SCI-ABS

Structured Clinical Interview for Anorexic-Bulimic Spectrum

Version 3.0
May 31, 2002

Subject ID:	_
Date:	
Rater Code: _	

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Acknowledgements: The development of this instrument was supported by a grant from Pfizer-Roering and NIMH grant MH30915.

INTRODUCTION: ANOREXIC-BULIMIC SPECTRUM

Thank you for coming in to talk with me today. The interview we are going to do is focused on symptoms that you may or may not have experienced in your life. We want to identify whether you have had these symptoms at any time, even if it was a long time ago. We are interested in whether you had the symptoms at all, especially if having them bothered you or disturbed you. There are nine sections of the interview and it should take us about an hour to complete it. Do you have any questions before we start?

DOMAIN I. ATTITUDES AND BELIEFS

I am going to ask you about general beliefs you may have about weight and physical appearance.

Have you ever thought that...

1.	being slim is one of the most important things to one's self-respect?	Do Not Know	No	Yes
2.	a thin person is more sexually attractive and successful in his/her romantic life?	Do Not Know	No	Yes
3.	a thin person is more successful in his/her job?	Do Not Know	No	Yes
4.	eating slowly, just a little, or picking at one's food, is a sign of class or femininity?	Do Not Know	No	Yes
5.	fat people look vulgar and disgusting?	Do Not Know	No	Yes
6.	people should try to achieve the physical appearance of dancers, models or athletes?	Do Not Know	No	Yes
7.	it is essential to keep up to date reading magazines about physical fitness, beauty, diets, and athletics?	Do Not Know	No	Yes

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DOMAIN II. WEIGHT HISTORY

Now I would like to ask you about your weight and figure when you were a child and adolescent.

Were you ever...

8.	overweight as a child or adolescent?	Do Not Know	No	Yes
9.	put on a diet by your pediatrician or another doctor?	Do Not Know	No	Yes
10.	underweight, when you were a child or adolescent, because you didn't want to eat?	Do Not Know	No	Yes
11.	criticized by your parents for your figure or weight?	Do Not Know	No	Yes
12.	teased by your friends or relatives for your weight or shape?	Do Not Know	No	Yes

DOMAIN III. SELF ESTEEM AND SATISFACTION

Let's turn to some questions about thoughts or feelings you might have experienced.

13.	thought that your weight and figure were central to your self-esteem?	Do Not Know	No	Yes
14.	thought that not being fat was the most important thing in your life?	Do Not Know	No	Yes
15.	felt too fat, even though you were at or close to your lowest weight?	Do Not Know	No	Yes
16.	established a specific weight that you should never exceed, even just a little? Note: If yes, specify weight pounds.	Do Not Know	No	Yes
17.	felt miserable, desperate or defeated if your realized that your weight had increased, even just a little?	Do Not Know	No	Yes
18.	felt happy, excited and full of energy while losing weight?	Do Not Know	No	Yes
19.	showed off when at your desired weight?	Do Not Know	No	Yes
20.	felt distressed, weak, or guilty if you were not able to follow your diet?	Do Not Know	No	Yes
21.	felt uncomfortable, annoyed or distressed because of any comments about your physical appearance?	Do Not Know	No	Yes
22.	felt overweight, even if other people disagreed?	Do Not Know	No	Yes
23.	felt compelled to compare your body to others'?	Do Not Know	No	Yes

DOMAIN IV. PHOBIAS

A. Body dissatisfaction

Now I would like to ask you some questions about worries you might have had about your body.

Have you ever had extended periods of time when you...

	e you ever had extended periods of time when you			
24.	felt dissatisfied with your appearance?	Do Not Know	No	Yes
25.	were worried that a certain part of your body, such as cheeks, abdomen, breasts, hips, buttocks, or thighs, was too fat or out of proportion?	Do Not Know	No	Yes
26.	were constantly checking for cellulite on thighs, legs, etc.?	Do Not Know	No	Yes
27.	thought about having liposuction or other plastic surgery to reduce fat or your body size?.	Do Not Know	No	Yes
28.	wore large or baggy clothes to hide your figure?	Do Not Know	No	Yes
29.	wore dark clothes because you thought they were 'slimming?'	Do Not Know	No	Yes
30.	preferred angular shapes to round ones?	Do Not Know	No	Yes

B. Weight gain phobia

Now I would like to ask you some questions about the fear of becoming or remaining fat.

