

SELF-ASSESSMENT QUESTIONS:

Finding the Right Level of Care for an Eating Disorder

In the treatment of eating disorders, people can receive care either in an outpatient setting where they are seen weekly or in a more intensive setting where they are seen multiple times a week and are monitored more closely for medical stability. By completing this self-assessment, you will be given access to a set of recommendations for a level of care that is likely to be appropriate for you at this time. However, you and your doctor will have to make the final decision together.

In putting the self-assessment together, we hope to help you and your family doctor decide what level of care would be best for you. This can save you time waiting for treatment—we don't want you to wait months to receive treatment, only to be told you were referred to the wrong level of care!

PLEASE NOTE: *Level of care recommendations from the self-assessment does not replace clinical judgment. Please remember that eating disorder symptoms change - so if your symptoms change, your recommendations may also change. Once you are referred, you will be assessed by the eating disorder program, and they may have different recommendations.*

WHY READ THIS DOCUMENT?

By nature of the self-assessment, not every individual who completes it will answer every question. This document is meant to provide additional insight into all of the questions in the self-assessment to shed light on other aspects of one's health that might be taken into consideration when exploring what level of care would be most appropriate.

CONTENT TRIGGER WARNING

Before starting the self-assessment survey, we encourage participants to prepare themselves emotionally. Although unintended, we recognize that the following survey questions and topics have the potential to elicit uncomfortable and possibly triggering emotions. For example, in this survey, you will be asked questions about weight, symptoms, mood, and patterns of behaviour that might cause you harm.

If you are experiencing distress, you may choose to stop the survey at any time. If you would like to start the survey again later, you may do so once you are ready.

If you are struggling and need **immediate mental health crisis support**, please visit [Crisis Services Canada](#) or call their toll-free number +1 (833) 456 - 4566.

If you need **immediate medical support**, please visit your nearest [emergency department](#), or call 911 as soon as possible.

FINDING THE RIGHT LEVEL OF CARE FOR AN EATING DISORDER

SELF-ASSESSMENT

QUESTION

WHY IS THIS ASKED?

2. Using the link below, calculate your Body Mass Index (BMI) and select one of the following options:

Link: [NIH BMI Calculator](#)

- a) BMI is above 20
- b) BMI is above 17.5
- c) BMI is between 16.6 and 17.5
- d) BMI is between 16 and 16.5
- e) BMI is below 16

Body Mass Index (BMI) is a ratio of your weight to height. While it is not a perfect measure of risk, we do know that as people's BMI drops below 16, their risk of medical complications related to being underweight increases greatly. When determining what intensity of eating disorders treatment to seek; we consider your BMI along with other risk factors.

3. In the past 3 months or longer, have you experienced any changes in weight (increase or decrease)?

- a) Yes
- b) No

When we are considering your medical risk, we take into account what has been happening to your weight over the past few months.

4. Has your weight...

- a) Gone down (decreased)
- b) Gone up (increased)

If your BMI is low and your weight is dropping, this suggests you are going to need closer medical monitoring than what is provided in an outpatient setting. In this situation, we would recommend you seek treatment at a higher level of care (such as an intensive day or inpatient program). If your BMI is quite low (e.g., 16-16.5) and stable, or your weight is increasing, we might recommend outpatient treatment with a referral to a more intensive treatment program as a backup.

QUESTION

WHY IS THIS ASKED?

5. In the past month has your weight gone down by...

- a) 1 pound or less
- b) 2-4 pounds
- c) 4 pounds or more

The rate at which a person's weight is dropping is also related to medical risk. If your BMI is already low and you are still experiencing steady weight loss, there is a good chance that your BMI will be too low for an outpatient setting by the time you are able to access treatment. If we think you are at risk of dropping to a medically risky low weight, we would recommend a referral to a higher level of care (e.g., intensive day or inpatient programming).

6. In the last 3 months, have you experienced episodes of overeating (i.e., binge eating)? In other words, episodes where you feel a loss of control over your eating AND eating what others may consider an unusually large amount of food?

