

Modified SCOFF Assessment Tool*

A self-assessment tool to help assess your relationship with food and body image

Mark Each Question with Yes or No

1. **Yes/No:** Do you make yourself sick because you feel uncomfortably full?
2. **Yes/No:** Do you worry that you have lost control over how much you eat?
3. **Yes/No:** Have you recently lost or gained more than 14lb in a 3 month period?
4. **Yes/No:** Do you believe yourself to be overweight when others say you are too thin?
5. **Yes/No:** Would you say that food dominates your life?
6. **Yes/No:** Are you satisfied with your eating patterns?
7. **Yes/No:** Do you ever eat in secret?
8. **Yes/No:** Do you avoid activities you enjoy because you worry about what your body looks like?

If you marked “Yes” to any of the above items, you may benefit from working with a dietitian that specializes in nutrition planning and counseling.

***More About SCOFF:**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070794/>



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