SYNTHETIC EXAMPLE

BES

BES - synthetic example

CLIENT
John Doe

ADMINISTERED
Example date

RESPONSE MODE
Self-report

BINGE EATING SCALE TOTAL

5 / 46

DEMO SYNTHETIC



5/46

What this report lays out

- Source instrument: BES
- Item count: 16 items
- Response format: Varies by item
- Respondent: Self-report

CLINICIAN REVIEW REQUIRED

This document demonstrates Lirena's report design using fictional data. It does not represent a scored BES result, cannot establish a diagnosis, and must not be placed in a clinical record.

BES is not a diagnosis. A result cannot replace clinician-led assessment, history, examination, or investigation where those are required.

A report designed for clinical review

Synthetic BES example. The gauges and rows use this instrument's groups and range. They are not a client record.

REVIEW

BES is completed by Self-report. Response format varies by item. Reference period not sourced. The result is for clinician review.

CONTEXT

Each of the 16 groups asks for the one statement that best describes how the person feels about controlling their eating. Statements are weighted 0 to 3 on the published key, and the total is their sum, from 0 to 46. Published score categories are 0 to 17 absent or minimal binge eating, 18 to 26 mild to moderate binge eating, and 27 to 46 severe binge eating. These categories are not a diagnosis.

BOUNDARY

BES is not a diagnosis. A result cannot replace clinician-led assessment, history, examination, or investigation where those are required.

REPORT PRINCIPLE

Show the evidence, the version, and the boundary. Leave diagnosis and formulation with the clinician.

BES response pattern

Synthetic responses for BES. The table uses this instrument's groups and range. It is not a client record and does not reproduce official item wording.

ITEM	GROUP	SYNTHETIC RESPONSE
1	Binge Eating Scale total	Synthetic response
2	Binge Eating Scale total	Synthetic response
3	Binge Eating Scale total	Synthetic response
4	Binge Eating Scale total	Synthetic response
5	Binge Eating Scale total	Synthetic response
6	Binge Eating Scale total	Synthetic response
7	Binge Eating Scale total	Synthetic response
8	Binge Eating Scale total	Synthetic response
9	Binge Eating Scale total	Synthetic response
10	Binge Eating Scale total	Synthetic response
11	Binge Eating Scale total	Synthetic response
12	Binge Eating Scale total	Synthetic response
13	Binge Eating Scale total	Synthetic response
14	Binge Eating Scale total	Synthetic response
15	Binge Eating Scale total	Synthetic response
16	Binge Eating Scale total	Synthetic response

Synthetic BES values only. Not a client record.

Source-led by design

Lirena separates published methodology, product implementation, and clinical approval. A citation does not by itself authorize administration or prove a software scoring rule.

INSTRUMENT

BES organises binge-eating-related concerns for clinician review. It is not a diagnostic interview and does not replace medical or eating-disorder assessment.

ADMINISTRATION

BES is completed by Self-report. Response format varies by item. Reference period not sourced. The result is for clinician review.

CLINICAL BOUNDARY

BES is not a diagnosis. A result cannot replace clinician-led assessment, history, examination, or investigation where those are required.

METHODOLOGY

Each of the 16 groups asks for the one statement that best describes how the person feels about controlling their eating. Statements are weighted 0 to 3 on the published key, and the total is their sum, from 0 to 46. Published score categories are 0 to 17 absent or minimal binge eating, 18 to 26 mild to moderate binge eating, and 27 to 46 severe binge eating. These categories are not a diagnosis.

SELECTED REFERENCES

1. Original BES paper
Gormally J, Black S, Daston S, Rardin D. The assessment of binge eating severity among obese persons. Addict Behav. 1982;7(1):47-55.

2. Statement text
Psychology Tools. Binge Eating Scale.

3. Published weights
NovoPsych. Binge Eating Scale (BES).

4. Score categories
Marcus MD, Wing RR, Hopkins J. Obese binge eaters: affect, cognitions, and response to behavioral weight control. J Consult Clin Psychol. 1988;56(3):433-439, as quoted in PMC4874331.

5. Developer or publisher page
PubMed BES paper