Was it difficult for you to accept praise or presents because you thought you were undeserving ?	_____	_____
68. Suicidal Thoughts (SS 8/S 25) FP2, FC2 [37] **Interviewer:** In vulnerable persons who appear suicidal ask question with caution after „setting the stage". **Did you think about committing suicide in the last three months or in the past?** **(A):** What thoughts did you have? How concrete were these thoughts (i.e. Did you have a plan? What was it?) and how often did you have them? 0 = never 1 = rarely/slightly 2 = occasionally/markedly 3 = frequently/strongly 4 = very frequently/very strongly	_____	_____
69. Suicidal Acts FP2, FC2 [38] **Did you ever attempt to commit suicide?** **(A):** What did you do? When did this happen? How often did you make such attempts? 0 = never 1 = minor attempts which nobody noticed and didn't have any consequences 2 = one serious attempt or many minor attempts 3 = several serious attempts - up to three 4 = many serious attempts - more than three	_____	_____

70. Other Auto-Aggressive Behavior: FP2, FC5 [39]

	last 3 months	maximal expression in past
Did you ever hurt yourself intentionally? **(A):** How, and how often did you for example injure yourself intentionally with sharp objects like a knife, razor-blade or needle? Did you scratch your skin or bite your finger-nails? What was the worst physical consequence from this self-injurious behavior?		
0 = never 1 = rarely/slightly 2 = occasionally to more frequently/markedly 3 = frequently/severely 4 = very frequently/very severely	_____	_____

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71. Alcohol Use/Abuse (SS 28/S 24) FP5, FC5 [40]

What kind and how much alcohol did you drink in the last three months and at the time when you were drinking the most alcohol. How often were you drinking? What was the most you drank in a day? Did alcohol present a problem for you? In what way? **(A)**: Did you ever have any impairment in functioning because of your alcohol usage? Was there a period of time when you frequently drank more alcohol or drank over longer periods of time than you had planned? Did you develop a tolerance to alcohol? Did you have problems with family members because of your alcohol-consumption? Did you neglect work (or school or go to work/school with a hangover), or did you have withdrawal symptoms such as tremors when you stopped drinking? Did you ever have blackouts? Or any medical complications of alcohol?		
0 = no alcohol use 1 = "normal" amount of alcohol or occasional slight abuse 2 = marked abuse 3 = severe abuse or presence of alcohol dependency 4 = very severe abuse or presence of severe alcohol dependency	_____	_____

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72. Tranquilizers with Potential for Dependency
(SS 16 a - c/S 25 a - c) FP5, FC2 [41]

Did you take any tranquilizers (such as benzodiazepines or barbiturates) in the last three months or in the past? **(A):** What kind of tranquilizers did you take and how much (dosage)? How often and over what time period? **Interviewer:** Mention certain tranquillizer preparations (e.g. Valium) and ask if it had been taken! How often and over what time period? Interviewer: please take into account: substance-class (benzodiazepine/barbiturate),dose per day, and frequency. Do not count antidepressants or neuroleptics - only tranquilizers with a potential for dependency.		
0 = no consumption of tranquillizers 1 = consumption in prescribed dosage - no abuse 2 = some abuse but in lower dosage or not often 3 = marked abuse - consumption in higher dosage or frequently and more than prescribed 4 = dependency or severe abuse in high dosage or frequently	_____	_____

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73. (Illicit) Drugs (SS 16 f - i/S 25 f - i) FP5, FC5 [42]

	last 3	maximal

months **expression in past**

Interviewer: Please ask questions in this order:

- **Have you smoked marijuana in the last three months or in the past?** When you were smoking it the most, how often were you smoking? How much? (How many joints a day)? How long did that go on?
- **Have you used any hallucinogenes or psychedelics like LSD in the last three months or in the past?** (same follow-up probes as with marijuana).
- **Have you taken amphetamines in the last three months or in the past?** (same probes)
- **Have you taken cocaine or crack in the last three months or in the past?** (same probes)
- **Have you taken morphine, or heroin, or opium in the last three months or in the past?** (same probes).

