

The Binge Eating Disorder Screener-7

The Binge Eating Disorder (BED) Screener-7 is a screening tool that has been designed to screen adults who may have BED. It asks questions about binge eating as defined by the DSM-5-TR, to help identify individuals most likely to have a BED diagnosis, and to facilitate further evaluation or referral to specialists.

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
NOTE: IF YOU ANSWERED "NO" TO QUESTION 1, YOU MAY STOP. THE REMAINING QUESTIONS DO NOT APPLY TO YOU.				
Do you feel distressed about your episodes of excessive overeating?			Yes	No
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)?				
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?				
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, B. K., Deal, L. S., DiBenedetti, D. B, Nelson, L., Fehnel, S. E., & Brown, T. M. (2016). Development of the 7 ltem Binge-Eating Disorder Screener (BEDS-7). The Primary Care Companion for CNS Disorders, 18(2), 10.4088/PCC.15m01896. doi: 10.4088/PCC.15m01896.

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