Name: _____ Pb:_____

SIAB-S-diagnosis bulimia nervosa according to ICD-10 (F50.2)

	Criterion fulfilled current	Criterion fulfilled past

A *Recurrent episodes of overeating (at least twice a week over a period of 3 months) in which large amounts of food are consumed in short periods of time.*

Item 21a c ____ Item 23 c ____ (PLEASE COPY THE SCORES FROM THE INTERVIEW)

p ____ p ____

c Code 2-4: Y N AND c Code 2-4: Y N c: 2x yes? ⇒ Y N

p Code 2-4: Y N AND p Code 2-4: Y N p: 2x yes? ⇒ Y N

B *Persistent preoccupation with eating, and a strong desire or a sense of compulsion to eat (craving)*

Item 60 c ____ Item 34 c ____

p ____ p ____

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 p: at lea.1x yes? ⇒ Y N

C *The patient attempts to counteract the „fattening“ effects of food by one or more of the following :*

mark code

Item		Code (c)	Code (p)
35	Vomiting	0 1 2 3 4	0 1 2 3 4
36	Laxative abuse	0 1 2 3 4	0 1 2 3 4
37	Diuretics	0 1 2 3 4	0 1 2 3 4
38	Appetite suppressants	0 1 2 3 4	0 1 2 3 4
39	Thyroid medication.	0 1 2 3 4	0 1 2 3 4
40	Insulin treatment	8 0 1 2 3 4	8 0 1 2 3 4
41	Excessive fasting	0 1 2 3 4	0 1 2 3 4
44	Ipecac	0 1 2 3 4	0 1 2 3 4

At least 1x coded in this column? ⇒ Y N

At least 1x coded in this column? ⇒ Y N

D *Self-perception of being too fat, with an intrusive dread of fatness (usually leading to underweight)*

Item 16 c ____ Item 7 c ____

p ____ p ____

c Code 1-4: Y N OR c Code 1-4: Y N c: at lea.1x yes? ⇒ Y N

p Code 1-4: Y N OR p Code 1-4: Y N p: at lea.1x yes? ⇒ Y N

Sum yes: (0 - 4)

Diagnosis currently c Sum yes = 4? **Criteria of BN fulfilled currently** Y N

Diagnosis past: p Sum yes = 4? **Criteria of BN fulfilled in the past** Y N

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

Please mark the right answer!