31.	were afraid of becoming fat, even when you were at or below your normal weight?	Do Not Know	No	Yes
32.	felt uncomfortable and guilty, even after eating small amounts of food such as chocolate, sweets, pasta or deep fried food, because you were afraid that you might gain weight?	Do Not Know	No	Yes
33.	bought a smaller size of clothes as an incentive to lose weight?	Do Not Know	No	Yes

Have you ever had extended periods of time when you...

34.	refused to give up smoking for fear of gaining weight?	Do Not Know	No	Yes	
35.	refused to take a prescribed drug for fear of gaining weight?	Do Not Know	No	Yes	
36.	considered it essential have massages, take saunas, or use products to reduce cellulite?	Do Not Know	No	Yes	
37.	considered it essential to have regular bowel movements to avoid becoming fat or to keep a flat stomach?	Do Not Know	No	Yes	

C. Secondary social phobia

Now I would like to ask you some questions about some social situations.

Have you ever had extended periods of time when you felt very badly or you avoided...

	e you ever had extended periods of time when you lest very			ī
38.	going out for dinner because of your figure or the amount you eat?	Do Not Know	No	Yes
39.	eating as much when you were out for a meal as you would eat at home alone?	Do Not Know	No	Yes
40.	going shopping for clothes because you felt too fat or you did not want to admit your size?	Do Not Know	No	Yes
41.	using dressing rooms, public showers, etc. because you felt too fat?	Do Not Know	No	Yes
42.	wearing close-fitting clothes because you were not satisfied with your body?	Do Not Know	No	Yes
43.	going to the beach or to the swimming pool because you felt too fat wearing a swimsuit?	Do Not Know	No	Yes
44.	having sex because you felt too fat?	Do Not Know	No	Yes
45.	having a physical examination because you felt too fat?	Do Not Know	No	Yes

D. Visceral perceptions

Now I would like to ask you some questions about the body sensations you might have experienced after eating.

46.	would get an unbearable sense of fullness in your stomach after eating?	Do Not Know	No	Yes
47.	ate little or in a peculiar way because of this?	Do Not Know	No	Yes
48.	regularly used medications to relieve this tension?	Do Not Know	No	Yes

DOMAIN V. AVOIDANT AND COMPULSIVE BEHAVIORS

Now I would like to ask you some questions about behaviors you might have used to control your body weight.

49.	checked your weight more than once a day, or felt anxious if a scale was not available?	Do Not Know	No	Yes
50.	checked your weight almost every time you ate?	Do Not Know	No	Yes
51.	checked your mirror everyday looking for fat?	Do Not Know	No	Yes
52.	regularly checked your body dimensions with a tape measure?	Do Not Know	No	Yes
53.	checked your body dimensions and weight by how tight your clothes fit?	Do Not Know	No	Yes
54.	avoided weighing yourself?	Do Not Know	No	Yes
55.	avoided looking at your image in the mirror and shop windows?	Do Not Know	No	Yes
56.	carefully calculated the calories in everything you ate?	Do Not Know	No	Yes
57.	carefully planned your day according to your food intake?	Do Not Know	No	Yes

DOMAIN VI. WEIGHT MAINTENANCE

A. Dietary habits

Now I would like to ask you some questions about eating habits you might have adopted in order to maintain your weight.

