

Stanford-Washington University Eating Disorder Screen

PsycTESTS Citation:

Graham, A. K., Trockel, M., Weisman, H., Fitzsimmons-Craft, E. E., Balantekin, K. N., Wilfley, D. E., & Taylor, C. B. (2019). Stanford-Washington University Eating Disorder Screen [Database record]. Retrieved from PsycTESTS. doi: <https://dx.doi.org/10.1037/t74503-000>

Instrument Type:

Screening

Test Format:

Items are rated using binary yes/no responses and open-ended response options. Responses for items that assess concerns for weight and shape are scored on a recoded 0–100 scale.

Source:

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Supplemental Material

Appendix A: The Stanford-Washington University Eating Disorder (SWED) Screen

Please carefully read the following questions and choose the answer that best reflects your feelings, behaviors, and experiences. For some items, you are asked to fill in specific numbers so please type those in the indicated spot.

1. How much more or less do you feel you worry about your weight and body shape than other women your age?

1. I worry a lot less than other women
2. I worry a little less than other women
3. I worry about the same as other women
4. I worry a little more than other women
5. I worry a lot more than other women

2. How afraid are you of gaining 3 pounds?

1. Not afraid of gaining
2. Slightly afraid of gaining
3. Moderately afraid of gaining
4. Very afraid of gaining
5. Terrified of gaining

3. When was the last time you went on a diet?

1. I've never been on a diet
2. I was on a diet about one year ago
3. I was on a diet about 6 months ago
4. I was on a diet about 3 months ago
5. I was on a diet about 1 month ago
6. I was on a diet less than 1 month ago
7. I'm now on a diet

4. Compared to other things in your life, how important is your weight to you?

1. My weight is not important compared to other things in my life
2. My weight is a little more important than some other things
3. My weight is more important than most, but not all, things in my life
4. My weight is the most important thing in my life

5. Do you ever feel fat?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

6. *In the past four weeks*, have you had any times of eating in which you have had a sense of having lost control (e.g., feeling driven or compelled to eat; not being able to stop eating once you've started; not being able to keep yourself from eating large amounts of certain kinds of food in the first place; giving up on even trying to control your eating because you know that, no matter what, you're going to eat more than you want)?

- | | |
|----|-----|
| NO | YES |
| NO | YES |
| NO | YES |

If yes, has this happened at least twice a week, on average, for the past month?

Has this happened at least one time a week, on average, over the past three months?

Have there been times that this happened in which you **also ate what most people would regard as an unusually large amount of food**, defined as definitely more than most people would eat under similar circumstances (e.g., eating two full meals; eating three main courses; eating an unusually large amount of one food or combination of foods)? NO YES

If yes, has this happened at least twice a week, on average, for the past month? NO YES

Has this happened at least one time a week, on average, over the past three months? NO YES

7. In the past four weeks, have you ever done any of the following as a means to control your weight or shape:

a) **made yourself throw-up** NO YES

If yes, has this happened at least twice a week, on average, for the past month? NO YES

Has this happened at least one time a week, on average, over the past three months? NO YES

b) **used diuretics or laxatives** NO YES

If yes, has this happened at least twice a week, on average, for the past month? NO YES

Has this happened at least one time a week, on average, over the past three months? NO YES

c) **exercised excessively (e.g., pushed yourself very hard; had to stick to a specific exercise schedule no matter what; felt compelled to exercise)** NO YES

If yes, has this happened at least twice a week, on average, for the past month? NO YES

Has this happened at least one time a week, on average, over the past three months? NO YES

d) **fasted (intentionally not eaten anything at all for at least 8 waking hours)?** NO YES

If yes, has this happened at least twice a week, on average, for the past month? NO YES

Has this happened at least one time a week, on average, over the past three months? NO YES

8. Over the past four weeks, to what extent have your concerns about your weight/shape or your eating behaviors or rituals:

a) **Interfered with your school work?** Not at all A Little Quite a Bit A lot

b) **Interfered with your relationships or social life?** Not at all A Little Quite a Bit A lot

c) **Made you feel badly about yourself?** Not at all A Little Quite a Bit A lot

9. What is your current weight: _____ pounds

10. What is your current height: _____ feet _____ inches

11. In the past year, have you weighed much less than people thought you ought to weigh? NO YES

What was your lowest weight in the past year, including today? _____ pounds

At your lowest weight were/are you very afraid that you could become fat? NO YES