- a) Yes
- b) No

Binge eating can be part of many eating disorders – it can be present in anorexia nervosa, and is by definition part of bulimia nervosa and binge eating disorder.

FINDING THE RIGHT LEVEL OF CARE FOR AN EATING DISORDER

SELF-ASSESSMENT

QUESTION

WHY IS THIS ASKED?

7. Following a binge episode, do you try to make up for eating food by purging through vomiting, using laxatives or diuretics, fasting, and/or over-exercising?

- a) Yes
- b) No

If you are: (1) someone whose BMI is over 20; (2) struggling with repeated binge eating; and (3) you are NOT compensating for binge eating by purging, fasting or over-exercising -- you likely have binge eating disorder (BED). If this describes your situation, there are effective treatment options available in an outpatient setting.

8. In the last 3 months, have you gone for one or more days without eating (fasting) to influence your weight, shape, or size?

- a) Yes
- b) No

To keep your body's metabolism running smoothly, you should aim to eat breakfast within 1 hour of waking and consistently consume food every 2 to 4 hours until going to bed. When you don't eat throughout the day (i.e., fast), the body's ability to function normally is significantly compromised. When fasting is combined with other risk factors (such as purging), it can greatly increase your medical risk.

9. On average, has this happened on a weekly basis?

- a) Yes
- b) No

A person's medical risk increases when fasting is a regular occurrence, happening weekly or more.

FINDING THE RIGHT LEVEL OF CARE FOR AN EATING DISORDER

SELF-ASSESSMENT

QUESTION

WHY IS THIS ASKED?

10. In the last 3 months, have you been vigorously exercising on a regular basis?

- a) Yes
- b) No

In order for the body to repair itself after activity, adequate nourishment (i.e., energy from food), is required. If you overtrain and/or undereat, you will run out of energy. Your body will then turn to the protein in your muscles for the energy it needs. Anyone who overtrains is at greater risk for injury of muscles and joints. But the greatest concern is if you are both underweight and overtraining. Your heart can already be weakened because you are underweight, and overtraining places your heart under additional stress. This risk can increase even more if you are engaging in other eating disorder symptoms (e.g., purging).

11. In the last 3 months, have you tried to compensate for food intake by making yourself sick (vomiting)?

- a) Yes
- b) No

Frequent purging by vomiting can lead to dehydration, which leads to weakened muscles, fatigue, and electrolyte imbalances. Any activity that causes your body to lose fluids (such as vomiting) can lead to low potassium (also known as 'hypokalemia') - which is very dangerous. In the body, potassium helps regulate fluid balance, muscle contractions, and nerve signals. The most important muscle in your body is your heart. If potassium levels go too low, this can cause heart arrhythmias (or an irregular heartbeat) and heart failure. This is one way people can die from an eating disorder.

FINDING THE RIGHT LEVEL OF CARE FOR AN EATING DISORDER

SELF-ASSESSMENT

QUESTION

WHY IS THIS ASKED?

12. How frequently did this occur?

- a) Once a day or less
- b) 2+ times a day
- c) After almost everything I eat

While any amount of purging is dangerous, the risk goes up with increased frequency. If you are purging by vomiting two or more times a day, you are considered high risk for low potassium (also known as 'hypokalemia').

13. In the last three months have you tried to compensate for food intake by using laxatives, and/or diuretics (water pills or diet pills)?

- a) Yes
- b) No

Frequent purging by laxatives and/or diuretics can lead to dehydration which leads to weakened muscles, fatigue, and electrolyte imbalances. Any activity that causes your body to lose fluids (such as using laxatives and/or diuretics) can lead to low potassium (also known as 'hypokalemia') - which is very dangerous. In the body, potassium helps regulate fluid balance, muscle contractions, and nerve signals. The most important muscle in your body is your heart. If potassium levels go too low, this can cause heart arrhythmias (or an irregular heartbeat) and heart failure. This is one way people can die from an eating disorder. Importantly, neither use of laxatives nor diuretics allow the body to get rid of the food you have eaten or lose weight.

