SAS-C v1.1

For office use - ID:

Short ARFID Screen – clinician (SAS-C)

PLEASE ENTER THE INFORMATION REQUESTED IN THIS BOX, THEN ANSWER QUESTIONS 1-7 BELOW RE: (Patient NAME):___________________________

Today's date _____/______/_______ (day/month/year)

Age of individual _____/____ (years/months)

Your role (e.g. GP, paediatrician) ______________________

Is this individual? Male ☐ Female ☐ Other ☐_________________________

		In my view definitely	In my view to some extent	In my view not at all	Unsure	Office use
1	Are there difficulties with eating - involving avoidance or restriction of certain foods or overall amount eaten - NOT explained by a medical condition?					
2	Are the eating habits related to the individual thinking they are too big/too heavy?					
3	Over the past 3 months, have eating habits led to difficulty maintaining a healthy weight, or if still growing, difficulty gaining enough weight to grow as expected?					
4	Are there any nutritional deficiencies or inadequacies as a result of limited eating (e.g. low iron, low vitamin B12, low vitamin C)?					
5	Is there dependence on tube feeding or nutritional supplements to maintain nutrition, weight or growth?					
6	Do the eating habits have a negative effect on the individual's day to day life or their ability to participate in a full range of age-appropriate activities?					
7	Do the eating habits have a negative effect on family/partner relationships or other aspects of family life (e.g. going out together, on holiday, etc.)?					

Further comment:

©Rachel Bryant-Waugh, 2020