

Screening questions for eating disorders

Weight history

- What was the patient's maximum weight, and when was he or she this weight?
- What is the patient's desired weight?
- How does the patient feel about the current weight?
- How frequently does the patient measure his/her weight?
- When did the patient begin to lose weight?
- What weight control methods have been tried?

Diet history

- What are the patient's current dietary practices? (Ask for specifics, amounts, food groups, fluids, restrictions)
- Any binges? (Record frequency, amount of food ingested)
- Any purging? (Record frequency, amount of food purged)
- Abuse of diuretics, laxatives, diet pills, ipecac?

Exercise history

- Type of exercise? Frequency, duration, intensity?

Menstrual history (for women)

- Age at menarche? Regularity of cycles? Last normal menstrual period?

Review of systems

- *Central nervous system*: Dizziness, blackouts, weakness, fatigue?
- *Skin*: Pallor, easy bruising/bleeding?
- *Cardiovascular*: Palpitations, chest pain, dizziness, syncope?
- *Gastrointestinal*: Vomiting, diarrhea, constipation, fullness, bloating, abdominal pain, heartburn, symptoms of inflammatory bowel disease?
- *Endocrine*: Cold intolerance, hair loss, dry skin, menstrual irregularities, symptoms of hyperthyroidism, diabetes?
- *Musculoskeletal*: Muscle cramps, arthralgias, myalgias?
- *Psychological*: Adjustment to pubertal development, body image/self-esteem, anxiety, depression, obsessive-compulsive disorder?
- *Hematology-oncology/infectious disease*: Symptoms of malignancy or occult infection, weight loss, nocturnal diaphoresis, lymphadenopathy, abdominal mass?

Family history

- Obesity, eating disorders, depression, substance abuse/alcoholism?

Social history

- Activities at home and school?
- Substance use?
- Sexual history, sexual abuse?