Mallory D. Hepp, LCSW
ASSESSMENT AND DIAGNOSTIC INTAKE

Name:_____ Date: _____
Age: _____ Sex: _____ Height:_____ Weight: _____
DOB:_____ SS#_____
Marital/family status: _____
_____
Lives with: _____

BULIMIA NERVOSA

A. Recurrent episodes of binge eating as characterized by both: 1) 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, and 2) a sense of lack of control over eating during episodes (e.g., a feeling that one cannot stop eating or control what or how much one is eating).

1. Have you ever gone on eating binges when you ate abnormally large amount of food over a short period of time?
   a. If yes how much would you eat during a binge?
   _____

2. During a binge did you feel you lost control of your eating?
   _____

B. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.

1. To prevent gaining weight from the binge, would you sometimes……
   a. Force yourself to vomit?
   b. Go on strict diets or fast afterwards?
   c. Use laxatives or water pills?
   d. Give yourself enema?
   e. Exercise vigorously?
   If yes to any, describe what that was like: _____

   _____

   _____

C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for three months.

1. How often do you binge?

_____

2. Was there ever a time lasting at least three months when you would binge at lest twice a week?

_____

3. How often did you _____(COMPENSANTORY BEHAVIOR)?

_____

a. Did you ever do this at least twice a week for 3 or more months?

_____

D. Self-evaluation is unduly influenced by body shape and weight.

1. Did your weight or the shape of your body have a big effect on your opinion of yourself?

a. If yes, tell me about that:_____

_____

E. Exclude the diagnosis if the symptoms occur exclusively during episodes of anorexia nervosa.

1. IF ANOREXIC: Did you also binge and [COMPENSATORY BEHAVIOR] when you weren't underweight like you were when you were [AGE] ?

ANOREXIA NERVOSA

A. Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected)

1. Has there ever been a time when people gave you a hard time about being too thin or losing too much weight? If yes:
   a. When did this occur?

   _____

   b. What was the lowest weight you weighed?

   _____

   c. How tall were you at the time?

   _____

d. What do you weigh now?

_____

B. Intense fear of gaining weight or becoming fat, even though underweight.

1. During the time you weighed less than others thought you should weigh, were you very afraid of gaining weight or becoming fat?

_____

_____

C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.

1. During that time, how did you think your body looked?

_____

_____

_____

2. Did other people say you were thin, but you thought you looked fat and overweight?

_____

_____

3. Did any part of your body feel fat?
_____ Which one(s)_____
_____

_____

4. Did your weight or the shape of your body have a big effect on your opinion of yourself? If yes, tell me about that.

_____

_____

_____

_____

5. How much did you think about the health risks of weighing (Lowest Weight) ?

_____

6. Did anyone tell you that it was not good for your health to be so thin?

_____

_____

D. In postmenarcheal females, amenorrhea, i.e. the absence of at least three consecutive menstrual cycles. (A woman is considered to have amenorrhea if her periods occur only following hormone, e.g., estrogen, administration).

1. When you were very thin or losing weight did you start missing some of your menstrual periods? If yes: How often?

   _____

2. Did you ever miss 3 in a row? _____

MOOD

Depression

☐ Sad/Empty Frequency_____
☐ Tearful
☐ Diminished Pleasure
☐ Appetite Decrease
☐ Worthlessness
☐ Appetite Increase
☐ Weight Change
☐ Sleep Changes
☐ Moving Slower
☐ Agitated
☐ Fatigue/Loss of Energy
☐ Feeling of Excessive Guilt
☐ Diminished Ability to Think/Concentrate
☐ Thoughts of Death/ SI
If yes plan, means etc._____
☐ Symptom Impair Social Functioning_____

Anxiety

☐ Anxiety/ Worry Frequency_____
☐ Restless
☐ Fidgety/jitter
☐ On edge
☐ Difficulty sitting still
☐ Panic Attacks
☐ Irritable
☐ Tension/Aches/Muscle Soreness
☐ Problems Concentrating
☐ Tired more than normal
☐ Problems Falling/Staying asleep
☐ Difficulty Controlling Worry