LABS-3 Psychosocial NDS Eating Grid (EG) – Version 02/01/2007 FORMV

Patient ID __ __ __ - __ID__ __ __- __ __

Certification number: CERT__ __ __

Visit: VISIT

Form Completion Date __ __ / __ __ / 20 __ __ NDSDATE
      mm   dd   yy

Date of Intake   __ __ / __ __ / 20 __ __ INTAKEDT
      mm   dd   yy

Eating Episode Number	Start Time (in military) (hr:min)	Stop Time (in military) (hr:min)	Location	How hungry were you prior to this eating episode?	Did you feel out of control during this eating episode?	Did you feel driven or compelled to start eating?	Did you feel driven or compelled to continue eating?	How upset did you feel afterward about this eating episode?	How much were you paying attention to your eating?	How full did you feel after this eating episode?	Did you experience any dumping?	Did you experience any plugging?	Did you experience any vomiting?	Did you experience any chewing/spitting?	Did you experience any rumination?	Did you experience any retching?	Were you doing anything else while you were eating?	Was anyone else present while you were eating?
			See Footnote for codes	0-4 0=Not at all 4=Extremely	0-4 0=Not at all 4=Extremely	0-4 0=Not at all 4=Extremely	0-4 0=Not at all 4=Extremely	0-4 0=Not at all 4=Extremely	0-4 0=Not at all 4=Extremely	0-4 0=Not at all 4=Extremely	Do **NOT** ask at Baseline	Do **NOT** ask at Baseline				Do **NOT** ask at Baseline	0=No/nothing 1=TV 2=Computer 3=Reading 4=Talk/visiting 5=Other *if other, specify*	
EENO	ESTARTM ESTARTH	ESTOPM ESTOPH	ELOCS ELOC	EHUNG	EOUTOC	EATSTART	EATSTOP	EUPSET	EATTN	EFULL	EDUMP (Y N)	EPLUG (Y N)	EVOMIT (Y N)	ECHEW (Y N)	ERUMIN (Y N)	ERETCH (Y N)	EDOELSE (ETV ECOMP EREAD ETALK EATOTH EATOTHS)	EPRESNT (Y N)
5	__:__	__:__									Y N	Y N	Y N	Y N	Y N	Y N		Y N
6	__:__	__:__									Y N	Y N	Y N	Y N	Y N	Y N		Y N
7	__:__	__:__									Y N	Y N	Y N	Y N	Y N	Y N		Y N
8	__:__	__:__									Y N	Y N	Y N	Y N	Y N	Y N		Y N
9	__:__	__:__									Y N	Y N	Y N	Y N	Y N	Y N		Y N
10	__:__	__:__									Y N	Y N	Y N	Y N	Y N	Y N		Y N
11	__:__	__:__									Y N	Y N	Y N	Y N	Y N	Y N		Y N
12	__:__	__:__									Y N	Y N	Y N	Y N	Y N	Y N		Y N
13	__:__	__:__									Y N	Y N	Y N	Y N	Y N	Y N		Y N
14	__:__	__:__									Y N	Y N	Y N	Y N	Y N	Y N		Y N
15	__:__	__:__									Y N	Y N	Y N	Y N	Y N	Y N		Y N
16	__:__	__:__									Y N	Y N	Y N	Y N	Y N	Y N		Y N
17	__:__	__:__									Y N	Y N	Y N	Y N	Y N	Y N		Y N
18	__:__	__:__									Y N	Y N	Y N	Y N	Y N	Y N		Y N
19	__:__	__:__									Y N	Y N	Y N	Y N	Y N	Y N		Y N
20	__:__	__:__									Y N	Y N	Y N	Y N	Y N	Y N		Y N
21	__:__	__:__									Y N	Y N	Y N	Y N	Y N	Y N		Y N
22	__:__	__:__									Y N	Y N	Y N	Y N	Y N	Y N		Y N
23	__:__	__:__									Y N	Y N	Y N	Y N	Y N	Y N		Y N
24	__:__	__:__									Y N	Y N	Y N	Y N	Y N	Y N		Y N
25	__:__	__:__									Y N	Y N	Y N	Y N	Y N	Y N		Y N

Codes for LOCATION: 1= Home, Kitchen/Dining Room; 2=Home—Other (if other, specify); 3=Restaurant; 4=Work; 5=Car; 6=Other *(if other, specify in box)*