58.	tried constantly to lose weight?	Do Not Know	No	Yes
59.	regularly fasted for a whole day or more when you thought you had eaten too much the day before?	Do Not Know	No	Yes
60.	had eating habits that your relatives and friends considered odd such as number of meals, type of food, way of eating?	Do Not Know	No	Yes
61.	had rigid or stereotyped eating behaviors that never changed even for special occasions (parties, celebrations, etc.), such as eating the same type of food, in the same amount, or at the same time of day?	Do Not Know	No	Yes
62.	followed a diet so strictly that it became your main goal?	Do Not Know	No	Yes
63.	avoided eating certain types of food, such as deep fried food, oil, butter, pasta, bread or cakes?	Do Not Know	No	Yes
64.	preferred low-calorie foods and sweeteners or liquid meals like "Slim-Fast?"	Do Not Know	No	Yes
65.	followed special diets such as vegetarian, macrobiotic or organic?	Do Not Know	No	Yes
66.	spent a lot of time cooking, baking, collecting recipes or reading food magazines or cookbooks?	Do Not Know	No	Yes
67.	ate or drank something just before going to a restaurant or a party in order to reduce your appetite and control your caloric intake?	Do Not Know	No	Yes
68.	refused big helpings or second helpings even if you would have liked them?	Do Not Know	No	Yes
69.	felt the need to chew or suck something continuously (for example, chewing gum or candies)?	Do Not Know	No	Yes

Have you ever had extended periods of time when you...

	e you ever had extended periods of time when you			
70.	played with the food on your plate, eating more slowly than others, so that they would not realize you were not eating much?	Do Not Know	No	Yes
71.	chewed food for a long time in order to eat less?	Do Not Know	No	Yes
72.	left a large part of your food on the plate?	Do Not Know	No	Yes
73.	used products such as fibre to reduce caloric absorption?	Do Not Know	No	Yes
74.	took a lot of herbal remedies such as bran to decrease your appetite and lose weight?	Do Not Know	No	Yes
75.	took medications such as thyroid hormones in order to prevent weight gain?	Do Not Know	No	Yes
76.	took amphetamines in order to decrease appetite and lose weight?	Do Not Know	No	Yes
77.	repeatedly chewed and spit out your food almost without swallowing?	Do Not Know	No	Yes

B. Physical Activity

Now I would like to ask you some questions about your physical activity.

78.	engaged in a lot of physical activity to maintain or to lose weight?	Do Not Know	No	Yes
79.	used stairs, walked or went by bike to expend energy?	Do Not Know	No	Yes
80.	stood instead of sat even when doing sedentary activity (for example, when studying)?	Do Not Know	No	Yes
81.	increased your physical activity after eating a lot to control your weight?	Do Not Know	No	Yes
82.	habitually jogged, went swimming, or went to the gym to prevent weight gain?	Do Not Know	No	Yes
83.	slept as little as possible to burn more calories?	Do Not Know	No	Yes

Have you ever had extended periods of time when you...

In order to control your weight, have you ever used...

85.	self-induced vomiting?	Do Not Know	No	Yes
86.	laxatives?	Do Not Know	No	Yes
87.	diuretics?	Do Not Know	No	Yes

DOMAIN VII. EATING DYSCONTROL

Now I would like to ask you some questions about your eating habits and ability to control food intake.

Have you ever had extended periods of time when you ate...

88.	an amount of food in a short period (for example, two hours) that was definitely larger than most people would eat in the same time, under similar circumstances?	Do Not Know	No	Yes
89.	continuously throughout the day, so that you ingested an amount of food that was definitely larger than most people usually eat?	Do Not Know	No	Yes
90.	with a feeling of lack of control?	Do Not Know	No	Yes
91.	much more rapidly than normal?	Do Not Know	No	Yes
92.	until feeling uncomfortably full?	Do Not Know	No	Yes
93.	large amounts of food when not feeling physically hungry?	Do Not Know	No	Yes
94.	alone because of being embarrassed by how much you were eating?	Do Not Know	No	Yes
95.	and then felt disgusted with yourself, depressed, or very guilty right after overeating?	Do Not Know	No	Yes

