BEHAVIORAL HEALTH, PRIMARY CARE, & RECOVERY INTAKE PROTOCOL

Co-Occurring Eating Disorder & Substance Use Screening Tool: Adults

Clinical Screening Instrument for Adults Ages 18+ (Past 12 Months / Current)

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Clinical Rationale & Scope (Ages 18+): Co-occurring eating disorders (anorexia nervosa, bulimia nervosa, binge-eating disorder, OSFED) and substance use disorders share neurobiological reward pathways, emotion-regulation deficits, and trauma histories **(APA, 2023; SAMHSA, 2020)**. Treating only one condition routinely triggers relapse or symptom substitution in the untreated condition. Administer universally across outpatient therapy, primary care, college health, and SUD treatment intakes.

Client Name / Chosen Name & Pronouns: _____	**Date / Age / Screening Setting:** _____
Clinician / Provider Name & Role: _____	**Confidentiality & Informed Consent Reviewed:** _____

Part 1: Trauma-Informed Adult Screening Standards

1. **Adopt a Weight-Neutral, Non-Stigmatizing Stance:** Eating disorders occur across all body sizes, genders, ages, and backgrounds. Never assume the absence of an eating disorder based on normal or higher body weight **(APA, 2023)**.
2. **Assess Functional Reinforcement & Symptom Substitution:** Explore how substances and eating behaviors serve parallel coping functions (numbing trauma, reducing anxiety, regulating affect, or controlling body weight) **(NIDA, 2020)**.
3. **Screen for Medical & Withdrawal Comorbidities:** Evaluate electrolyte imbalances, gastrointestinal injury, alcohol/benzodiazepine withdrawal risks, and medication misuse (stimulants, GLP-1 agonists, laxatives, diuretics).

Part 2: Adult Screening Questionnaire (Past 12 Months)

Administer via structured clinical interview or confidential intake form. Check **Yes**, **No**, or **N/A (Prefer not to say / Unsure)**.

Adult Clinical Prompt & Diagnostic Focus	Yes	No	N/A
Domain 1: Adult Disordered Eating Behaviors & Cognitions			
1.1 "Do you worry that you have lost control over how much you eat, or do you frequently eat large amounts of food in a short period accompanied by distress, shame, or secrecy?" Screens for binge-eating episodes and loss-of-control eating patterns.	☐	☐	☐
1.2 "Do you engage in rigid fasting, severe caloric restriction, self-induced vomiting, laxative/diuretic misuse, or compulsive exercise to control weight or compensate for eating?" Assesses restrictive and purging behaviors across restricting and bulimic presentations.	☐	☐	☐

Adult Clinical Prompt & Diagnostic Focus	Yes	No	N/A
1.3 "Would you say food, weight, or body shape dominates your daily thoughts, self-worth, or social and occupational functioning?" Evaluates cognitive preoccupation and overvaluation of shape and weight.	☐	☐	☐
Domain 2: Adult Alcohol, Substance, & Medication Misuse			
2.1 "In the past year, have you had 4+ alcoholic drinks (women) / 5+ (men) in a day, or used cannabis, stimulants, opioids, sedatives, or nicotine more often or in larger amounts than intended?" Screens for heavy episodic drinking and hazardous substance use (NIAAA / NIDA brief criteria).	☐	☐	☐
2.2 "Have you experienced strong cravings, tolerance, withdrawal symptoms, blackouts, or difficulty cutting down on alcohol, illicit drugs, or prescription medications used non-medically?" Identifies physiological dependence and impaired behavioral control over substance use.	☐	☐	☐
Domain 3: Co-Occurring Functional Intersections & Symptom Substitution			
3.1 "Have you used stimulants (cocaine, methamphetamine, non-prescribed/excess ADHD medications), nicotine, caffeine pills, or unprescribed weight-loss/GLP-1 medications specifically to suppress appetite or lose weight?" Detects pharmacological appetite suppression and weight-driven substance misuse.	☐	☐	☐
3.2 "Do you restrict food intake on days you drink alcohol to offset liquid calories or accelerate intoxication, or use alcohol/substances to numb anxiety, shame, or physical fullness after eating?" Identifies food-and-alcohol disturbance (FAD) and chemical self-medication of postprandial distress.	☐	☐	☐
3.3 "During previous attempts to reduce or stop substance use, have binge eating, food restriction, or purging intensified (or has substance use increased when trying to normalize eating)?" Captures bidirectional symptom substitution ("cross-addiction" cycling), essential for integrated relapse prevention.	☐	☐	☐

Part 3: Adult Clinical Triage & Integrated Referral Protocol

Clinical Finding	Recommended Multidisciplinary Action
Dual-Domain Positive Screen (≥ 1 Yes in Domain 1 AND ≥ 1 Yes in Domain 2 or 3)	Initiate an integrated dual diagnostic assessment (DSM-5-TR ED and SUD criteria). Refer to a multidisciplinary team (DBT/CBT-E/relapse-prevention trained therapist, registered dietitian, and medical provider) **(SAMHSA, 2020)**.
High Medical / Acute Risk (Purging + alcohol/stimulants, severe underweight, withdrawal risk)	Order baseline labs (CMP/electrolytes, LFTs, CBC), ECG, and orthostatic vitals. Avoid bupropion in clients with active purging or low body weight due to elevated seizure risk **(APA, 2023)**.
24/7 Adult Support Resources	**SAMHSA National Helpline: 1-800-662-4357** (24/7 treatment referral) | **988 Crisis Lifeline:** Call/text **988** | **ANAD Helpline: 1-888-375-7767**

Adult Clinical Observations, Medical/Lab Considerations, & Integrated Referral Plan

Clinical References

1. American Psychiatric Association (APA). (2023). *The American Psychiatric Association Practice Guideline for the Treatment of Patients With Eating Disorders* (4th ed.). American Psychiatric Association Publishing.
2. National Center on Addiction and Substance Abuse (CASA). (2003). *Food for Thought: Substance Abuse and Eating Disorders*. Columbia University.
3. National Institute on Drug Abuse (NIDA). (2020). *Common Comorbidities with Substance Use Disorders Research Report*. National Institutes of Health.
4. Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *Substance Use Disorder Treatment for People With Co-Occurring Disorders* (Treatment Improvement Protocol [TIP] Series, No. 42). HHS Publication No. PEP20-02-01-004.

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