

# PIMH Studies Codebook

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## About

### Primary Goals of Project Implicit Mental Health (PIMH)

- 1) Raise awareness about the role of implicit associations in mental health issues
- 2) Raise awareness about implicit and explicit stigma of mental illness and mental health treatment
- 3) Characterize implicit mental health associations for common mental illnesses (e.g., depression, eating disorders) and mental health issues (e.g., self-esteem, evaluations of mental health treatments), and learn about the prevalence and moderators of these associations (e.g., differences based on age, gender, race/ethnicity, etc.)
- 4) Evaluate how implicit and explicit measures relate for key mental illnesses and mental health issues

### Website

<https://implicit.harvard.edu/implicit/user/pimh/index.jsp>

### Demo Site

To take the tests **without** recording data:

<https://dw2.psyc.virginia.edu/implicit/user/pimh/selectastudy.html>

# People

## *Director*

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<http://projectimplicit.net/bethany/>

## *Co-directors*

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# Changes

## October 26, 2012

Emily made and implemented the following changes:

- All tasks: add age item to consent (new variable: **consentage**)
- All tasks: boot minors out after consent if under 18
- All tasks: boot minors out after demographics if under 18
- All tasks: change "none of the above" to "I have not gotten help" on mental health resources item (this leads to variable change from mhdem\_001 to mhdem\_002).
- All self-harm tasks: expand demographic item list to full list from other PIMH tasks
- All self-harm tasks: add mental health history questionnaire
- All self-harm tasks: change text on consent to lower reading level
- All self-harm tasks: change both debriefing pages to lower reading level, including IAT results.
- Eating task: added height and weight items to demographics questionnaire

## April 1, 2013

- Anxiety task: DASS-stress scale replaced with DASS-anxiety scale

# Studies

## Alcohol

### Information

Alcohol dependence – to what extent do you think of yourself/others as drinking or abstaining?

### BIAT

BIAT: Self vs. Others + Drinking vs. Abstaining (As of 12/2011)

<u>Category Label:</u>	<u>Me</u>	<u>Not me*</u>	<u>Drinking</u>	<u>Abstaining</u>
<u>Stimuli:</u>	Me	Not me	Alcohol	Abstain
	Self	Other	Drunk	Sober
	I	Them	Intoxicated	Refrain
	My	They	Drinking	Abstaining

*\*Always as a background category*

### Debriefing

When you want to find out if people associate themselves with drinking or abstaining, the most obvious thing to do is ask them -- Do you consider yourself a drinker? The response to this question is "explicit" -- people's conscious assessment of themselves. But, the mind is complicated and self-report may not reflect all thoughts and feelings. The IAT measures similar concepts "implicitly." By testing how quickly you could categorize drinking words with words referring to the self, compared to abstaining words with words referring to the self, we indirectly assess how much you link a drinking identity to the self in your mind. The idea is that the more strongly associated the two concepts are in memory, the more quickly you will be able to categorize words when you are searching for them at the same time. For example, it's usually easier to categorize words when people are looking for flowers and good words at the same time than flowers and bad words. Previous research shows that our conscious reports and the associations revealed by the IAT can be different.

The IAT that you completed was designed to look at the extent people implicitly associate the self with drinking versus abstaining. While many people drink on some occasions, it is also the case that having a strong identity as a drinker can be tied to alcohol abuse problems. This IAT is not intended to diagnose the presence of a substance abuse disorder, but may tap into some of the unhealthy associations people with substance abuse concerns have about drinking alcohol. Thus, the purpose of completing the questionnaire about your drinking attitudes and behaviors was to determine whether people who report more concerns tied to drinking alcohol on the questionnaire also show relatively more implicit drinking identity associations.

### Explicit Measures

As they appear on the PIMH site; may not be a direct replication of original questionnaire

### *Alcohol Use Disorders Identification Test (AUDIT)*

(Babor, de la Fuente, Saunders, & Grant, 1992)

1. How often do you have a drink containing alcohol?  
never  
monthly or less  
two to four times a month  
two to three times a week  
four or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?  
0, I never drink  
1 or 2  
3 or 4  
5 or 6

- 7 to 9
- 10 or more
- 3. How often do you have six or more drinks on one occasion?
  - never
  - less than monthly
  - monthly
  - weekly
  - daily or almost daily
- 4. How often during the last year have you found that you were not able to stop drinking once you had started?
  - never
  - less than monthly
  - monthly
  - weekly
  - daily or almost daily
- 5. How often during the last year have you failed to do what was normally expected from you because of drinking?
  - never
  - less than monthly
  - monthly
  - weekly
  - daily or almost daily
- 6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
  - never
  - less than monthly
  - monthly
  - weekly
  - daily or almost daily
- 7. How often during the last year have you had a feeling of guilt or remorse after drinking?
  - never
  - less than monthly
  - monthly
  - weekly
  - daily or almost daily
- 8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
  - never
  - less than monthly
  - monthly
  - weekly
  - daily or almost daily
- 9. Have you or someone else been injured as a result of your drinking?
  - no
  - yes, but not in the last year
  - yes, during the last year
- 10. Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?
  - no
  - yes, but not in the last year
  - yes, during the last year

\*AUDIT note: May 2012 & earlier versions had participants skip questions 2-10 if participant answered "no" to the first item. 5/8/2012: switched to correct version of the questionnaire; if participant answers "no" to the first item, participant sees & answers questions 9 & 10 next.

### Explicit Alcohol Questions

1. To what extent do you think of yourself as a drinker or non-drinker?
2. To what extent do you think of others as drinkers or non-drinkers?

Questions before December 2011:

1. To what extent do you find drinking alcohol to be irresistible or controllable?
2. To what extent do you find drinking non-alcoholic drinks to be irresistible or controllable?

### Explicit Measures Coding & Scoring

#### AUDIT

See Appendix A.

audit1	AUDIT question 1
Audit2	AUDIT question 2
audit3	AUDIT question 3
audit4	AUDIT question 4
audit5	AUDIT question 5
audit6	AUDIT question 6
audit7	AUDIT question 7
audit8	AUDIT question 8
audit9	AUDIT question 9
audit10	AUDIT question 10

Exported: **data are exported as string variables, so you will need to re-code to properly analyze**

Variables that need recoding once they are in a statistical program:

audit2, correct coding for questionnaire:

0 = 0, I never drink

0 = 1 or 2

1 = 3 or 4

2 = 5 or 6

3 = 7 to 9

4 = 10 or more

audit9 and audit10:

0 = No

2 = Yes, but not in the last year

4 = Yes, during the last year

Scoring:

**Sum values of all questions (with correct values assigned to responses).** See Appendix B for interpretation guidelines from the World Health Organization.

