Name: _____ Pb:_____

SIAB-EX-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 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
Sum yes: (0 - 4)		

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

<u>Diagnosis past:</u> 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!