

Center Number: \_\_\_\_\_ Participant Number: \_\_\_\_\_ Participant's Initials: \_\_\_\_\_  
first middle last

### Eating Disorder Episode

Eating disorders are defined in terms of scores on the Multi-axial Assessment of Eating Disorder Symptoms (MAEDS) and the Body Acceptability Morph (BAM) and Interview for the Diagnosis of Eating Disorders—Fourth Version (IDED-IV). Reporting starts when MAEDS and/or BAM **indicate** that there is an eating disorder, and ends when the episode either resolves or the participant is permanently discontinued from the CR intervention.

#### A Identifying information

1 Date of initial report: \_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year

2 Name of person making this report: \_\_\_\_\_

**Please complete Section B and/or C according to whether the episode was defined in terms of the MAEDS or the BAM, or both.**

**B Disorder Detected by the MAEDS** A participant who has a t-score of 70 or higher on any subscale of the MAEDS is administered the IDED-IV.

MAEDS Domain	t-score	MAEDS Domain	t-score
3 Binge eating	_____	6 Purgative behavior	_____
4 Restrictive eating	_____	7 Avoidance of forbidden foods	_____
5 Fear of fatness	_____	8 Depression	_____

#### C Disorder Detected by the BAM

A participant who (a) scores a t-score of 70 or higher on the current body size, (b) scores a t-score lower than 30 on the ideal body size, or (c) shows confirming acceptability of the extreme body size shown in the acceptability phase of the measure is administered the IDED-IV.

9 Was an alert issued for the current body size scale? .....  No  Yes → If Yes: t-score: \_\_\_\_\_

10 Was an alert issued for the ideal body size scale? .....  No  Yes → If Yes: t-score: \_\_\_\_\_

11 Was there confirming acceptability of the extreme body size shown? .....  No  Yes

#### D Follow-up with IDED-IV

The diagnostic criteria for anorexia nervosa, bulimia nervosa, or binge eating disorder require an IDED-IV rating of "3" or more for each of its diagnostic criteria. A sub threshold eating disorder is defined as an IDED-IV rating of "3" or more on at least 5 of the 8 combined symptoms for bulimia nervosa and anorexia nervosa (only).

12 Did the participant meet the following diagnostic criteria (check all that apply)?

Anorexia nervosa .....  No  Yes

Bulimia nervosa .....  No  Yes

Binge eating .....  No  Yes

Sub threshold eating disorder .....  No  Yes

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**Eating Disorder Episode (continued)**

**E Permanent Discontinuation**

*If a participant meets one or more of these diagnostic criteria, the CR intervention is permanently discontinued and a participant is advised to seek medical help outside of the study.*

**13 Was the participant permanently discontinued from the CR intervention?**

- \_0 No → **If No: Indicate why CR was not permanently discontinued (check only one):**
  - \_1 Did not meet diagnostic criteria for these eating disorders
  - \_98 Other (specify): \_\_\_\_\_
- \_1 Yes → **If Yes: Complete the Permanent Discontinuation from CR Intervention form and fax to Safety Surveillance immediately.**

**F Please provide a description of this episode including actions taken:**

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**Study Manager's Signature**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year