### Variables exported to excel file

BIATalcirresist	Implicit D score for the BIAT
BIAT1alcirresist	First half of BIAT, used to create D score
BIAT2alcirresist	Second half of BIAT, used to create Dscore
BIATalcirresistexcl	1 = greater than 10% reaction times are faster than 300 ms; 2 = missing all trials from a block
BIATalcirresistfastm	Percent of reaction times faster than 300ms in critical blocks
BIATalcirresisty	The y and z IAT and BIAT scores are constructed from alternating couplets of trials for the purpose of computing internal consistency. (B)IATy: Based on trials 1, 4, 5, 8, 9, 12, 13, etc. from the blocks with one of the critical category pairings (B)IATz: Based on trials 2, 3, 6, 7, 10, 11, etc. from the blocks with the
BIATalcirresistz	



	other critical category pairings
BIATalcirresisterrmean	% of errors across critical blocks (error rates are not used in exclusion criteria for BIAT, though)
BIATalcirresistdq	1 if BIATexcl not=zero
BIATord1_alcirresist	IF Pb3 IN ("Non-Alcohol/Irresistible,Alcohol/Co") THEN BIATord1_alcirresist = 0; IF Pb3 IN ("Non-Alcohol/Controllable,Alcohol/Ir") THEN BIATord1_alcirresist = 1;
BIATdrinkerme	Implicit D score for the BIAT
BIAT1drinkerme	First half of BIAT, used to create D score
BIAT2drinkerme	Second half of BIAT, used to create Dscore
BIATdrinkermeexcl	1 = greater than 10% reaction times are faster than 300 ms; 2 = missing all trials from a block
BIATdrinkermefastm	Percent of reaction times faster than 300ms in critical blocks
BIATdrinkermey	The y and z IAT and BIAT scores are constructed from alternating couplets of trials for the purpose of computing internal consistency. (B)IATy: Based on trials 1, 4, 5, 8, 9, 12, 13, etc. from the blocks with one of the critical category pairings (B)IATz: Based on trials 2, 3, 6, 7, 10, 11, etc. from the blocks with the other critical category pairings
BIATdrinkermez	
BIATdrinkermeerrmean	% of errors across critical blocks (error rates are not used in exclusion criteria for BIAT, though)
BIATdrinkermedq	1 if BIATexcl not=zero
BIATord1_drinkerme	BIATord1_drinkerme = .; IF Pb3 IN ("Not me/Drinking,Me/Abstaining") THEN BIATord1_drinkerme = 0; IF Pb3 IN ("Not me/Abstaining,Me/Drinking") THEN BIATord1_drinkerme = 1;
allowfbck	This is a 1 if participant wanted to se their implicit feedback
audit1	AUDIT Question1
audit10	AUDIT Question 10
audit10rt	AUDIT Question 10 reaction time
audit1rt	AUDIT Question 1 reaction time
audit2	AUDIT Question 2
audit2rt	AUDIT Question 2 reaction time
audit3	AUDIT Question 3
audit3rt	AUDIT Question 3 reaction time
audit4	AUDIT Question 4
audit4rt	AUDIT Question 4 reaction time
audit5	AUDIT Question 5
audit5rt	AUDIT Question 5 reaction time
audit6	AUDIT Question 6
audit6rt	AUDIT Question 6 reaction time
audit7	AUDIT Question 7
audit7rt	AUDIT Question 7 reaction time
audit8	AUDIT Question 8
audit8rt	AUDIT Question 8 reaction time

audit9	AUDIT Question 9
audit9rt	AUDIT Question 9 reaction time
exp_alc_irresist	To what extent do you think of yourself as a drinker or non-drinker?
exp_nonalc_irresist	To what extent do you think of others as a drinker or non-drinker?
exp_drinker_me	To what extent do you think of yourself as drinking or abstaining?
exp_drinker_others	To what extent do you think of others as drinking or abstaining?"
auditmean	AUDIT Questionnaire mean of responses (please note that this is with the incorrect scoring)
audittotal	AUDIT Questionnaire total (please note that this is with the incorrect scoring)
exp_drinkmeGTdrinkothers	exp_drinkmeGTdrinkothers = exp_drinker_me-exp_drinker_others;
auditRTmedian	AUDIT Questionnaire reaction time median
report1and2rtmean	Mean reaction time for the two explicit semantic differential items - OLD
report1and2rtmean_001	Mean reaction time for the two explicit semantic differential items - NEW
auditharm8	auditharm8 = .; IF audittotal NE . AND audittotal < 8 THEN auditharm8 = 0; ELSE IF audittotal GE 8 THEN auditharm8 = 1;
auditharm10	auditharm10 = .; IF audittotal NE . AND audittotal < 10 THEN auditharm10 = 0; ELSE IF audittotal GE 10 THEN auditharm10 = 1;

## Important Notes

## Anxiety

### Information

Anxiety disorders – focus on trait anxiety

### BIAT

BIATanxiousme: anxious vs. calm, me vs. not me

Category Label:	Anxious	Calm	Me	Not me
Stimuli:	Panicked	Calm	Me	Not me
	Scared	Relaxed	Self	Other
	Anxious	Serene	I	Them
	Frightened	Tranquil	My	They

### Debriefing

The IAT that you completed was designed to look at the extent people implicitly associate themselves with being anxious as opposed to calm. While most people feel anxious on some occasions, it is also the case that feeling anxious a lot of the time, or avoiding many activities because of anxiety and finding it hard to reduce anxiety can be tied to anxiety disorders, such as phobias, generalized anxiety disorder, panic disorder, obsessive compulsive disorder, and post-traumatic stress disorder. This IAT is not intended to diagnose the presence of an anxiety disorder, but may tap into some of the negative associations common to people who are high in trait anxiety (a tendency to become anxious in many situations) or who have anxiety disorders. Thus, the purpose of completing the questionnaire about your anxiety symptoms was to determine whether people who report more concerns tied to anxiety on the questionnaire also show more implicit associations about the self as being anxious.