Drug problems were present:

0 = not at all
1 = to small extent (seldom, milder drug and/or in low dosages, e.g. rarely hashish in low dose)
2 = markedly (occasionally, moderate powerful drug and/or in moderate dosages)
3 = severely (frequently more powerful drugs and/ or in higher dosages)
4 = very severely (very frequently, powerful drugs(heroin, polamidone) and/ or in very high dosages) _____ _____

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74. Have you ever had a date with a boy/man or girl/woman and did you ever get physically intimate (petting, sex) with another person? [43.c]

0 = no - patient is aged below 16 years
1 = no - patient is aged above 16 years
2 = yes

Interviewer: If no and if patient is aged below 16 years of age (code 0) go on with item 79 and code intervening items as 8. If yes or if aged 16 years or above: Continue with the following items 75-78 and judge under the aspect of appropriateness for the subject's age : _____ _____

<u>75. Reduced Sexual Desire (Libido)</u> (SS 19/S 29) FP3, FC3 (I-AN-4b/IR-AN-D) [44]

How strong was your sexual desire in the last three months or in the previous years?
(A): How would you compare your sexual desire then with that of other women/men your age? Over what period of time has it been reduced?
<u>Males only:</u> Were there times when your nocturnal penile erections became weaker? Has the frequency of intercourse or masturbation been reduced because of loss of libido?

0 = sexual desire in accordance with peer-group
1 = slight reduction of sexual desire
2 = marked reduction of sexual desire
3 = severe reduction of sexual desire
4 = very severe reduction of sexual desire
7 = increased sexual desire
8 = does not apply _____ _____

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76. Sexual Anxieties (SS 40/S) FP3, FC3 [45]

	last 3 months	maximal expression in past
Have you been tense and anxious when you were about to get involved in sexual interactions (caressing, kissing, petting, intercourse) in the last three months or in the past? **(A)**: How sexually intimate could you become with a partner you liked, without getting tense or anxious? Did you ever try to avoid sexual contacts completely? Sexual anxieties: 0 = not at all 1 = slightly 2 = markedly 3 = severely 4 = very severely 8 = does not apply	_____	_____

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77. Partner-Relationship (SS 36/S 36 a) FP3, FC3 [46]

Do you have a stable relationship? For how long? How close and stable is the relationship? And how was it in the past? Were there times in the past when you had no partnership? Did you feel incapable of getting involved in a serious relationship? 0 = yes, stable, close partner-relationship 1 = yes, stable close partner-relationship with quite a bit of tension 2 = frequent changes, or a longer period of time without partner, or a fairly detached relationship 3 = very detached relationship with rare contacts 4 = no partner-relationship 8 = does not apply	_____	_____

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78. Did you have a sexual relationship in the last three months or in former years? (/S 32) FP3, FC3 [47] **(A)**:Did you have intercourse? If not, how sexually intimate were you? 0 = did have intercourse 1 = frequently experienced petting with a partner but no intercourse 2 = occasionally experienced petting, but did not have intercourse 3 = had relationships with a partner excluding petting and intercourse 4 = avoidance of any closer contact with other persons in order to avoid petting and sexual intercourse 8 = does not apply (person below 16 years of age)	_____	_____

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from item 74:

79. Leisure Activities (SS 33/S 39) FP3, FC2 [48]

How active were you in your free time in the last three months or in the past? **(A)**: What did you do? For example hobbies (handicrafts, etc.), political or religious commitments (organizations, parties), sports, theatre, movies, concerts, exhibitions, pubs, outings, walks, reading, or listening to music? How much of your free time did you plan actively? Did you do these things primarily by yourself or with others? 0 = active in wide spectrum of leisure activities (daily) 1 = slightly restricted leisure activities 2 = markedly restricted leisure activities 3 = severely restricted leisure activities 4 = very severely restricted leisure activities (practically no leisure activity)	_____	_____

	last 3 months	maximal expression in past
80. Extent of Social Contacts Outside of Family and Partnership – Quantitative Restriction of Social Contacts (SS 17/S 41) FP3, FC2 [49] **How many contacts did you have with friends and acquaintances? In the last three months or in the past how often did you see each other and what did you do together?** **(A)**: What was the frequency of your social contacts with people outside your family and partnership? 0 = many social contacts 1 = slightly restricted social contacts 2 = markedly restricted social contacts 3 = severely restricted social contacts 4 = very severely restricted social contacts	_____	_____
81. Quality of Social Contacts/Confidants (SS 31/S 36) FP3, FC2 [50] **Did you have somebody whom you could trust entirely in the last three months or in the past, and who was always there for you whenever you needed help, comfort or support? Was there someone with whom you could discuss just about everything?** 0 = very close confidant 1 = close confidant 2 = moderately close confidant 3 = poor confidential relationships 4 = no confidential relationship	_____	_____
82. Social Withdrawal and Avoidance of Contacts (SS /S 32) FP3, FC2 [51] **Did you tend to avoid contact with other people in the last three months or in the past? Did you experience anxiety? Were you suspicious of other people?** **(A):** To what extent did you withdraw from being around other people? Did you withdraw from everyone or did you still spend time with close friends or family? 0 = no withdrawal and avoidance of contacts 1 = slight withdrawal and avoidance of contacts 2 = marked withdrawal and avoidance of contacts 3 = severe withdrawal and avoidance of contacts 4 = very severe withdrawal and avoidance of contacts	_____	_____
83. Denial of Illness (/S 40) FP3, FC1 [52] **How strong was your eating disorder in the last three months? How was it in former years?** **(A):** At the time when you had the eating disorder, did you think that you were ill and needed help? Which of the things you told me before made you worry the most?		

