Entered: _ _ / _ _ / 20_ _ Initials: _____ Verified: _ _ / _ _ / 20_ _ Initials: _____

Patient ID __ __ __ - __ __ __ __ - __ __ ID **Certification** CERT __ __ __ __ __ **Visit:** VISIT _____

For office use only.

Brief Call (BC) – Version: 04/16/2012 FORMV

Form Completion Date __ __ / __ __ / 20_ __ BCDATE
mm dd yy

Weight:

1. What is your current weight? BCWGT__ lbs.
2. What was your lowest weight since your last visit? BCLWGT_ lbs.

For the reminder of these questions:

For fill in the blank questions: Use 8, 88, or 888 for any item you *can't rate.* Use 9, 99, 999 for *not applicable* items. (**Can't Rate** = Despite adequate questioning it is impossible to decide upon a rating; **Not applicable =** missing value or not applicable.)
Tape-rater questions: Rate **"n/a"** if you are unable to hear a particular item due to poor tape quality. Rate **"can't rate"** if the original assessor (on the tape) did not do adequate questioning and you feel you can not rate the item. *Note for EDE items with specific coding instructions listed in the item directions: these codes trump the "can't rate" and "n/a" options.*

IDENTIFYING BULIMIC EPISODES AND OTHER EPISODES OF OVEREATING:
(88 or 888 = can't rate, 99 or 999 = n/a)

No event in the past 6-months

			Month1
☐ IBEOBE	**Objective bulimic episodes (OBE)**	# of days	IBOBM1DY
		# of episodes	IBOBM1EP
☐ IBEOOE	**Objective Overeating Episodes (OOE)**	# of days	IBOOM1DY
		# of episodes	IBOOM1EP
☐ IBESBE	**Subjective Bulimic Episodes (SBE)**	# of days	IBSBM1DY
		# of episodes	IBSBM1EP

DSM-IV BINGE EATING DISORDER MODULE: ☐ No OBE's or SBE's in past 6-months BEDMNONE

Check one: ☐ 1. OBE ☐ 2. SBE ☐ Can't rate ☐ n/a BEDMTYPE

		0	1	2	3	4	5	6	7	9	Can't rate	n/a
Average # days per week:	BEDMDAYS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

(88 = can't rate, 99 = n/a)

3 month free OBE BEDM3OBE (weeks) 3 month free SBE BEDM3SBE (weeks)

6 month free OBE BEDM6OBE (weeks) 6 month free SBE BEDM6SBE (weeks)

Features Associated with Binge Eating (DSM_IV Appendix)

Check one: ☐ 1. OBE ☐ 2. SBE ☐ Can't rate ☐ n/a FABETYPE

	Feature not present (0)	Feature present (1)	(9)	Can't rate	n/a
Eaten much more rapidly than normal	☐ FABERAP	☐	☐	☐	☐
Eaten until you felt uncomfortable full	☐ FABEUNC	☐	☐	☐	☐
Eaten large amounts of food when you haven't felt physically hungry	☐ FABEHUNG	☐	☐	☐	☐
Eaten alone because you have felt embarrassed about how much you were eating	☐ FABEEMP	☐	☐	☐	☐
Felt disgusted with yourself, depressed, or very guilty	☐ FABEDISG	☐	☐	☐	☐

Distress about binge eating (DSM-IV Appendix)

☐ 1. Not at all ☐ 2. Slightly ☐ 3. Moderately ☐ 4. Greatly ☐ 5. Extremely ☐ Can't rate ☐ n/a DABEAMNT

SELF-INDUCED VOMITING: ☐ No self-induced vomiting in past 6-months (weight and shape related) SIVNONE

Weight and Shape Related

(88 or 888 = can't rate, 99 or 999 =n/a) Month 1

# of days SIVWM1DY

# of episodes SIVWM1EP

Vomiting distress (0 - 6) SIVWVTDS *(88 = can't rate, 99 = n/a)*

LAXATIVE MISUSE: ☐ No laxative misuse in past 6-months (weight and shape related) LAXWNONE

Weight and Shape Related

(88 or 888 = can't rate, 99 or 999 =n/a Month 1

# of Days LAXWM1DY

# of Episodes LAXWM1EP

Average laxative taken LAXWAVG Laxative Type LAXWTYPE

DIURETIC MISUSE: ☐ No diuretic misuse in past 6-months (weight and shape related) DIUWNONE

Weight and Shape Related

(88 or 888 = can't rate, 99 or 999=n/a) Month 1

# of Days DIUWM1DY

# of Episodes DIUWM1EP

Average diuretics taken DIUWAVG Diuretic type DIUWTYPE

DRIVEN EXERCISE: ☐ No driven exercise in past 6-months (weight and shape related) DRIVNONE

(88 or 888 = can't rate, 99 or 999 =n/a) Month 1

# of Days DRIVM1DY

# of Episodes DRIVM1EP

Average minutes exercising DRIVAVG

		0	1	2	3	4	5	6		*Can't rate*	*n/a*
IMPORTANCE OF WEIGHT Month 1	M1INPTOW	☐	☐	☐	☐	☐	☐	☐		☐	☐
IMPORTANCE OF SHAPE Month 1	M1INPTOS	☐	☐	☐	☐	☐	☐	☐		☐	☐

	Days	0	1	2	3	4	5	6		*Can't rate*	n/a
FEAR OF WEIGHT GAIN Month 1	FOWGM1DY	☐	☐	☐	☐	☐	☐	☐	M1FOWGRT	☐	☐
FEELINGS OF FATNESS Month 1	FOFM1DY	☐	☐	☐	☐	☐	☐	☐	M1FOFRT	☐	☐