

Binge Eating Disorder Screenener-7 (BEDS-7)

For use with adults



A guide to using the Binge Eating Disorder Screener-7 (BEDS-7)

This patient-reported screener is designed to help you quickly and simply screen adults whom you suspect may have binge eating disorder (B.E.D.).

This tool was developed by Shire US Inc and is intended *for screening use only*. It should not be used as a diagnostic tool.

USING THE BEDS-7 IS SIMPLE:

STEP 1: QUESTION 1

If the patient answers “YES” to question 1, continue on to questions 2 through 7.

If the patient answers “NO” to question 1, there is no reason to proceed with the remainder of the screener.

STEP 2: QUESTIONS 2-7

If the patient answers “YES” to question 2 **AND** checks one of the shaded boxes for all questions 3 through 7, follow-up discussion of the patient’s eating behaviors and his or her feelings about those behaviors should be considered.

STEP 3

Evaluate the patient based upon the complete *DSM-5*[®] diagnostic criteria for B.E.D.

The following questions ask about your eating patterns and behaviors within the last 3 months. For each question, choose the answer that best applies to you.

1. During the last 3 months , did you have any episodes of excessive overeating (i.e., eating significantly more than what most people would eat in a similar period of time)?	Yes	No
---	-----	----

NOTE: IF YOU ANSWERED "NO" TO QUESTION 1, YOU MAY STOP. THE REMAINING QUESTIONS DO NOT APPLY TO YOU.

2. Do you feel distressed about your episodes of excessive overeating?	Yes	No
---	-----	----

Within the past 3 months...	Never or Rarely	Sometimes	Often	Always
3. During your episodes of excessive overeating , how often did you feel like you had no control over your eating (e.g., not being able to stop eating, feel compelled to eat, or going back and forth for more food)?				
4. During your episodes of excessive overeating , how often did you continue eating even though you were not hungry?				
5. During your episodes of excessive overeating , how often were you embarrassed by how much you ate?				
6. During your episodes of excessive overeating , how often did you feel disgusted with yourself or guilty afterward?				
7. During the last 3 months , how often did you make yourself vomit as a means to control your weight or shape?				

This information is brought to you by
Shire US Inc.

1-800-828-2088
©2014 Shire US Inc., Wayne, PA 19087
S04171 12/14



Reference: Data on file; SPD489-159; Shire US Inc.

DSM-5[®] is a registered trademark of the American Psychiatric Association.

This information is brought to you by
Shire US Inc.

1-800-828-2088

©2014 Shire US Inc., Wayne, PA 19087

S04171 12/14

