**The Stanford-Washington University Eating Disorders Screen (SWED) 3.0**

**Anorexia Nervosa**

|  |  |  |
| --- | --- | --- |
| **Criterion** | **Screening Questions** | **Algorithm For Diagnosis** |
| **A:** Restriction leading to significant weight loss | * **Q3:** What is your current weight in pounds? * **Q4:** What is your current height in inches? * **Q14:** 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? | BMI = weight (lb) / [height (in)]2 x 703 ≤ 18.499‡   * **A1, Current weight:** Q3/(Q4)2 \* 703 ≤ 18.499   AND   * **A2, Q14 =** YES |
| **B:** Intense fear of gaining weight | * **Q5:** How much more or less do you feel you worry about your weight and body shape than other people your age? * **Q6:** How afraid are you of gaining 3 pounds? * **Q7:** When was the last time you went on a diet? * **Q8:** Compared to other things in your life, how important is your weight to you? * **Q9:** Do you ever feel fat? | * **B1:** WCS score ≥ 47   OR   * **B2:** Endorsed “very afraid” or “terrified” in response to Q6, “How afraid are you of gaining 3 pounds? |
| **C:** Disturbed experience of weight/shape; undue influence of weight/shape on self-evaluation | * **Q5-9** | * **C1:** WCS score ≥ 47   OR   * **C2:** Endorsed “more important” or “most important” in response to Q8, “Compared to other things in your life, how important is your weight to you?” |

**Final Algorithm:**

* **Current AN** (medical referral warranted): (A1 + A2) + (B1 or B2) + (C1 or C2)

**To score the WCS:** 1) Recode all items to be on a 0-100 scale

2) WCS = (Q1 + Q2 + Q3 + Q4 + Q5)/5

‡DSM-5 does not give a cut-off for weight; thus, we chose to use ≤ 18.499 as 18.5 is the cut-off for normal weight BMI

**Bulimia Nervosa**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Screening Questions** | **Algorithm For Diagnosis** |
| **A:** Weight and height entered | * **Q3:** What is your current weight in pounds? * **Q4:** What is your current height in inches? | * **A1**: Q3 ≥ 0   AND   * **A2**: Q4 ≥ 0 |
| **B:** Recurrent binge eating (with loss of control) | * **Q10:** 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? | * **B1:** Q10 > 1 |
| **C:** Recurrent inappropriate compensatory behaviors | * **Q13**: In the past 3 months, how many times have you done any of the following as a means to control your weight and shape:   + **Q13a.** Made yourself throw-up?   + **Q13b.** Used diuretics or laxatives?   + **Q13c.** Exercised excessively?   + **Q13d.** Fasted? | * **C1:** (Q13a + Q13b + Q13c + Q13d) > 1 |
| **D:** Bingeing and compensatory behaviors occur on average once/week for 3 months | * **Q10** * **Q13** | * **D1:** Q10 ≥ 12   AND   * **D2:** (Q13a + Q13b + Q13c + Q13d) ≥ 12 |
| **E:** Undue influence of weight/shape on self-evaluation | * **Q5:** How much more or less do you feel you worry about your weight and body shape than other people your age? * **Q6:** How afraid are you of gaining 3 pounds? * **Q7:** When was the last time you went on a diet? * **Q8:** Compared to other things in your life, how important is your weight to you? * **Q9:** Do you ever feel fat? | * **E1:** WCS score ≥ 47   OR   * **E2:** Endorsed “more important” or “most important” in response to Q8, “Compared to other things in your life, how important is your weight to you?” |

**Final Algorithm:**

* **Current BN**: (A1 + A2) + B1 + C1 + (D1 + D2) + (E1 or E2)