14. Are you having watery looses stools throughout the day?

- a) Yes
- b) No

Anything that causes your body to lose an excess of bodily fluids (for example, diarrhea) increases the risk for low potassium (also known as 'hypokalemia'). Hypokalemia can put you at risk for an irregular heartbeat and/or heart failure.

FINDING THE RIGHT LEVEL OF CARE FOR AN EATING DISORDER

SELF-ASSESSMENT

QUESTION

WHY IS THIS ASKED?

15. Are you using laxatives, and/or diuretics (water pills or diet pills) most days of the week?

- a) Yes
- b) No

The more frequently you are taking something that causes your body to lose fluid, like laxatives and/or diuretics, the greater your medical risk.

16. Do you have Type 1 Diabetes? **If you have Type 2 Diabetes, please select "No"*

- a) Yes
- b) No

Research shows that people with type I diabetes are more likely to experience disordered eating.

17. In the last 6 months, have you manipulated your insulin dosage to control your weight?

- a) Yes
- b) No

If you are manipulating your insulin dosing in an attempt to manage your weight, you will be experiencing high blood sugars and greatly increasing your risk of diabetic ketoacidosis. This can be life-threatening. Because of the high medical risk, individuals with type I diabetes and an eating disorder are typically treated in an intensive setting (i.e., intensive day or inpatient programming).

18. In the last 1 month, have your blood sugars been unstable?

- a) Yes
- b) No

High blood sugars greatly increase the risk of diabetic ketoacidosis, which can be life-threatening. Not only will you need to have your eating disorder treated in an intensive treatment setting (i.e., intensive day or inpatient programming), but you will also need to be monitored closely by your family doctor and/or endocrinologist while you wait for treatment.

FINDING THE RIGHT LEVEL OF CARE FOR AN EATING DISORDER

SELF-ASSESSMENT

QUESTION

WHY IS THIS ASKED?

19. Are you pregnant?

- a) Yes
- b) No

Many eating disorder symptoms increase the risk to both you and your baby when you are pregnant. In addition to seeking treatment in a more intensive setting (i.e., intensive day or inpatient programming), your doctor may recommend that you be followed by an obstetrician for a high-risk pregnancy.

20. In the last three months, have you been hospitalized because of a medical complication(s) related to your eating disorder/disordered eating?

- a) Yes
- b) No

If your eating disorder symptoms have been severe enough to require hospitalization in the last three months, a more intensive level of treatment than what can be provided in an outpatient setting is recommended.

21. Is your resting heart rate below 50 beats per minute (bpm)?

- a) Yes
- b) No
- c) Unsure

When you are underweight, the body's overall metabolism slows. One consequence of this is that your heart rate can drop below 50 beats per minute (bpm). As your heart rate drops into this range, the risk of your heart stopping (i.e., cardiac arrest) is greater – particularly at night when your heart rate drops even further. The risk of a low heart rate can be worsened by the presence of other eating disorder symptoms, particularly symptoms that result in low potassium (e.g., vomiting, or use of laxatives and/or diuretics).

QUESTION

WHY IS THIS ASKED?

22. Are you using substances (such as alcohol, cannabis, other drugs) in a way that could:

- (1) interfere with your eating (e.g., decreasing your appetite or increasing the urge to binge); or
 - (2) interfere with your ability to participate in treatment for an eating disorder/disordered eating (both attending treatment and meeting treatment-related goals)?
- a) Yes
 - b) No
 - c) Maybe

The regular use of substances can:

- (1) increase the medical risk associated with your eating disorder
- (2) interfere with your eating (e.g., suppress appetite or cause binge eating)
- (3) make it more difficult to participate effectively in the treatment of your eating disorder

For all of these reasons, we recommend you talk to your family doctor about treatment for substance use. If you are not sure whether your substance use is problematic or could interfere with treatment for your eating disorder, we recommend you look into one of the substance treatment options provided in the recommendations document at the end of the survey. Some of these options are low-barrier, do not require a referral to a treatment program, and are designed to help you decide if you do have a reason to be concerned about your substance use.

