



THE PRIMARY CARE COMPANION FOR CNS DISORDERS

Supplementary Material

Article Title: Development of the 7-Item Binge-Eating Disorder Screener (BEDS-7)

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DOI Number: doi:10.4088/PCC.15m01896

List of Supplementary Material for the article

1. [Appendix 1](#)

Disclaimer

This Supplementary Material has been provided by the author(s) as an enhancement to the published article. It has been approved by peer review; however, it has undergone neither editing nor formatting by in-house editorial staff. The material is presented in the manner supplied by the author.

Appendix 1: BEDS-7

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

Scoring the BEDS-7: If the response to Q1 is "Yes," Q2 through Q7 are answered. If the response to Q1 is "No," the remaining questions do not apply as the screening result is negative. If the response to Q2 is "Yes" and a shaded box is checked for each of the items Q3 through Q7, the screening result is positive.

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