

# Binge Eating Scale (BES) - Healthcare Practitioner Version

## Client Information

Name: \_\_\_\_\_ DoB: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** This scale is designed to assess the frequency and severity of binge eating behaviors. Please answer each question honestly based on your experiences over the past month. Circle the number that best represents your response.

**Note:** Pls align the choices horizontally.

How often have you consumed an unusually large amount of food within a short period?

<input type="checkbox"/> (0) Never	<input type="checkbox"/> (1) Rarely (once a month or less)	<input type="checkbox"/> (2) Sometimes (2-4 times a month)	<input type="checkbox"/> (3) Often (2-3 times a week)	<input type="checkbox"/> (4) Very often (4 or more times a week)
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When binge eating, how often do you feel a lack of control over what or how much you eat?

<input type="checkbox"/> (0) Never	<input type="checkbox"/> (1) Rarely (once a month or less)	<input type="checkbox"/> (2) Sometimes (2-4 times a month)	<input type="checkbox"/> (3) Often (2-3 times a week)	<input type="checkbox"/> (4) Very often (4 or more times a week)
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How frequently do you experience guilt, shame, or distress after a binge eating episode?

<input type="checkbox"/> (0) Never	<input type="checkbox"/> (1) Rarely (once a month or less)	<input type="checkbox"/> (2) Sometimes (2-4 times a month)	<input type="checkbox"/> (3) Often (2-3 times a week)	<input type="checkbox"/> (4) Very often (4 or more times a week)
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Have binge eating episodes impacted your social activities, work, or daily functioning?

<input type="checkbox"/> (0) Not at all	<input type="checkbox"/> (1) Slightly	<input type="checkbox"/> (2) Moderately	<input type="checkbox"/> (3) Quite a bit	<input type="checkbox"/> (4) A great deal
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How often do you try to restrict your food intake (e.g., skipping meals) following a binge eating episode?

<input type="checkbox"/> (0) Never	<input type="checkbox"/> (1) Rarely (once a month or less)	<input type="checkbox"/> (2) Sometimes (2-4 times a month)	<input type="checkbox"/> (3) Often (2-3 times a week)	<input type="checkbox"/> (4) Very often (4 or more times a week)
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When binge eating, how frequently do you consume food even when not physically hungry?

<input type="checkbox"/> (0) Never	<input type="checkbox"/> (1) Rarely (once a month or less)	<input type="checkbox"/> (2) Sometimes (2-4 times a month)	<input type="checkbox"/> (3) Often (2-3 times a week)	<input type="checkbox"/> (4) Very often (4 or more times a week)
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How often do you eat in secret or hide food during binge eating episodes?

<input type="checkbox"/> (0) Never	<input type="checkbox"/> (1) Rarely (once a month or less)	<input type="checkbox"/> (2) Sometimes (2-4 times a month)	<input type="checkbox"/> (3) Often (2-3 times a week)	<input type="checkbox"/> (4) Very often (4 or more times a week)
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Do you feel distressed about your binge eating behaviors?

<input type="checkbox"/> (0) Not at all	<input type="checkbox"/> (1) A little bit	<input type="checkbox"/> (2) Moderately	<input type="checkbox"/> (3) Quite a bit	<input type="checkbox"/> (4) Extremely
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**Scoring:** Add up your scores for each question to determine your total BES score.

**Interpretation:**

0-7: Minimal binge eating

8-15: Mild binge eating

16-23: Moderate binge eating

24-31: Severe binge eating

32-40: Extreme binge eating