**Binge Eating Disorder**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Screening Questions** | **Algorithm For Diagnosis** |
| **A:** Weight and height entered | * **Q3:** What is your current weight in pounds? * **Q4:** What is your current height in inches? | * **A1**: Q3 ≥ 0   AND   * **A2**: Q4 ≥ 0 |
| **B:** Recurrent episodes of binge eating | * **Q10:** 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? | * **B1:** Q10 > 1 |
| **D:** Binge eating episodes are associated with ≥3 criteria | * **Q11:** During these episodes of eating an unusually large amount of food with a sense of loss of control, do you:   + **Q11a:** Eat much more rapidly than normal?   + **Q11b:** Eat until feeling uncomfortably full?   + **Q11c:** Eat large amounts of food when not feeling physically hungry?   + **Q11d:** Eat alone because of feeling embarrassed by how much you are eating?   + **Q11e:** Feel disgusted, depressed, or very guilty afterward? | * **C1:** (Q11a + Q11b + Q11c + Q11d + Q11e) ≥ 3 |
| **D:** Marked distress is present | * **Q12:** How distressed or upset have you felt about these episodes? | * **E1:** Q12 ≥ 4 (i.e., greatly or extremely) |
| **E:** The bingeing occurs on average at least once a week for 3 months | * **Q10** | * **E1:** Q10 ≥ 12 |
| **F:** Not associated with recurrent use of compensatory behaviors | * **Q13** | * **F1:** Q13a + Q13b + Q13c + Q13d < 3 |

**Final Algorithm:**

* **Current BED**: (A1 + A2) + B1 + C1 + D1 + E1 + F1

**Subclinical Bulimia Nervosa**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Screening Questions** | **Algorithm For Diagnosis** |
| **A:** Weight and height entered | * **Q3:** What is your current weight in pounds? * **Q4:** What is your current height in inches? | * **A1**: Q3 ≥ 0   AND   * **A2**: Q4 ≥ 0 |
| **B:** Recurrent binge eating (with loss of control) | * **Q10:** 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? | * **B1:** Q10 > 1 |
| **C:** Recurrent inappropriate compensatory behaviors | * **Q13**: In the past 3 months, how many times have you done any of the following as a means to control your weight and shape:   + **Q13a.** Made yourself throw-up?   + **Q13b.** Used diuretics or laxatives?   + **Q13c.** Exercised excessively?   + **Q13d.** Fasted? | * **C1:** (Q13a + Q13b + Q13c + Q13d) > 1 |
| **D:** Bingeing and compensatory behaviors occur on average less than once/week for 3 months | * **Q10** * **Q13** | * **D1:** Q10 ≥ 3   AND   * **D2:** (Q13a + Q13b + Q13c + Q13d) ≥ 3 |
| **E:** Undue influence of weight/shape on self-evaluation | * **Q5:** How much more or less do you feel you worry about your weight and body shape than other people your age? * **Q6:** How afraid are you of gaining 3 pounds? * **Q7:** When was the last time you went on a diet? * **Q8:** Compared to other things in your life, how important is your weight to you? * **Q9:** Do you ever feel fat? | * **E1:** WCS score ≥ 47   OR   * **E2:** Endorsed “more important” or “most important” in response to Q8, “Compared to other things in your life, how important is your weight to you?” |

**Final Algorithm:**

* **Current Subclinical BN**: (A1 + A2) + B1 + C1 + (D1 + D2) + (E1 or E2)

**Subclinical Binge Eating Disorder**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Screening Questions** | **Algorithm For Diagnosis** |
| **A:** Weight and height entered | * **Q3:** What is your current weight in pounds? * **Q4:** What is your current height in inches? | * **A1**: Q3 ≥ 0   AND   * **A2**: Q4 ≥ 0 |
| **B:** Recurrent episodes of binge eating | * **Q10:** 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? | * **B1:** Q10 > 1 |
| **C:** Binge eating episodes are associated with ≥3 criteria | * **Q11:** During these episodes of eating an unusually large amount of food with a sense of loss of control, do you:   + **Q11a:** Eat much more rapidly than normal?   + **Q11b:** Eat until feeling uncomfortably full?   + **Q11c:** Eat large amounts of food when not feeling physically hungry?   + **Q11d:** Eat alone because of feeling embarrassed by how much you are eating?   + **Q11e:** Feel disgusted, depressed, or very guilty afterward? | * **C1:** (Q11a + Q11b + Q11c + Q11d + Q11e) ≥ 3 |
| **D:** Marked distress is present | * **Q12:** How distressed or upset have you felt about these episodes? | * **D1:** Q12 ≥ 4 (i.e., greatly or extremely) |
| **E:** The bingeing occurs on average at least once a week for 3 months | * **Q10** | * **E1:** Q10 ≥3 |
| **F:** Not associated with recurrent use of compensatory behaviors | * **Q13**: In the past 3 months, how many times have you done any of the following as a means to control your weight and shape:   + **Q13a.** Made yourself throw-up?   + **Q13b.** Used diuretics or laxatives?   + **Q13c.** Exercised excessively?   + **Q13d.** Fasted? | * **F1:** Q13a + Q13b + Q13c + Q13d < 3 |

