PORTLAND DBT INSTITUTE, INC: PME ADDITIONAL ASSESSMENT

Client Name: _____ **Date:** _____

Weight history:

Current Body Weight:	Current Height:	Body Mass Index (BMI):	% Ideal Body Weight:
Highest stable weight before ED:	Highest Weight/Year:	Lowest Weight/Year:	Age of onset of ED:

General history of weight variations before and after the eating disorder:

Perception of ideal body weight without disordered eating:

Typical Day of Eating:
List typical times of meals, types/amounts of foods, compensatory behaviors.

Breakfast	
Lunch	
Dinner	
Snacks	

Weight Control Behaviors:

Type	Frequency	Description of Behavior
Dieting/Fasting		
Self-Induced Vomiting		
Spitting Food		
Exercise/activity		

Substance Misuse to Control Weight:

Type	Frequency	Description of Behavior
Laxatives/ Enemas		
Diuretics		
Emetics		
Stimulants/Diet Pills		
Street Drugs		

Binge Eating:
Frequency of binge eating over the past three months (note fluctuation and longest period of abstinence):

Binge food and amounts (foods eaten and those that trigger episodes):

Typical times and settings for binge eating:

Mood:

Before	During	After

Experience loss of control during a binge? ☐No ☐Yes

Restrictive Eating:
Pattern of intake when adhering to restrictive pattern:

Estimated caloric intake when adhering to restrictive pattern:

Specific dietary "rules":

Mood:

Before	During	After

Attitude Toward Weight and Shape:
Judgments about your body (whole body and specific regions):

How much weight do you feel you have to lose:

Frequency of weighing, weight preoccupation, intrusive thoughts about weight, response to weighing:

Frequency of body checking and body avoidance, intrusive thoughts about body, response to body checking:

Level/frequency of comparisons made to others:

Perception of others' attitudes about your body weight:

Physical Signs and Symptoms:

Absent menses, # of months_____	☐ Current ☐ Past	Abdominal pain/bloating	☐ Current ☐ Past
Constipation	☐ Current ☐ Past	Swollen cheeks	☐ Current ☐ Past
Cold intolerance	☐ Current ☐ Past	Salivary gland hypertrophy	☐ Current ☐ Past
Dental problems	☐ Current ☐ Past	Weakness	☐ Current ☐ Past
Edema	☐ Current ☐ Past	Lesions on hand	☐ Current ☐ Past
Dry/yellow/orange skin	☐ Current ☐ Past	Difficulty sleeping	☐ Current ☐ Past
Hair loss	☐ Current ☐ Past	Low weight	☐ Current ☐ Past
Lanugo	☐ Current ☐ Past		

Medical Findings:

Bradycardia	☐ Current ☐ Past	Low or elevated glucose (*circle one*)	☐ Current ☐ Past
Hypertension	☐ Current ☐ Past	Irregular potassium	☐ Current ☐ Past
Low body temperature	☐ Current ☐ Past	Osteopenia/osteoporosis	☐ Current ☐ Past
Orthostatic to BP	☐ Current ☐ Past	Electrolyte imbalance	☐ Current ☐ Past
Orthostatic to HR	☐ Current ☐ Past	Irregular liver enzymes	☐ Current ☐ Past
Iron deficiency anemia	☐ Current ☐ Past	Other:_____	☐ Current ☐ Past

Behavioral/Emotional Symptoms:

Agitation	☐ Current ☐ Past	Denial of illness	☐ Current ☐ Past
Irritability	☐ Current ☐ Past		