### Explicit Measures

As they appear on the PIMH site; may not be a direct replication of original questionnaire

#### *Depression, Anxiety, Stress Scales (DASS-21) – Anxiety scale\**

(Lovibond & Lovibond, 1995)

#### **Rating scale:**

Did not apply to me at all

Applied to me to some degree, or some of the time

Applied to me to a considerable degree, or a good part of time

Applied to me very much, or most of the time

#### *Feelings Over the Past Week*

*In this task you will see 14 statements. Please rate each one using this scale: (1) Did not apply to me at all, (2) Applied to me to some degree, or some of the time, (3) Applied to me to a considerable degree, or a good part of time, (4) Applied to me very much, or most of the time. There are no right or wrong answers. Do not spend too much time on any statement.*

*Please read each statement and choose the option which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.*

1. I was aware of dryness of my mouth
2. I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)
3. I experienced trembling (e.g., in the hands)
4. I was worried about situations in which I might panic and make a fool of myself
5. I felt I was close to panic
6. I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)
7. I felt scared without any good reason

### **DASS-21 – Stress scale\***

(Lovibond & Lovibond, 1995)

#### **Rating scale:**

- Did not apply to me at all
- Applied to me to some degree, or some of the time
- Applied to me to a considerable degree, or a good part of time
- Applied to me very much, or most of the time

#### **Feelings Over the Past Week**

*In this task you will see 7 statements. Please rate each one using this scale: (1) Did not apply to me at all, (2) Applied to me to some degree, or some of the time, (3) Applied to me to a considerable degree, or a good part of time, (4) Applied to me very much, or most of the time. There are no right or wrong answers. Do not spend too much time on any statement.*

*Please read each statement and choose the option which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.*

1. I found it hard to wind down
2. I tended to over-react to situations
3. I felt that I was using a lot of nervous energy
4. I found myself getting agitated
5. I found it difficult to relax
6. I was intolerant of anything that kept me from getting on with what I was doing
7. I felt that I was rather touchy

\*Participants either responded to the anxiety OR stress scale. The stress scale replaced the anxiety scale within the first year, however the anxiety scale replaced the stress scale on 4/1/2013.

#### **Explicit Anxiety Questions**

1. To what extent do you think of yourself as anxious or calm?
2. To what extent do you think of others as anxious or calm?

*Options: Extremely anxious, very anxious, moderately anxious, neither anxious nor calm, slightly calm, moderately calm, very calm, extremely calm*

### **Explicit Measures Coding & Scoring**

#### **DASS-21**

See Appendix C.

dass_anx1	Question #2 on DASS-21
dass_anx2	Question #4 on DASS-21
dass_anx3	Question #7 on DASS-21
dass_anx4	Question #9 on DASS-21
dass_anx5	Question #15 on DASS-21
dass_anx6	Question #19 on DASS-21
dass_anx7	Question #20 on DASS-21

dass_str1	Question #1 on DASS-21
dass_str 2	Question #6 on DASS-21
dass_str 3	Question #8 on DASS-21
dass_str4	Question #11 on DASS-21

dass_str5	Question #12 on DASS-21
dass_str6	Question #14 on DASS-21
dass_str7	Question #18 on DASS-21

#### Scoring\*

0 = Did not apply to me at all

1 = Applied to me to some degree, or some of the time

2 = Applied to me to a considerable degree, or a good part of time

3 = Applied to me very much, or most of the time

*\*script was created such that exported items are scored correctly, with 0 = "did not apply to me at all"*

**Sum scores of the 7 questions and then multiply by 2 (can take the average of the items and then multiply by 14 to account for missing data).** See table in Appendix C for severity ratings.

#### Explicit Questions

exp\_anxious\_me To what extent do you think of yourself as anxious or calm?

exp\_anxious\_others To what extent do you think of others as anxious or calm?

#### Scoring

4 = extremely anxious

3 = very anxious

2 = moderately anxious

1 = slightly anxious

0 = neither anxious nor calm

-1 = slightly calm

-2 = moderately calm

-3 = very calm

-4 = extremely calm

#### Variables exported to excel file

BIATanxiousme	Implicit D score for the BIAT
BIAT1anxiousme	First half of BIAT, used to create D score
BIAT2anxiousme	Second half of BIAT, used to create D score
BIATexcl	1 = greater than 10% reaction times are faster than 300 ms; 2 = missing all trials from a block
BIATdq	1 if BIATexcl not=zero
BIATfastm	Percent of reaction times faster than 300ms in critical blocks
BIATy	The y and z IAT and BIAT scores are constructed from alternating couplets of trials for the purpose of computing internal consistency.
BIATz	(B)IATy: Based on trials 1, 4, 5, 8, 9, 12, 13, etc. from the blocks with one of the critical category pairings
	(B)IATz: Based on trials 2, 3, 6, 7, 10, 11, etc. from the blocks with the other critical category pairings
BIATerrmean	% of errors across critical blocks (error rates are not used in exclusion criteria for BIAT, though)
allowfbck	This is a 1 if participant wanted to see their implicit feedback
anxinstruct	DASS-21 instructions
anxinstructrt	DASS-21 instructions
BIATord1_anxious me	Pairing of BIAT; 0 = Not me/anxious, Me/calm; 1 = Not me/Calm, Me/Anxious
dass_anx1	Question #2 on DASS-21, see Appendix A
dass_anx2	Question #4 on DASS-21, see Appendix A

dass_anx3	Question #7 on DASS-21, see Appendix A
dass_anx4	Question #9 on DASS-21, see Appendix A
dass_anx5	Question #15 on DASS-21, see Appendix A
dass_anx6	Question #19 on DASS-21, see Appendix A
dass_anx7	Question #20 on DASS-21, see Appendix A
exp_anxious_me	To what extent do you think of yourself as anxious or calm?; see above
exp_anxious_others	To what extent do you think of others as anxious or calm?; see above
dass_anxmean	Mean for DASS-Anxiety questions, NOT accounting for missing data
exp_anxmeGTanxothers	Composite explicit anxiety question from both exp_anxious_me and exp_anxious_others (subtracting "others" from "me"); self-anxious is greater than others anxious if a positive score
dass_anxRTmedian	Median reaction time of the dass_anx questions
dass_anx1rt	Question #2 on DASS-21 reaction time in ms
dass_anx2rt	Question #4 on DASS-21 reaction time in ms
dass_anx3rt	Question #7 on DASS-21 reaction time in ms
dass_anx4rt	Question #9 on DASS-21 reaction time in ms
dass_anx5rt	Question #15 on DASS-21 reaction time in ms
dass_anx6rt	Question #19 on DASS-21 reaction time in ms
dass_anx7rt	Question #20 on DASS-21 reaction time in ms
exp_anxious_me_othersrt	Mean reaction time for the two explicit semantic differential items
exp_anxious_mert	Explicit anxiety question reaction time
exp_anxious_othersrt	Explicit anxiety question reaction time
dass_str1	Question #1 on DASS-21, see Appendix A
dass_str2	Question #6 on DASS-21, see Appendix A
dass_str3	Question #8 on DASS-21, see Appendix A
dass_str4	Question #11 on DASS-21, see Appendix A
dass_str5	Question #12 on DASS-21, see Appendix A
dass_str6	Question #14 on DASS-21, see Appendix A
dass_str7	Question #18 on DASS-21, see Appendix A
dass_str1rt	Question #1 on DASS-21, see Appendix A, reaction time
dass_str2rt	Question #6 on DASS-21, see Appendix A, reaction time
dass_str3rt	Question #8 on DASS-21, see Appendix A, reaction time
dass_str4rt	Question #11 on DASS-21, see Appendix A, reaction time
dass_str5rt	Question #12 on DASS-21, see Appendix A, reaction time
dass_str6rt	Question #14 on DASS-21, see Appendix A, reaction time
dass_str7rt	Question #18 on DASS-21, see Appendix A, reaction time
exp_anxious_me_1st	exp_anxious_me_1st = .; IF Question_Name IN ('report1') THEN exp_mental_ill_dangerous_1st = 1; ELSE IF Question_Name IN ('report2') THEN exp_mental_ill_dangerous_1st = 0;
Dass_strmean	dass_strmean = MEAN(dass_str1,dass_str2,dass_str3,dass_str4,dass_str5,dass_str6,dass_str7);
Dass_anxRTmedian	dass_anxRTmedian = .; IF dass_anxtot NE . THEN dass_anxRTmedian = MEDIAN(anxiety1rt,anxiety2rt,anxiety3rt,anxiety4rt,anxiety5rt,anxiety6rt,anxiety7rt);