96.	hoarded or hid food?	Do Not Know	No	Yes
97.	had difficulty staying on a diet?	Do Not Know	No	Yes
98.	spent a large portion of your pay-check on food or going to 'gourmet' restaurants?	Do Not Know	No	Yes
99.	had a lot of problems maintaining a steady weight, so that your weight went up and down like a yo-yo?	Do Not Know	No	Yes
100.	experienced a continuous sense of hunger?	Do Not Know	No	Yes

	e you ever had extended periods of time when you			
101.	needed to eat something even if you just had a meal?	Do Not Know	No	Yes
102.	couldn't go to bed without eating something?	Do Not Know	No	Yes
103.	had to wake up in the middle of the night to eat?	Do Not Know	No	Yes
104.	found it difficult to resist food or beverages offered to you?	Do Not Know	No	Yes
105.	were unable to stop eating until you had finished a pack of candies or chocolate?	Do Not Know	No	Yes
106.	habitually ate quickly, or swallowed food without chewing it?	Do Not Know	No	Yes

DOMAIN VIII. ASSOCIATED FEATURES AND CONSEQUENCES

A. Impulse control

Now I would like to ask you some questions about your ability to resist impulses.

Have you ever...

107.	used excessive amounts of caffeine, tobacco or alcohol?	Do Not Know	No	Yes
108.	used any of the following substances: opiates, cocaine, marijuana or ecstasy?	Do Not Know	No	Yes
109.	stolen anything that you didn't need?	Do Not Know	No	Yes
110.	hurt yourself voluntarily (for example, cut, scratch, bite or burn yourself)?	Do Not Know	No	Yes

B. Personality

Now I want to ask you about how you see yourself and how others see you.

Do you see yourself or do others see you as...

111.	an impulsive person who acts without thinking?	Do Not Know	No	Yes
112.	intolerant of other people?	Do Not Know	No	Yes
113.	a perfectionist?	Do Not Know	No	Yes
114.	an overly conscientious person?	Do Not Know	No	Yes
115.	highly competitive with high standards of performance?	Do Not Know	No	Yes
116.	trying to conform to others' (teachers, friends, parents) desires and expectations, in order to be accepted?	Do Not Know	No	Yes
117.	tolerating verbal or physical abuse or making sacrifices because of the fear of being abandoned?	Do Not Know	No	Yes

Do you see yourself or do others see you as...

118.	habitually telling lies?	Do Not Know	No	Yes
119.	seeing things as either 'black or white' or having an 'all or nothing' way of thinking?	Do Not Know	No	Yes
120.	having feelings of inadequacy in your relationships?	Do Not Know	No	Yes
121.	needing to feel sexually attractive in order to feel worthwhile?	Do Not Know	No	Yes

C. Physical consequences

Now I will ask you something about physical signs you may have had.

122.	lost your interest in sex?	Do Not Know	No	Yes
123.	were particularly sensitive to cold?	Do Not Know	No	Yes
124.	(If female)did not get your period and you were not pregnant or menopausal or because of medication?	Do Not Know	No	Yes
125.	developed fine, downy body hair all over your body?	Do Not Know	No	Yes
126.	had a yellowish discoloration of your skin?	Do Not Know	No	Yes

DOMAIN IX. IMPAIRMENT AND INSIGHT

A. Impairment

Have you ever had extended periods of time when....

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127.	your eating habits interfered with your everyday activities?	Do Not Know	No	Yes
128.	you were unable to stop thinking about food or how to binge?	Do Not Know	No	Yes
129.	you were unable to concentrate when studying or working because you felt like eating something?	Do Not Know	No	Yes
130.	you spent hours a day thinking about your weight or figure to the point that these thoughts dominated your life?	Do Not Know	No	Yes
131.	your relationship with food was all you could think about so that it prevented you from being able to concentrate on other things?	Do Not Know	No	Yes

B. Level of insight

Have you ever had extended periods of time when...

132.	other people told you that you were too thin and you refused to accept their judgment?	Do Not Know	No	Yes
133.	you still thought you were too fat, even though normal or underweight? During that period: a. your weight was pounds. b. Your height was inches. c. Your age was years.	Do Not Know	No	Yes

Right now...

134.	Do you think that your weight is appropriate for your height?	Do Not Know	No	Yes
	If NO: a. Did you think that your weight was too high?	Do Not Know	No	Yes
	b. Did you think that your weight was too low?	Do Not Know	No	Yes