ADO-BED Questionnaire

A simple, questionnaire developed to identify obese adolescents at risk for binge eating disorder from [Chamay-Weber: 2017].

1. Do you sometimes have a strong craving to eat although you are not really hungry or you have recently eaten?  Yes/No

2. In this situation, do you sometimes find yourself starting to eat and then being unable to stop? For example, have you in the past wanted to eat a few biscuits and been unable to stop until the pack was empty?  Yes/No

3. In these moments when you find yourself eating although you are not hungry or when you can’t stop eating
   a) Do you sometimes feel the need to be alone, to isolate yourself to eat?  Yes/No
   b) Do you sometimes have the feeling of being very detached, not really in the moment, as if you were eating while day-dreaming?  Yes/No
   c) Do you sometimes eat because you feel unsettled, unwell, sad, angry or bored?  Yes/No
   d) Do you sometimes feel you eat too much or that you eat more than others?  Yes/No
   e) Do you sometimes have regrets or feel ashamed after you've eaten?  Yes/No

4. How often do you experience not being able to stop eating or do you find yourself eating without being hungry?
   At least once a month/2-3 times a month/2-3 times per week every day

5. Since when have you experienced this?
   Less than 3 months/ More than 3 months

5. When you are in these situations do you sometimes need to take action to eliminate what you have just eaten (exercise, skip the next meal, self-induce vomiting...)  Yes/No

Bibliography