Dass_strRTmedian	dass_strRTmedian = .; IF dass_strmean NE . THEN dass_strRTmedian = MEDIAN(anxiety1_001,anxiety2_001,anxiety3_001,anxiety4_001,anxiety5_001,anxiety6_001,anxiety7_001);
Dass_anxmissingtotal	Number of omitted items on the DASS anxiety scale. If missing, scale was not seen
Dass_anxtot	Total score calculated according to scale procedures. Those missing 3 or fewer of a particular DASS scale have a total score imputed from the mean of the items they answered (e.g., took mean of their answered items, multiplied by 7, then, following the scoring guidelines for the DASS-21, multiplied that value by 2. Total scores of those missing more than 3 of the 7 items of a particular DASS scale are disqualified (set to missing)
Dass_strmissingtotal	Number of omitted items on the DASS stress scale. If missing, scale was not seen
Dass_strtot	Total score calculated according to scale procedures. Those missing 3 or fewer of a particular DASS scale have a total score imputed from the mean of the items they answered (e.g., took mean of their answered items, multiplied by 7, then, following the scoring guidelines for the DASS-21, multiplied that value by 2. Total scores of those missing more than 3 of the 7 items of a particular DASS scale are disqualified (set to missing)

### Important Notes

1. For purposes of record-keeping, perhaps to mention in a Method section, and to spot possible anomalies, identify how many critical trials were RECODED by the MACRO to 2000ms for being too slow (> 2000ms) and how many were deleted completely for being >10000ms

## Danger

### Information

Stigma toward persons with mental illness – focus on perceived dangerousness

### IAT

IAT\_MIdangerous: Mentally Ill People vs. Physically Ill People + Dangerous vs. Harmless

Category Label:	Mentally Ill People	Physically Ill People	Dangerous	Harmless
Stimuli:	Schizophrenia	Diabetes	Dangerous	Harmless
	Bipolar Disorder	Appendicitis	Unsafe	Safe
	Depression	Cerebral palsy	Violent	Peaceful
	Obsessive-Compulsive Disorder	Multiple Sclerosis	Aggressive	Gentle

### Debriefing

The IAT that you completed was designed to look at the extent people implicitly associate mentally ill people as being dangerous versus harmless. In reality, the likelihood of a person with mental illness being a danger to others is relatively small, especially after you account for other factors such as being under the influence of alcohol or illegal drugs at the time of the violent event. Moreover, persons with mental illness are at greater risk than persons in the general population of being *victims* of violence, yet there is sometimes a bias toward thinking mentally ill people are frequently violent. Critically, this bias is associated with more negative reactions toward persons with mental illness. This IAT is designed to look at the implicit bias regarding the tendency to associate mentally ill people as being dangerous, and to see whether this implicit bias is related to self-report of the perceived dangerousness of mentally ill people.

### Explicit Measures

As they appear on the PIMH site; may not be a direct replication of original questionnaire

#### *Perceived Dangerousness Scale*

(Link, Cullen, Frank, & Wozniak, 1987)

#### Rating scale:

- strongly agree
- agree
- not sure, but probably agree
- not sure, but probably disagree
- disagree
- strongly disagree

1. If a group of former mental patients lived nearby, I would not allow my children to go to the movie theatre alone. (reversed scoring)
2. If a former mental patient applied for a job for a teaching position at a grade school and was qualified for the job I would recommend hiring him or her.
3. One important thing about mental patients is that you cannot tell what they will do from one minute to the next. (reversed scoring)
4. If I know a person has been a mental patient, I will be less likely to trust him. (reversed scoring)
5. The main purpose of mental hospitals should be to protect the public from mentally ill people. (reversed scoring)
6. If a former mental patient lived nearby I would not hesitate to allow young children under my care to play on the sidewalk.
7. Although some mental patients may seem all right it is dangerous to forget for a moment that they are mentally ill. (reversed scoring)
8. There should be a law forbidding a former mental patient the right to obtain a hunting license. (reversed scoring)



### Explicit Questions

1. To what extent do you think of mentally ill people as dangerous or harmless?
2. To what extent do you think of physically ill people as dangerous or harmless?

