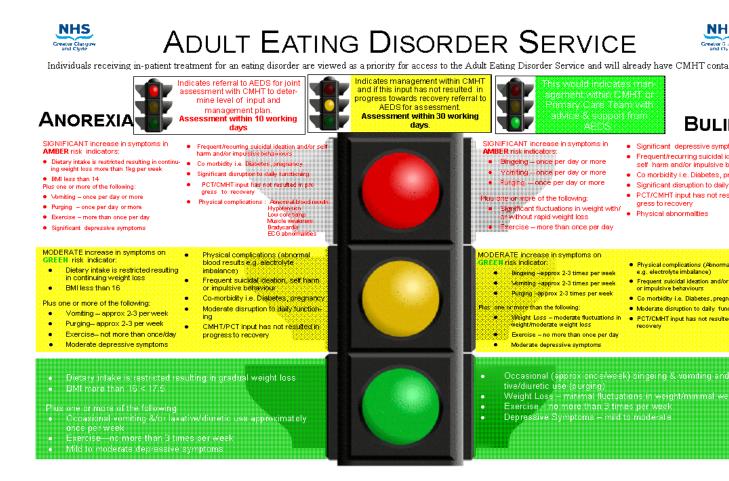
Appendix 1. AEDS Traffic Light System



Appendix 2. Adult Eating Disorders Indicator Form

| Name: | CHI N ^o : | |
|-------|----------------------|--|

| | Height: | | Weight: | | BMI: | | | |
|----|------------|-------------------------|----------------|---------------------------------|--------------------|------|----|--|
| | BP: | | Pulse: | | Temp: | | | |
| 1. | Are you r | eferring this person be | cause they a | ire an in-patient? | | Yes | No | |
| | | lf a | an in-patient | , is the person main their w | taining veight? | s No | | |
| 2. | How muc | h weight has the perso | n lost over ti | he past three month | is? | | | |
| 3. | On avera | ge how much weight d | pes the pers | on lose in a week? | | | | |
| 4. | lf female, | is she amenorrhoeic? | | | | Yes | No | |
| 5. | Are the b | lood results available? | | | | Yes | No | |

Please give details below of any abnormalities found in the blood results FBC, U&E, LFT, Glucose, Ca, Mg, and Phosphate.

6. Briefly describe what the person eats on an average day?

| Exercise: (| Please (| Circle the | Approp | oriate | Choice) | |
|-------------|----------|------------|----------|--------|----------|---|
| | 1 10000 | | , .pp.or | maio | 0110100) | £ |

| 7. | How often does the person exercise? | Once per week | 2-3 Times p week | er Once p | > > > > | Once per day | | | |
|--|--|----------------------|---------------------|-----------------|-----------------|-------------------|--|--|--|
| 8. | How long does the person exercise? | < 30 30 minutes | minutes | 1 hour - | 1½ hours | > 2 hours | | | |
| 9. | Is the activity at an appro | priate level for th | is person's we | ight? | Yes | No | | | |
| | Does the person eat an explease complete below | cessive amount | over a short pe | eriod of time? | ' If yes Ye | s No | | | |
| | Binge Pattern: | | | | | | | | |
| | Approximately how ofter binge? | n does the persor | n Once per week | 2-3 per week | Once per day | > Once per day | | | |
| Please circle as appropriate | | | | | | | | | |
| 11. Does the person vomit or regurgitate food? If yes please complete below, Yes No Purge Pattern: | | | | | | | | | |
| | Approximately how often purge? | does the person | Once per week | 2-3 per week | Once per day | > Once per day | | | |
| | Please circle as appropriate | | | | | | | | |
| | Does the person use laxa | atives, diuretics o | r Once per | 2-3 per | Once per | > Once | | | |

| diet pills to help them lose weight? | | week | week | day | per day | | |
|--------------------------------------|--|---------------|--------------------|--------|---------|--|--|
| | Please circle as appropriate | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 12. | From your clinical observations can the per- with ease or is assistance required? | son rise from | a sitting position | on Yes | No | | |
| | Muscle Weakness/Mobility: | | | | | | |
| | Is person's mobility restricted or limited to muscle weakne | | No | | | | |
| 13. | | | | | | | |
| | Using the traffic light indicator tool, is the risk | GREEN | AMBER | | RED | | |