

**SCORING SHEET ANIS**

Date: \_\_\_\_\_

Name of patient: \_\_\_\_\_

**TRANSFER ITEM SCORES TO THE WHITE FIELDS**

Item -No.	Figure Consciousness	Insufficiency	Anancasm	Negative Effects of Meals	Sexual Anxieties	Binge-eating
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
<b>Scores</b>	Sum 1	Sum 2	Sum 3	Sum 4	Sum 5	Sum 6
	_____	_____	_____	_____	_____	_____
	: (No. of Items)	: (No. of Items)	: (No. of Items)	: (No. of Items)	: (No. of Items)	: (No. of Items)
	(max. 10)	(max. 7)	(max. 5)	(max. 4)	(max. 3)	(max. 2)
	_____	_____	_____	_____	_____	_____
	(Mean score)	(Mean score)	(Mean score)	(Mean score)	(Mean score)	(Mean score)
<b>Total score:</b> Sum 1 + Sum 2 + Sum 3 + Sum 4 + Sum 5 + Sum 6 = _____ : (No. of Items, max. 31) = _____ (Mean score)						