23. Has your substance use interfered with your work, taking care of things at home, or getting along with other people?

- a) Yes, it has interfered with one or more of these areas in my life.
- b) No

If substance use is interfering with important aspects of your life, it will likely make it difficult to be successful in the treatment of your eating disorder. It also suggests that treatment of your substance use may be a priority.

FINDING THE RIGHT LEVEL OF CARE FOR AN EATING DISORDER

SELF-ASSESSMENT

QUESTION

WHY IS THIS ASKED?

24. Have you made a suicide attempt?

- a) Yes
- b) No

If you've attempted suicide in the past, it suggests that at some point in your life, things were extremely difficult for you. You may have already addressed the issues that put you at risk. However, for some, the things that put them at risk for attempting suicide have not yet been resolved. If you feel that you are still at risk and need help for depression, trauma, emotion regulation, or other factors, we recommend that you speak to your doctor about getting help for these issues.

25. Was your most recent attempt in the last 3 months?

- a) Yes
- b) No

If you have attempted suicide in the last three months, it is extremely important to understand what has put you at risk for this. If this is the case, we would strongly recommend that your family doctor refer you to mental health resources, if that has not already been done.

26. In the last 3 months, have you self-harmed (cutting, burning, banding, etc.)? Choose all that apply.

- a) I have not self-harmed
- b) I have self-harmed less than weekly in the last 3 months
- c) I have self-harmed at least weekly or more
- d) I have self-harmed in a manner that should have received medical attention OR resulted in using emergency medical services

Some people use self-harm as a way of managing difficult emotions. Some know that if their eating disorder symptoms were to decrease, their self-harm behaviors would increase. When the self-harm behaviors are frequent or have needed medical attention, we find that people do much better in treatment for their eating disorder if they have already received treatment to help them manage difficult emotions using therapeutic skills – for example, dialectical behavior therapy (DBT). If this is the case, we strongly recommend that you and your family doctor look into DBT treatment options.

QUESTION

WHY IS THIS ASKED?

27. Using the link below, calculate your Patient Health Questionnaire (PHQ-9) score and choose one of the options below:

Link: [PHQ-9 Calculator](#)

- a) Score is between 0 to 4 points:
No depression
- b) Score is between 5 to 9 points:
Mild depression
- c) Score is between 10 to 14 points:
Moderate depression
- d) Score is between 15 to 19 points:
Moderately severe depression
- e) Score is between 20 to 27 points:
Severe depression

This brief questionnaire assesses depression. If you are struggling with depression, it can make it very difficult for you to be successful in treatment for your eating disorder.

We strongly recommend that you speak to your family doctor about the difficulties you are having with your mood. Your doctor can speak to you about medication options and/or refer you to psychological treatment. There are some very effective options available online for the treatment of depression. We will provide you with a few resources in the recommendations document at the end of the survey.

If your depression is interfering with your functioning in your everyday life, this suggests you might also have difficulty making changes in the treatment of your eating disorder. We strongly recommend you speak to your doctor about treatment options for your depression.

QUESTION

WHY IS THIS ASKED?

28. To make changes to your eating, activity, or symptoms, what level of support do you feel you need from a treatment program?

- a) Weekly guidance
- b) Daily support

You cannot be completely sure you will be able to make changes to your eating until you try.

If your medical risk is low enough that outpatient treatment is indicated, we suggest you try treatment at this level of care first – even if you feel you could benefit from daily support.

Outpatient treatment allows you to recover in your home while maintaining other aspects of your life like school, work, or time with your family. If you are able to sustainably interrupt eating disorder behaviours in the context of your normal life, you can be more confident that you will sustain recovery after treatment.

If your medical risk is high enough that a referral to a higher level of care (i.e., intensive day or inpatient programming) is indicated as a “back-up” to outpatient treatment, your thoughts about the support you need to make change plays a key role. If you believe you will need daily support to make changes, please feel free to choose treatment at the higher level of care rather than outpatient treatment.

If your medical risk is high enough that a referral to a higher level of care is indicated, we suggest you pursue treatment from more intensive programs - even if you feel you can make changes without daily support. Your risk is high enough that we would want you to have close medical supervision and the necessary amount of support to help keep you safe.