Yale Addiction Scale (YFAS 2.0)

Administration, scoring, and documentation record

Use this record alongside the Yale Food Addiction Scale 2.0 to score a completed questionnaire and file the result. It carries the criterion checklist, the symptom count, the severity bands, and the follow-up plan. The 35 questionnaire items themselves are held and distributed by the research lab that developed the scale, so section 3 tells you where to request them.

1. PATIENT AND ADMINISTRATION DETAILS

Patient name: _____ **Record / MRN number:** _____

Date of birth: _____ dd / mm / yyyy **Date questionnaire completed:** _____ dd / mm / yyyy

Reference period: _____ the past 12 months **Date scored:** _____ dd / mm / yyyy

Completed by: _____ patient, unaided / with support **Scored by:** _____ name and role

Setting: _____ e.g. weight management, eating disorder service, therapy

Version administered

☐ YFAS 2.0, 35 items ☐ mYFAS 2.0, 13 items ☐ Other, recorded below

This record is written for the full 35-item YFAS 2.0. The short form scores the same 11 criteria, so the checklist still applies. Note the version used, as scores from different versions are not interchangeable.

2. HOW THE QUESTIONNAIRE IS SCORED

1. The patient rates each of the 35 items on an 8-point frequency scale for the past 12 months.
2. Each item is scored against its own published threshold, so an item either meets threshold or it does not.
3. A criterion counts as endorsed when any one of the items belonging to it meets threshold.
4. The symptom count is the number of the 11 criteria endorsed, so it runs from 0 to 11.
5. Clinically significant impairment or distress is scored separately from the 11 criteria, and it is required for any classification.

The 8-point response scale used by every item

0	1	2	3	4	5	6	7
Never	Less than monthly	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Every day

Item thresholds vary by item and are set out in the scoring key that accompanies the instrument. Score from that key rather than from the raw response numbers, and never average the item scores into a total.

3. WHERE TO OBTAIN THE 35 ITEMS AND THE SCORING KEY

The instrument is free to request, and it is not reproduced here. The Food and Addiction Science & Treatment Lab at the University of Michigan holds the YFAS 2.0, its short forms, the translated versions, and the scoring spreadsheets. Request them from the lab's Yale Food Addiction Scale page.

Source paper: Gearhardt AN, Corbin WR, Brownell KD. Development of the Yale Food Addiction Scale Version 2.0. *Psychological Assessment*, 2016.

Keep the completed questionnaire with this record in the patient file. Both are clinical records and both fall under your usual retention and access rules.

CRITERION SCORING — COMPLETE AFTER THE PATIENT RETURNS THE QUESTIONNAIRE

4. THE 11 CRITERIA

	DSM-5 criterion	What the items ask about	Met	Not met	Items at threshold
1	**Larger amounts and longer than intended**	Eats more of a food, or keeps eating for longer, than was planned.	☐	☐	
2	**Persistent desire or repeated failed attempts to cut down**	Wants to cut down or stop eating certain foods and cannot sustain it.	☐	☐	
3	**Great deal of time spent**	Time goes on obtaining the food, eating it, or recovering from eating it.	☐	☐	
4	**Important activities given up or reduced**	Avoids or cuts back work, study, social, or recreational activity because of food.	☐	☐	
5	**Continued use despite physical or psychological problems**	Keeps eating the food knowing it is causing emotional or physical harm.	☐	☐	
6	**Tolerance**	Needs more of the food, or the same amount does less, than it used to.	☐	☐	
7	**Withdrawal**	Physical or emotional symptoms on cutting back, or eats to settle them.	☐	☐	
8	**Continued use despite social or interpersonal problems**	Keeps eating the food through conflict with family, friends, or colleagues.	☐	☐	
9	**Failure to fulfil major role obligations**	Eating interferes with duties at work, at school, or at home.	☐	☐	
10	**Use in physically hazardous situations**	Eats in situations where doing so risks physical harm, such as while driving.	☐	☐	
11	**Craving**	Strong urges or intense desire to eat a particular food.	☐	☐	

The wording in the middle column is a plain-language summary for scoring and discussion. It is not the item wording, and it is not a substitute for the questionnaire.

5. CLINICALLY SIGNIFICANT IMPAIRMENT OR DISTRESS

This criterion is

☐ Met ☐ Not met

What the impairment or distress looks like for this patient

This criterion sits outside the count of 11. Without it there is no classification, however many criteria are endorsed.

6. SYMPTOM COUNT

Criteria endorsed ☐ **out of 11** **Impairment or distress met** ☐ **yes / no**

Record the count and the impairment answer separately in the patient record. Both are needed to read the classification below, and both are needed to compare one administration with the next.

7. CLASSIFICATION AND WHAT IT MEANS

Classification	Symptom count	What it means for the care plan	This visit
No diagnosis	0 to 1 criteria	Below the diagnostic threshold. Dietary difficulty may still be present and worth addressing.	☐
Mild	2 to 3 criteria, with impairment or distress	Early addictive-like eating. Often responds to behavioral work and structured follow-up.	☐
Moderate	4 to 5 criteria, with impairment or distress	Established pattern. Nutrition and psychological input together are usually indicated.	☐
Severe	6 to 11 criteria, with impairment or distress	High symptom load. Consider intensive outpatient or specialist eating disorder services.	☐

A diagnosis of food addiction on the YFAS 2.0 needs impairment or distress plus two or more criteria. The bands above then set the severity.

8. CLINICAL INTERPRETATION

Which criteria the patient found most distressing or limiting

Overlap considered with binge eating disorder, bulimia nervosa, or another eating disorder

Other history that bears on the result: substance use, mood, ADHD, medication, bariatric surgery

The YFAS 2.0 screens and measures severity. It does not diagnose. Read the result with the patient's history, the clinical interview, and any other measures you use, and record the reasoning here rather than the score alone.

9. PLAN

Actions agreed

- [ ] Discussed result with patient
- [ ] Dietitian or nutrition referral
- [ ] Psychology or CBT referral
- [ ] Eating disorder service referral
- [ ] Addiction service referral
- [ ] Weight management program
- [ ] Medication review
- [ ] Re-administer YFAS 2.0 at review
- [ ] No further action at this time

Plan, including what the patient agreed to and by when

Next review date: _____ dd / mm / yyyy **Re-administer on:** _____ dd / mm / yyyy

10. ADMINISTRATION LOG

Date administered	Symptom count	Impairment or distress	Classification	Change since last administration	Clinician

Track the symptom count over time rather than the classification alone. A move from six criteria to four is progress that the severity band on its own can hide.

11. CLINICIAN SIGN-OFF

Practice or service name: _____ **Result discussed with patient on:** _____ dd / mm / yyyy

Clinician signature, role, and date **Filed in patient record by, with date**

Item count, the 11 criteria, the 8-point response scale, the 0 to 11 symptom count, and the mild, moderate, and severe bands on this record follow Gearhardt, Corbin and Brownell (2016) and the FAST Lab scoring materials. The record documents screening and severity. It is not a diagnosis, and it does not replace a clinical evaluation.