

## 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/N*
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

Chamay-Weber C, Combescure C, Lanza L, Carrard I, Haller DM.

**Screening Obese Adolescents for Binge Eating Disorder in Primary Care: The Adolescent Binge Eating Scale.** J Pediatr. 2017;185:68-72.e1. [PubMed abstract](#)