Response options:

extremely dangerous, very dangerous, moderately dangerous, slightly dangerous, neither harmless nor dangerous, slightly harmless, moderately harmless, very harmless, extremely harmless

### Explicit Measures Coding & Scoring

#### Perceived Dangerousness Scale

##### Scoring

- 0 = strongly agree
- 1 = agree
- 2 = not sure, but probably agree
- 3 = not sure, but probably disagree
- 4 = disagree
- 5 = strongly disagree

Reverse score items: 1, 3, 4, 5, 7, 8

Each of the items measuring perceived dangerousness was answered using a six-point, strongly agree—strongly disagree Likert format. We scored the six response categories from 0 to 5, summed the items using unit weighting and divided by eight to create a scale varying from 0 to 5. The scoring was done so that a high score reflects the belief that the mentally ill are dangerous. The internal consistency (Cronbach's  $\alpha$ ) of the scale is .85.<sup>13</sup>

Taken from Link, Cullen, Frank, and Wozniak, 1987

#### Explicit Questions Scoring

Response Scale:

- 4 = extremely harmless
- 3 = very harmless
- 2 = moderately harmless
- 1 = slightly harmless
- 0 = neither harmless nor dangerous
- 1 = slightly dangerous
- 2 = moderately dangerous
- 3 = very dangerous
- 4 = extremely dangerous

### Variables exported to excel file

report1rt	To what extent do you think of mentally ill people as dangerous or harmless? reaction time in ms
report2rt	To what extent do you think of physically ill people as dangerous or harmless? reaction time in ms
IATord1_Mldangerous	Pairing of first IAT; 0 = Physically Ill People/Dangerous, Mentally Ill People/Harmless; 1 = Mentally Ill People/Dangerous, Physically Ill People/Harmless
IAT1_Mldangerous	IAT D score for first half
IAT2_Mldangerous	IAT D score for second half
IAT_Mldangerous	IAT D score; higher IAT scores reflect stronger mentally ill and dangerous associations

IATy	The y and z IAT and BIAT scores are constructed from alternating couplets of trials for the purpose of computing internal consistency.
IATz	(B)IATy: Based on trials 1, 4, 5, 8, 9, 12, 13, etc. from the blocks with one of the critical category pairings (B)IATz: Based on trials 2, 3, 6, 7, 10, 11, etc. from the blocks with the other critical category pairings
IATerrmean	% of errors across critical blocks
IATfastm	% of critical responses faster than 300 ms (the basis for getting a "1" on IATexcl)
IATexcl	1 = greater than 10% RTs faster than 300 ms; 2 = missing all trials from a block
IATexclError	1 = greater than 30% errors overall; 2 = greater than 40% in any critical block
IATexclFast	1 = greater than 25% reaction times faster than 300 ms in any critical block
IATdq	1 if any of the 3 above are not zero
Mldangerous1	Perceived Dangerousness Scale Question 1
Mldangerous2	Perceived Dangerousness Scale Question 2
Mldangerous3	Perceived Dangerousness Scale Question 3
Mldangerous4	Perceived Dangerousness Scale Question 4
Mldangerous5	Perceived Dangerousness Scale Question 5
Mldangerous6	Perceived Dangerousness Scale Question 6
Mldangerous7	Perceived Dangerousness Scale Question 7
Mldangerous8	Perceived Dangerousness Scale Question 8
exp_danger_MI	To what extent do you think of mentally ill people as dangerous or harmless?
exp_danger_PI	To what extent do you think of physically ill people as dangerous or harmless?
Mldangermean	Mean score of Perceived dangerousness scale questions
exp_dangerMIgtPI	exp_danger_MI-exp_danger_PI
report1and2rtmean	Mean reaction time for the two explicit semantic differential items
MldangerousRTmedian	Median reaction time for Perceived Dangerousness Scale Questions
pd1rt	Perceived Dangerousness Scale Question 1, reaction time
pd2rt	Perceived Dangerousness Scale Question 2, reaction time
pd3rt	Perceived Dangerousness Scale Question 3, reaction time
pd4rt	Perceived Dangerousness Scale Question 4, reaction time
pd5rt	Perceived Dangerousness Scale Question 5, reaction time
pd6rt	Perceived Dangerousness Scale Question 6, reaction time
pd7rt	Perceived Dangerousness Scale Question 7, reaction time
pd8rt	Perceived Dangerousness Scale Question 8, reaction time
Exp_mental_ill_dangerous_1st	exp_mental_ill_dangerous_1st = .; IF Question_Name IN ('report1') THEN exp_mental_ill_dangerous_1st = 1; ELSE IF Question_Name IN ('report2') THEN exp_mental_ill_dangerous_1st = 0;

## Important Notes

# Depression

## Information

Depression – focus on self-concept

## BIAT

BIATdepressedme: Sad vs. Happy + Me vs. Not Me

Category Label:	Sad	Happy	Me	Not Me
Stimuli:	Sad	Happy	Me	Not me
	Miserable	Joyful	Self	Other
	Depressed	Content	I	Them
	Gloomy	Cheerful	My	They

## Debriefing

The IAT that you completed was designed to look at the extent people implicitly associate themselves with being sad as opposed to happy. While most people feel sad on some occasions, it is also the case that feeling sad a lot of the time and finding it hard to improve your mood or enjoy yourself can be tied to mood disorders, such as major depressive disorder, dysthymia, or bipolar disorder. This IAT is not intended to diagnose the presence of a mood disorder, but may tap into some of the negative associations common to people who are feeling depressed. Thus, the purpose of completing the questionnaire about your depression symptoms was to determine whether people who report more concerns tied to depression on the questionnaire also show more implicit associations about the self as being sad.

## Explicit Measures

As they appear on the PIMH site; may not be a direct replication of original questionnaire

### Depression, Anxiety, Stress Scales (DASS-21) – Depression scale

(Lovibond & Lovibond, 1995)

#### Rating scale:

- Did not apply to me at all
- Applied to me to some degree, or some of the time
- Applied to me to a considerable degree, or a good part of time
- Applied to me very much, or most of the time

*Please read each statement and choose the option which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.*

1. I couldn't seem to experience any positive feeling at all
2. I found it difficult to work up the initiative to do things
3. I felt that I had nothing to look forward to
4. I felt down-hearted and blue
5. I was unable to become enthusiastic about anything
6. I felt I wasn't worth much as a person
7. I felt that life was meaningless

## Explicit Questions

1. To what extent do you think of yourself as happy or sad?
2. To what extent do you think of others as happy or sad?

Rating Scale:

extremely happy, very happy, moderately happy, slightly happy, neither happy nor sad, slightly sad, moderately sad, very sad, extremely sad

## Explicit Measures Coding & Scoring

### DASS-21

See Appendix C.

dass_dep1	Question #3 on DASS-21
dass_dep2	Question #5 on DASS-21
dass_dep3	Question #10 on DASS-21
dass_dep4	Question #13 on DASS-21
dass_dep5	Question #16 on DASS-21
dass_dep6	Question #17 on DASS-21
dass_dep7	Question #21 on DASS-21

#### Scoring\*

0 = Did not apply to me at all

1 = Applied to me to some degree, or some of the time

2 = Applied to me to a considerable degree, or a good part of time

3 = Applied to me very much, or most of the time

*\*script was created such that exported items are scored correctly, with 0 = "did not apply to me at all"*

**Sum scores of the 7 questions and then multiply by 2 (can also take the average of the items and then multiply by 14 to account for missing data).** See table in Appendix C for severity ratings.

