



Name: _____

Binge Eating Disorder Screener-7 (BEDS-7)

The following questions ask about your eating patterns and behaviors **within the last 3 months**. For each question, choose the answer that best applies to you.

1. During the last 3 months, did you have any episodes of excessive overeating (i.e., eating significantly more than what most people would eat in a similar period of time)?	YES	NO
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*****NOTE: IF YOU ANSWERED “NO” TO QUESTION 1, YOU MAY STOP. THE REMAINING QUESTIONS DO NOT APPLY TO YOU.***

2. Do you feel distressed about your episodes of excessive overeating?	YES	NO
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Within the past 3 months...	Never or Rarely	Sometimes	Often	Always
3. During your episodes of excessive overeating, how often did you feel like you had no control over your eating (e.g. Not being able to stop eating, feel compelled to eat, or going back and forth for more food)?				
4. During your episodes of excessive overeating, how often did you continue eating even though you were not hungry?				
5. During your episodes of excessive overeating, how often were you embarrassed by how much you ate?				
6. During your episodes of excessive overeating, how often did you feel disgusted with yourself or guilty afterward?				
7. During the last 3 months, how often did you make yourself vomit as a means to control your weight or shape?				

Herman BK, Deal LS, DiBenedetti DB, Nelson L, Fehnel SE, Brown TM. Development of the 7-Item Binge-Eating Disorder Screener (BEDS-7). Prim Care Companion CNS Disord. 2016 Apr 28;18(2):10.4088/PCC.15m01896. doi: 10.4088/PCC.15m01896. PMID: 27486542; PMCID: PMC4956427.



Scoring the BEDS-7

If the patient answers “NO” to question 1, there is no reason to proceed with the remainder of the screener.

If the patient answers “YES” to question 1, continue to questions 2 through 7.

If the patient answers “YES” to question 2 AND checks one of the shaded boxes for all questions 3 through 7, further screening should ensue.