**Final Algorithm:**

* **Current Subclinical BED**: (A1 + A2) + B1 + C1 + D1 + E1 + F1

**Purging Disorder**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Screening Questions** | **Algorithm For Diagnosis** |
| **A:** Weight and height entered | * **Q3:** What is your current weight in pounds? * **Q4:** What is your current height in inches? | * **A1**: Q3 ≥ 0   AND   * **A2**: Q4 ≥ 0 |
| **B:** Recurrent inappropriate compensatory behaviors | * **Q10:** 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? * **Q13:** In the past 3 months, how many times have you done any of the following as a means to control your weight and shape:   + **Q13a.** Made yourself throw-up?   + **Q13b.** Used diuretics or laxatives? | * **B1:** Q10 = 0   AND   * **B2:** (Q13a + Q13b) ≥ 12 |

**Final Algorithm:**

* **Current Purging Disorder**: (A1 + A2) + (B1 + B2)

**Unspecified Feeding or Eating Disorder**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Screening Questions** | **Algorithm For Diagnosis** |
| **A:** Weight and height entered | * **Q3:** What is your current weight in pounds? * **Q4:** What is your current height in inches? | * **A1**: Q3 ≥ 0   AND   * **A2**: Q4 ≥ 0 |
| **B:** Recurrent binge eating (with loss of control) and/or compensatory behaviors | * **Q10:** 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? * **Q13**: In the past 3 months, how many times have you done any of the following as a means to control your weight and shape:   + **Q13a.** Made yourself throw-up?   + **Q13b.** Used diuretics or laxatives?   + **Q13c.** Exercised excessively?   + **Q13d.** Fasted? | * **B1:** Q10 ≥ 3   OR   * **B2:** (Q13a + Q13b + Q13c + Q13d) ≥ 3 |

**Final Algorithm:**

* **Current Unspecified Feeding or Eating Disorder**: (A1 + A2) + (B1 or B2)

**At Risk for an Eating Disorder**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Screening Questions** | **Algorithm For Diagnosis** |
| **A:** Weight and height entered | * **Q3:** What is your current weight in pounds? * **Q4:** What is your current height in inches? | * **A1**: Q3 ≥ 0   AND   * **A2**: Q4 ≥ 0 |
| **B:** Undue influence of weight/shape on self-evaluation | * **Q5:** How much more or less do you feel you worry about your weight and body shape than other people your age? * **Q6:** How afraid are you of gaining 3 pounds? * **Q7:** When was the last time you went on a diet? * **Q8:** Compared to other things in your life, how important is your weight to you? * **Q9:** Do you ever feel fat? | * **B1:** WCS score ≥ 47   OR   * **B2:** Endorsed “more important” or “most important” in response to Q8, “Compared to other things in your life, how important is your weight to you?”   OR   * **B3:** Endorsed “very afraid” or “very afraid” in response to Q6, “How afraid are you of gaining 3 pounds?” |

**Final Algorithm:**

* **At Risk for an Eating Disorder**: (A1 + A2) + (B1 or B2 or B3)

**Avoidant/Restrictive Food Intake Disorder (ARFID)**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Screening Questions** | **Algorithm For Diagnosis** |
| **A:** Weight and height entered | * **Q3:** What is your current weight in pounds? * **Q4:** What is your current height in inches? | * **A1**: Q3 > 0   AND   * **A2**: Q4 > 0 |
| **B:** Avoidant/restrictive criteria | * **Q15:** Do you struggle with a lack of interest in eating or food? * **Q16:** 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? * **Q17:** 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? * **Q18:** 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? | * **A1:** Q15 = YES   OR   * **A2:** Q16 = YES   OR   * **A3:** Q17 = YES |