### Explicit Questions

exp\_depressed\_me To what extent do you think of yourself as happy or sad?

exp\_depressed\_others To what extent do you think of others as happy or sad?

#### Scoring

4 = extremely sad

3 = very sad

2 = moderately sad

1 = slightly sad

0 = neither happy nor sad

-1 = slightly happy

-2 = moderately happy

-3 = very happy

-4 = extremely happy

### Variables exported to excel file

BIATdepressedme	BIAT D score; higher BIAT scores equal stronger "depressed-is-me" associations
BIAT1depressedme	BIAT D score for the first half of the BIATs
BIAT2depressedme	BIAT D score for the second half of the BIATs
BIATexcl	1 = greater than 10% reaction times are faster than 300 ms; 2 = missing all trials from a block
BIATdq	1 if BIATexcl not=zero
BIATfastm	Percent of reaction times faster than 300ms in critical blocks
BIATy	The y and z IAT and BIAT scores are constructed from alternating couplets of trials for the purpose of computing internal consistency. (B)IATy: Based on trials 1, 4, 5, 8, 9, 12, 13, etc. from the blocks with one of the critical category pairings
BIATz	(B)IATz: Based on trials 2, 3, 6, 7, 10, 11, etc. from the blocks with the other critical category pairings

BIATerrmean	% of errors across critical blocks (error rates are not used in exclusion criteria for BIAT, though)
allowfbck	This is a 1 if participant wanted to see their implicit feedback
BIATord1_depressedme	BIAT first block pairing; 0 = not me/sad, me/happy; 1 = not me/happy, me/sad
dass_dep1	Question #3 on DASS-21
dass_dep2	Question #5 on DASS-21
dass_dep3	Question #10 on DASS-21
dass_dep4	Question #13 on DASS-21
dass_dep5	Question #16 on DASS-21
dass_dep6	Question #17 on DASS-21
dass_dep7	Question #21 on DASS-21
exp_depressed_me	To what extent do you think of yourself as happy or sad?
exp_depressed_others	To what extent do you think of others as happy or sad?
dass_depmean	Mean of the DASS-Depression subscale questions (NOT accounting for missing data)
exp_depmeGTdepothers	Composite score of the explicit questions; Depressed-me is GREATER THAN Depressed-others (exp_depressed_me – exp_depressed_others)
Exp_sad_me_1st	exp_sad_me_1st = .; IF Question_Name IN ('report1') THEN exp_sad_me_1st = 1; ELSE IF Question_Name IN ('report2') THEN exp_sad_me_1st = 0;
dass_dep1rt	Reaction times for DASS-depression questions
dass_dep2rt	
dass_dep3rt	
dass_dep4rt	
dass_dep5rt	
dass_dep6rt	
dass_dep7rt	
dass_depRTmedian	dass_depRTmedian = MEDIAN(dass_dep1rt,dass_dep2rt,dass_dep3rt,dass_dep4rt,dass_dep5rt,dass_dep6rt,dass_dep7rt);
exp_depressed_mert	Reaction time for explicit/semantic differential question
exp_depressed_othersrt	Reaction time for explicit/semantic differential question
Dass_depmissingtotal	Number of omitted items on the DASS depression scale. If missing, scale was not seen
Dass_deptot	Total score calculated according to scale procedures. Those missing 3 or fewer of a particular DASS scale have a total score imputed from the mean of the items they answered (e.g., took mean of their answered items, multiplied by 7, then, following the scoring guidelines for the DASS-21, multiplied that value by 2. Total scores of those missing more than 3 of the 7 items of a particular DASS scale are disqualified (set to missing)

## Important Notes

## Eating

### Information

Eating disorders – focus on shame because this is relevant for both bulimia and anorexia

### IAT

IAT\_fatshame: High-fat Food vs. Low-fat Food + Shameful vs. Acceptable

Category Label:	High-fat Food	Low-fat Food	Shameful	Acceptable
Stimuli:	French fries	Salad	Disgraceful	Suitable
	Ice cream	Carrots	Bad	Good
	Candy	Fruit	Embarrassing	Appropriate
	Chocolate	Celery	Shameful	Acceptable

### Debriefing

The IAT that you completed was designed to look at the extent people implicitly associate eating high- (versus low-) fat food as being shameful. While many people tend to feel that eating fattening food is “bad” in some way because it is not healthy to eat these foods in large amounts, it is also the case that feelings of extreme shame tied to eating can be part of the unhealthy eating attitudes associated with eating disorders, such as bulimia nervosa, anorexia nervosa, and binge eating disorder. This IAT is not intended to diagnose the presence of an eating disorder, but may tap into some of the negative associations people with eating concerns have about food. Thus, the purpose of completing the questionnaire about your eating attitudes and behaviors was to determine whether people who report more concerns tied to eating, shape and weight on the questionnaire also show more implicit shame associations with high-fat foods.

### Explicit Measures

As they appear on the PIMH site; may not be a direct replication of original questionnaire

#### *Eating Attitudes Test-26*

(Garner, Olmsted, Bohr, & Garfinkel, 1982)

#### Rating scale:

never  
rarely  
sometimes  
often  
usually  
always

1. I am terrified about being overweight.
2. I avoid eating when I am hungry.
3. I find myself preoccupied with food.
4. I have gone on eating binges where I feel that I may not be able to stop.
5. I cut my food into small pieces.
6. I am aware of the calorie content of foods that I eat.
7. I particularly avoid food with a high carbohydrate content (i.e., bread, rice, potatoes, etc.)
8. I feel that others would prefer if I ate more."
9. I vomit after I have eaten.
10. I feel extremely guilty after eating.
11. I am preoccupied with a desire to be thinner.
12. I think about burning up calories when I exercise.
13. Other people think that I am too thin.
14. I am preoccupied with the thought of having fat on my body.
15. I take longer than others to eat my meals.
16. I avoid foods with sugar in them.
17. I eat diet foods.

18. I feel that food controls my life.
19. I display self-control around food.
20. I feel that others pressure me to eat.
21. I give too much time and thought to food.
22. I feel uncomfortable after eating sweets.
23. I engage in dieting behavior.
24. I like my stomach to be empty.
25. I enjoy trying new rich foods.
26. I have the impulse to vomit after meals.

### Explicit Questions

1. To what extent do you think of high-fat foods as acceptable or shameful?
2. To what extent do you think of low-fat foods as acceptable or shameful?

