

Short ARFID Screen – Rater Instructions

The Short ARFID Screen (SAS) is a brief 7-item multi-informant questionnaire intended for use in non-clinical and general health care settings, based on DSM-5 and ICD-11 criteria for avoidant restrictive food intake disorder (ARFID). **NB: the SAS is NOT a diagnostic tool**

The SAS can be used for children, adolescents, or adults presenting with avoidant or restrictive eating behaviours.

Such individuals may be low weight, normal weight or high weight, as restriction may relate to the range of foods accepted rather than the overall amount in terms of energy intake.

The SAS includes basic demographic details and can be used flag the possible presence of ARFID, which might require further assessment or onward referral.

In order to screen for ARFID the questions set out to establish whether avoidant or restrictive eating behaviours could be directly accounted for by any other existing medical condition or mental disorder or are primarily driven by weight shape concerns. Questions also assess perceived areas of impact in line with diagnostic criteria.

The Short ARFID Screen comes in three formats:

- **SAS-C (Short ARFID Screen – clinician)** – clinician format for use by those encountering individuals with avoidant or restrictive eating behaviours
- **SAS-S (Short ARFID Screen – self)** – self report form for use with those aged 14 and over
- **SAS-P (Short ARFID Screen – parents/carers)** – parent-report form for use by parents or carers of the individual concerned. A lower age of 2 years is suggested for the child, with no upper age limit

Scoring instructions and interpretation:

Response options: Definitely =2; To some extent =1; Not at all = 0; Unsure = 99
Scores should entered in the grey 'Office use' column.

The following must be present for positive flag for ARFID:
Q1=2 AND Q2=0 AND Q3=2 OR Q4=2 OR Q5=2 OR Q6=2 OR Q7=2

A minimum total score of 4 is required in line with the pattern above.
An indication of breadth of impact may be reflected in scores between 4 and 10 (NB a score of 12 would be unusual as if Q5 is scored as 2, Q3 or Q4 are less likely to be scored as 2).

When multi-informant versions are used, scores can be compared to allow consideration of differences in perspective.