**Final Algorithm:**

* **Avoidant/Restrictive Food Intake Disorder** = (A1 + A2) + (B1 or B2 or B3)

**Likely ED with missing height/weight**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Screening Questions** | **Algorithm For Diagnosis** |
| **A:** Weight and height NOT entered | * **Q3:** What is your current weight in pounds? * **Q4:** What is your current height in inches? | * **A1**: Q3 = missing   AND   * **A2**: Q4 = missing |
| **B:** Undue influence of weight/shape on self-evaluation OR ED behaviors | * **Q5:** How much more or less do you feel you worry about your weight and body shape than other people your age? * **Q6:** How afraid are you of gaining 3 pounds? * **Q7:** When was the last time you went on a diet? * **Q8:** Compared to other things in your life, how important is your weight to you? * **Q9:** Do you ever feel fat? * **Q10:** 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? * **Q13**: In the past 3 months, how many times have you done any of the following as a means to control your weight and shape:   + **Q13a.** Made yourself throw-up?   + **Q13b.** Used diuretics or laxatives?   + **Q13c.** Exercised excessively?   + **Q13d.** Fasted? | * **B1:** WCS score ≥ 47   OR   * **B2:** Endorsed “more important” or “most important” in response to Q8, “Compared to other things in your life, how important is your weight to you?”   OR   * **B3:** Endorsed “very afraid” or “very afraid” in response to Q6, “How afraid are you of gaining 3 pounds?”   OR   * **B4:** Q10 ≥ 3   OR   * **B5:** (Q13a + Q13b + Q13c + Q13d) ≥ 3 |

**Final Algorithm:**

**Likely ED with missing height/weight = (A1 + A2) + (B1 or B2 or B3 or B4 or B5)**

**Unlikely ED with missing height/weight**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Screening Questions** | **Algorithm For Diagnosis** |
| **A:** Weight and height NOT entered | * **Q3:** What is your current weight in pounds? * **Q4:** What is your current height in inches? | * **A1**: Q3 = missing   AND   * **A2**: Q4 = missing |
| **B:** No Undue influence of weight/shape on self-evaluation AND No ED behaviors | * **Q5:** How much more or less do you feel you worry about your weight and body shape than other people your age? * **Q6:** How afraid are you of gaining 3 pounds? * **Q7:** When was the last time you went on a diet? * **Q8:** Compared to other things in your life, how important is your weight to you? * **Q9:** Do you ever feel fat? * **Q10:** 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? * **Q13**: In the past 3 months, how many times have you done any of the following as a means to control your weight and shape:   + **Q13a.** Made yourself throw-up?   + **Q13b.** Used diuretics or laxatives?   + **Q13c.** Exercised excessively?   + **Q13d.** Fasted? | * **B1:** WCS score < 47   OR   * **B2:** Endorsed “not important” or “a little important” in response to Q8, “Compared to other things in your life, how important is your weight to you?”   OR   * **B3:** Endorsed “Not afraid of gaining” or “Slightly afraid of gaining” or “moderately afraid of grain” in response to Q6, “How afraid are you of gaining 3 pounds?”   OR   * **B4:** Q10 < 3   OR   * **B5:** (Q13a + Q13b + Q13c + Q13d) < 3 |

**Final Algorithm:**

**Likely ED with missing height/weight = (A1 + A2) + (B1 or B2 or B3 or B4 or B5 or B6)**

**Trumping Order**

If an individual screens positive for more than one diagnosis, the trumping order for the diagnosis is as follows:

1. Anorexia Nervosa
2. Bulimia Nervosa
3. Binge Eating Disorder
4. Subclinical Bulimia Nervosa
5. Subclinical Binge Eating Disorder
6. Purging Disorder
7. Unspecified Feeding or Eating Disorder
8. At Risk for an Eating Disorder
9. Avoidant/Restrictive Food Intake Disorder
10. Likely ED with missing height/weight
11. Unlikely ED with missing height/weight