Response scale: extremely acceptable, very acceptable, moderately acceptable, slightly acceptable, neither acceptable nor shameful, slightly shameful, moderately shameful, very shameful, extremely shameful

### Explicit Measures Coding & Scoring

#### EAT-26

See Appendix D.

#### Exported Scoring

- 0 = never
- 1 = rarely
- 2 = sometimes
- 3 = often
- 4 = usually
- 5 = always

#### Correct Scoring\*

Questions 1 – 25:

- 0 = Never
- 0 = Rarely
- 0 = Sometimes
- 1 = Often
- 2 = Usually
- 3 = Always

Question 26:

- 0 = Always
- 0 = Usually
- 0 = Often
- 1 = Sometimes
- 2 = Rarely
- 3 = Never

\*must recode variables before scoring this measure!

**Sum scores for all items.**

### Explicit Questions

exp_shame_hifat	To what extent do you think of high-fat foods as acceptable or shameful?
exp_shame_lofat	To what extent do you think of low-fat foods as acceptable or shameful?

Scoring:

- 4 = extremely acceptable
- 3 = very acceptable
- 2 = moderately acceptable
- 1 = slightly acceptable



- 0 = neither acceptable nor shameful
- 1 = slightly shameful
- 2 = moderately shameful
- 3 = very shameful
- 4 = extremely shameful

### Variables exported to excel file

IAT_fatshame	IAT D score; higher scores reflect stronger associations of fattening foods with shame
IAT1_fatshame	IAT D score for the first half of the IATs
IAT2_fatshame	IAT D score for the second half of the IATs
IATexcl	1 = greater than 10% RTs faster than 300 ms; 2 = missing all trials from a block
IATdq	1 if any of the 3 above are not zero
IATerrmean	% of errors across critical blocks
IATfastm	% of critical responses faster than 300 ms (the basis for getting a "1" on IATexcl)
IATy	The y and z IAT and BIAT scores are constructed from alternating couplets of trials for the purpose of computing internal consistency. (B)IATy: Based on trials 1, 4, 5, 8, 9, 12, 13, etc. from the blocks with one of the critical category pairings (B)IATz: Based on trials 2, 3, 6, 7, 10, 11, etc. from the blocks with the other critical category pairings
IATz	
allowfbck	This is a 1 if participant wanted to see their implicit feedback
IATord1_fatshame	IAT first block pairing; 0 = low-fat food/shameful, high-fat food/acceptable; 1 = high-fat food/shameful, low-fat food/acceptable
fatcare1	EAT-26 Question 1
fatcare2	EAT-26 Question 2
fatcare3	EAT-26 Question 3
fatcare4	EAT-26 Question 4
fatcare5	EAT-26 Question 5
fatcare6	EAT-26 Question 6
fatcare7	EAT-26 Question 7
fatcare8	EAT-26 Question 8
fatcare9	EAT-26 Question 9
fatcare10	EAT-26 Question 10
fatcare11	EAT-26 Question 11
fatcare12	EAT-26 Question 12
fatcare13	EAT-26 Question 13
fatcare14	EAT-26 Question 14
fatcare15	EAT-26 Question 15
fatcare16	EAT-26 Question 16
fatcare17	EAT-26 Question 17
fatcare18	EAT-26 Question 18
fatcare19	EAT-26 Question 19
fatcare20	EAT-26 Question 20

fatcare21	EAT-26 Question 21
fatcare22	EAT-26 Question 22
fatcare23	EAT-26 Question 23
fatcare24	EAT-26 Question 24
fatcare25	EAT-26 Question 26 **these two have been flipped!
fatcare26	EAT-26 Question 25 **these two have been flipped!
exp_shame_hifat	To what extent do you think of high-fat foods as acceptable or shameful?
exp_shame_lofat	To what extent do you think of low-fat foods as acceptable or shameful?
fatcaremean	Mean of EAT-26 items
exp_shameHlfatGFlow	exp_shame_hifat-exp_shame_lofat
fatcare1rt	EAT-26 Question 1 reaction time in ms
fatcare2rt	EAT-26 Question 2 reaction time in ms
fatcare3rt	EAT-26 Question 3 reaction time in ms
fatcare4rt	EAT-26 Question 4 reaction time in ms
fatcare5rt	EAT-26 Question 5 reaction time in ms
fatcare6rt	EAT-26 Question 6 reaction time in ms
fatcare7rt	EAT-26 Question 7 reaction time in ms
fatcare8rt	EAT-26 Question 8 reaction time in ms
fatcare9rt	EAT-26 Question 9 reaction time in ms
fatcare10rtr	EAT-26 Question 10 reaction time in ms
fatcare11rt	EAT-26 Question 11 reaction time in ms
fatcare12rt	EAT-26 Question 12 reaction time in ms
fatcare13rt	EAT-26 Question 13 reaction time in ms
fatcare14rt	EAT-26 Question 14 reaction time in ms
fatcare15rt	EAT-26 Question 15 reaction time in ms
fatcare16rt	EAT-26 Question 16 reaction time in ms
fatcare17rt	EAT-26 Question 17 reaction time in ms
fatcare18rt	EAT-26 Question 18 reaction time in ms
fatcare19rt	EAT-26 Question 19 reaction time in ms
fatcare20rt	EAT-26 Question 20 reaction time in ms
fatcare21rt	EAT-26 Question 21 reaction time in ms
fatcare22rt	EAT-26 Question 22 reaction time in ms
fatcare23rt	EAT-26 Question 23 reaction time in ms
fatcare24rt	EAT-26 Question 24 reaction time in ms
fatcare25rt	EAT-26 Question 25 reaction time in ms
fatcare26rt	EAT-26 Question 26 reaction time in ms
exp_shame_hifatrt	To what extent do you think of high-fat foods as acceptable or shameful? reaction time
exp_shame_lofatrt	To what extent do you think of low-fat foods as acceptable or shameful? reaction time
fatcareRTmedian	Median reaction time for the EAT-26 questions

