



BLUE RIDGE  
EATING DISORDER CARE CENTER

## **SCOFF Questionnaire** *Eating Disorder Screening*

**S** – Do you make yourself **Sick** because you feel uncomfortably full?

**C** – Do you worry you have lost **Control** over how much you eat?

**O** – Have you recently lost more than **One** stone (14 lbs) in a 3 month period?

**F** – Do you believe yourself to be **Fat** when others say you are too thin?

**F** – Would you say **Food** dominates your life?

***An answer of 'yes' to two or more questions warrants further questioning and more comprehensive assessment.***