



Queensland
Government

Eating Disorder Screening (DEPS-R Scale)

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

Notes for clinician undertaking the screening:

- The 16-item DEPS-R Scale* From Markowitz et al (2010) www.diabetesonthenet.com/uploads/resources/dotn/_master/3349/files/pdf/jdn17-6-228-32.pdf
- Items are answered on a 6-point Likert scale: 0 = Never; 1 = Rarely; 2 = Sometimes; 3 = Often; 4 = Usually; 5 = Always.
- Please see 'Scoring instructions' below on how to score the screening.

Do you take insulin? ☐ Yes ☐ No **If No, do not complete this form.**

Living with diabetes can sometimes be difficult, particularly regarding eating and diabetes management. Listed below are a variety of attitudes and behaviours regarding diabetes management. For each statement, tick (✓) the ONE answer that indicates how often this is true for you during the PAST MONTH.

How often this is true for you during the past month...	Never	Rarely	Sometimes	Often	Usually	Always
Losing weight is an important goal to me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I skip meals and/or snacks	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other people have told me that my eating is out of control	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
When I overeat, I don't take enough insulin to cover the food	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I eat more when I am alone than when I am with others	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I feel that it's difficult to lose weight and control my diabetes at the same time	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I avoid checking my blood sugar when I feel like it is out of range	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I make myself vomit	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I try to keep my blood sugar high so that I will lose weight	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I eat in a way to get ketones	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I feel fat when I take all of my insulin	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other people tell me to take better care of my diabetes	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
After I overeat, I skip my next insulin dose	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I feel that my eating is out of control	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I alternate between eating very little and eating huge amounts	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I would rather be thin than to have good control of my diabetes	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Sub-totals						

Scoring instructions:

- Calculate the mean of all non-missing items.
 - Multiply this value by 16.
- Possible total score 0 to 80. A score >20 indicates more disordered eating behaviour and warrants in depth conversations/referrals.

**TOTAL
SCORE**

/80

Reference: Markowitz JT, Butler DA, Volkening LK, Antisdel JE, Anderson BJ, Laffel LM. Brief screening tool for disordered eating in diabetes: Internal consistency and external validity in a contemporary sample of pediatric patients with type 1 diabetes. Diabetes Care 2010;33:495-500.

DO NOT WRITE IN THIS BINDING MARGIN

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WINC Code:



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EATING DISORDER SCREENING (DEPS-R SCALE)