Interviewer: Please rate the **discrepancy** between the clinician's and the patient's evaluation of the presenting problem.)

	last 3 months	worst condition in past
0 = no denial of illness 1 = slight denial 2 = marked denial 3 = strong denial 4 = very strong denial 8 = does not apply (no eating disorder)	_____	_____

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84. Global Evaluation of Symptoms associated with the Eating Disorder (/S 42) FP3, FC4 [53]

In eating disorders symptoms can be present such as an exaggerated **ideal of slimness, dieting, overconcern with body shape and weight, thoughts centered around eating, disturbed eating behavior, absence of menstruation** in women, **deviations from normal weight, fear of losing control** while eating, episodes of **binge eating,** (self-induced) **vomiting, laxative abuse, excessive exercising, social isolation** as a consequence of the eating disorder. To what extent were all or some of these symptoms present?
Interviewer: Please make an overall rating of the severity of the eating disorder:

0 = no eating disorder - none of the above symptoms 1 = slight eating disorder, slight symptoms but coping with problems was possible without treatment and ability to work was not restricted 2 = marked eating disorder, several of the above symptoms, but hospital admission is not necessary, but treatment should take place on an out-patient basis. Ability to cope and to work is restricted. 3 = severe eating disorder - Several of the symptoms to a severe degree. Admission to a hospital for inpatient treatment or intensive outpatient treatment is advisable. Ability to cope and to work is severely restricted. 4 = very severe eating disorder - very severe disturbances in eating or body weight. Hospital admission for inpatient treatment is definitely needed, example: weight less than 35 kg in a person with normal height). 7 = eating disorder present, but symptoms are very different from those listed above	_____	_____

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85. Differential Diagnosis and Additional Disorders [54]

a) **Organic brain disorder** (what kind?)

Have you ever had any head injury? Did you go to the hospital? Did you ever have any neurological testing? (What kind?)

0 = no 1 = yes - if yes, please specifiy:_____	_____	_____

	last 3 months	worst condition in past
b) **Schizophrenic or schizoaffective psychosis** (what exactly?)		
Did you ever hear things that others did not perceive (auditory hallucinations, hearing voices)? Have you been convinced of being persecuted, selected ... (paranoid thoughts)?		
0 = no 1 = yes - if yes, please specify: _____	_____	_____
Others: (what kind?)		

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86. Substantial Physical Illness [55]
(which ones?)
Have you ever had any serious physical illness?

0 = no 1 = yes	_____	_____

Interviewer: Please code only substantial physical illnesses, which are important for differential diagnoses (e.g. tuberculosis, ulcerative colitis) or which are consequence of the eating disorder (e.g. insufficient renal function, cardial arrhythmia). Code according to ICD 10 (condition in the last 3 months).

example: diabetes with eye complications

letter number

E 1 1 . 3

Diagnosis 1 _____ ☐☐☐ ☐

Diagnosis 2 _____ ☐☐☐ ☐

Diagnosis 3 _____ ☐☐☐ ☐

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87. Which **prescriptive psychotropic medication** (**antidepressants**, **neuroleptics**, etc.) have you taken for a longer period of time (three months or more continuously)? [56]

presently

_____ dose/day: _____
_____ dose/day: _____
_____ dose/day: _____

in the past

_____ dose/day: _____
_____ dose/day: _____
_____ dose/day: _____

- = Items marked with a black point cover information relevant for eating disorder diagnoses according to the DSM-IV (AN, BN, BED, ED-NOS). A short form of the SIAB-EX including these items only may be used for quick screening diagnoses.