**Stanford-Washington University Eating Disorder (SWED) 3.0 Screener**

1. Are you currently in treatment for an eating disorder?
	1. No
	2. Yes
	3. Not currently, but I have been in the past
2. What was your lowest weight in the past year, including today, in pounds?
3. What is your current weight in pounds?
4. What is your current height in inches?
5. How much more or less do you feel you worry about your weight and body shape than other people your age?
	1. I worry a lot less than other people
	2. I worry a little less than other people
	3. I worry about the same as other people
	4. I worry a little more than other people
	5. I worry a lot more than other people
6. How afraid are you of gaining 3 pounds?
	1. Not afraid of gaining
	2. Slightly afraid of gaining
	3. Moderately afraid of gaining
	4. Very afraid of gaining
	5. Terrified of gaining
7. When was the last time you went on a diet?
	1. I have never been on a diet
	2. I was on a diet about one year ago
	3. I was on a diet about 6 months ago
	4. I was on a diet about 3 months ago
	5. I was on a diet about 1 month ago
	6. I was on a diet less than 1 month ago
	7. I’m on a diet now
8. Compared to other things in your life, how important is your weight to you?
	1. My weight is not important compared to other things in my life
	2. My weight is a little more important than some other things
	3. My weight is more important than most, but not all, things in my life
	4. My weight is the most important thing in my life
9. Do you ever feel fat?
	1. Never
	2. Rarely
	3. Sometimes
	4. Often
	5. Always
10. In the past 3 months, how many times have you had a sense of loss of control AND you also ate what most people would regard as an unusually large amount of food at one time, defined as definitely more than most people would eat under similar circumstances?
11. \*During these episodes of eating an unusually large amount of food with a sense of loss of control, do you:
	1. Eat much more rapidly than normal?
	2. Eat until feeling uncomfortably full?
	3. Eat large amounts of food when not feeling physically hungry?
	4. Eat alone because of feeling embarrassed by how much you are eating?
	5. Feel disgusted, depressed, or very guilty afterward?
12. \*How distressed or upset have you felt about these episodes?
	1. Not at all
	2. A little
	3. Moderately
	4. Greatly
	5. Extremely
13. In the past 3 months, how many times have you done any of the following as a means to control your weight and shape:
	1. Made yourself throw-up?
	2. Used diuretics or laxatives?
	3. Exercised excessively?
	4. Fasted?
14. Do you consume a small amount of food (i.e., less than 1200 calories/day) on a regular basis to influence your shape or weight?
	1. No
	2. Yes
15. #Do you struggle with a lack of interest in eating or food?
	1. Yes
	2. No
16. #Do you avoid certain or many foods because of such features as texture, consistency, temperature, or smell, or have other people suggested this may be the case for you?
	1. Yes
	2. No
17. #Do you avoid certain or many foods because of fear of experience negative consequences like choking or vomiting, or have other people suggested this may be the case for you?
	1. Yes
	2. No
18. #Have you experienced significant weight loss (or are at a low weight for your age and height) but are not overly concerned with the size or shape of your body?
	1. Yes
	2. No

\*Indicates questions that are only asked if Q10 is assessed with a frequency greater than 0

# Indicates questions that are only asked if user screens as low risk