Exp_high_fat_shameful_1st	exp_high_fat_shameful_1st = .; IF Question_Name IN ('report1') THEN exp_high_fat_shameful_1st = 1; ELSE IF Question_Name IN ('report2') THEN exp_high_fat_shameful_1st = 0;
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### Eating-only demographic variables

dem_height	<p>Please indicate your height by selecting the most appropriate option.</p> <p><b>NOTE: output exported in cm</b></p> <p><i>Participants are given the option to select one option (shown right)</i></p>	"3 ft 0 in :: 91 cm","3 ft 1 in :: 94 cm","3 ft 2 in :: 97 cm","3 ft 3 in :: 99 cm","3 ft 4 in :: 102 cm","3 ft 5 in :: 104 cm","3 ft 6 in :: 107 cm","3 ft 7 in :: 109 cm","3 ft 8 in :: 112 cm","3 ft 9 in :: 114 cm","3 ft 10 in :: 117 cm","3 ft 11 in :: 119 cm","4 ft 0 in :: 122 cm","4 ft 1 in :: 124 cm","4 ft 2 in :: 127 cm","4 ft 3 in :: 130 cm","4 ft 4 in :: 132 cm","4 ft 5 in :: 135 cm","4 ft 6 in :: 137 cm","4 ft 7 in :: 140 cm","4 ft 8 in :: 142 cm","4 ft 9 in :: 145 cm","4 ft 10 in :: 147 cm","4 ft 11 in :: 150 cm","5 ft 0 in :: 152 cm","5 ft 1 in :: 155 cm","5 ft 2 in :: 157 cm","5 ft 3 in :: 160 cm","5 ft 4 in :: 163 cm","5 ft 5 in :: 165 cm","5 ft 6 in :: 168 cm","5 ft 7 in :: 170 cm","5 ft 8 in :: 173 cm","5 ft 9 in :: 175 cm","5 ft 10 in :: 178 cm","5 ft 11 in :: 180 cm","6 ft 0 in :: 183 cm","6 ft 1 in :: 185 cm","6 ft 2 in :: 188 cm","6 ft 3 in :: 191 cm","6 ft 4 in :: 193 cm","6 ft 5 in :: 196 cm","6 ft 6 in :: 198 cm","6 ft 7 in :: 201 cm","6 ft 8 in :: 203 cm","6 ft 9 in :: 206 cm","6 ft 10 in :: 208 cm","6 ft 11 in :: 211 cm","7 ft 0 in :: 213 cm","7 ft 1 in :: 216 cm","7 ft 2 in :: 218 cm","7 ft 3 in :: 221 cm","7 ft 4 in :: 224 cm","7 ft 5 in :: 226 cm","7 ft 6 in :: 229 cm","7 ft 7 in :: 231 cm","7 ft 8 in :: 234 cm","7 ft 9 in :: 236 cm","7 ft 10 in :: 239 cm","7 ft 11 in :: 241 cm","8 ft 0 in :: 244 cm","8 ft 1 in :: 246 cm","8 ft 2 in :: 249 cm","8 ft 3 in :: 251 cm","8 ft 4 in :: 254 cm","8 ft 5 in :: 257 cm","8 ft 6 in :: 259 cm"
dem_weight	<p>Please indicate your weight by selecting the most appropriate option.</p> <p><b>NOTE: output exported in kg</b></p> <p><i>Participants are given the option to select one option (shown right)</i></p>	"50 lb :: 23 kg","55 lb :: 25 kg","60 lb :: 27 kg","65 lb :: 30 kg","70 lb :: 32 kg","75 lb :: 34 kg","80 lb :: 36 kg","85 lb :: 39 kg","90 lb :: 41 kg","95 lb :: 43 kg","100 lb :: 45 kg","105 lb :: 48 kg","110 lb :: 50 kg","115 lb :: 52 kg","120 lb :: 55 kg","125 lb :: 57 kg","130 lb :: 59 kg","135 lb :: 61 kg","140 lb :: 64 kg","145 lb :: 66 kg","150 lb :: 68 kg","155 lb :: 70 kg","160 lb :: 73 kg","165 lb :: 75 kg","170 lb :: 77 kg","175 lb :: 80 kg","180 lb :: 82 kg","185 lb :: 84 kg","190 lb :: 86 kg","195 lb :: 89 kg","200 lb :: 91 kg","205 lb :: 93 kg","210 lb :: 95 kg","215 lb :: 98 kg","220 lb :: 100 kg","225 lb :: 102 kg","230 lb :: 105 kg","235 lb :: 107 kg","240 lb :: 109 kg","245 lb :: 111 kg","250 lb :: 114 kg","255 lb :: 116 kg","260 lb :: 118 kg","265 lb :: 120 kg","270 lb :: 123 kg","275 lb :: 125 kg","280 lb :: 127 kg","285 lb :: 130 kg","290 lb :: 132 kg","295 lb :: 134 kg","300 lb :: 136 kg","305 lb :: 139 kg","310 lb :: 141 kg","315 lb :: 143 kg","320 lb :: 145 kg","325 lb :: 148 kg","330 lb :: 150 kg","335 lb :: 152 kg","340 lb :: 155 kg","345 lb :: 157 kg","350 lb :: 159 kg","355 lb :: 161 kg","360 lb :: 164 kg","365 lb :: 166 kg","370 lb :: 168 kg","375 lb :: 170 kg","380 lb :: 173 kg","385 lb :: 175 kg","390 lb :: 177 kg","395 lb :: 180 kg","400 lb :: 182 kg","405 lb :: 184 kg","410 lb :: 186 kg","415 lb :: 189 kg","420 lb :: 191 kg","425 lb :: 193 kg","430 lb :: 195 kg","435 lb :: 198 kg","440 lb :: 200 kg"

### Calculating BMI

Body mass index (BMI) - [http://en.wikipedia.org/wiki/Body\\_mass\\_index](http://en.wikipedia.org/wiki/Body_mass_index)

$$\text{BMI} = \frac{\text{mass}(\text{kg})}{(\text{height}(\text{m}))^2}$$
$$= \frac{\text{mass}(\text{lb})}{(\text{height}(\text{in}))^2} \times 703^\dagger$$

<sup>†</sup> The factor for UK/US units is more precisely 703.06957964, but that level of precision is not meaningful for this calculation.

Interpreting BMI - [http://www.cdc.gov/healthyweight/assessing/bmi/adult\\_bmi/index.html](http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html)

#### Interpretation of BMI for adults

For adults 20 years old and older, BMI is interpreted using standard weight status categories that are the same for all ages and for both men and women. For children and teens, on the other hand, the interpretation of BMI is both age- and sex-specific.

For more information about interpretation for children and teens, visit [Child and Teen BMI Calculator](#).

The standard weight status categories associated with BMI ranges for adults are shown in the following table.

BMI	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Normal
25.0 – 29.9	Overweight
30.0 and Above	Obese

Note: in your data set, values for height and weight variables are exported as cm and kg. You will need to convert cm to m, then calculate BMI.

### Important Notes

## Self-esteem

### Information

#### BIAT

BIATgoodme: Me vs. Not Me + Good vs. Bad

Category Label:	Bad	Good	Me	Not Me
Stimuli:	Bad	Excellent	Me	Not me
	Dreadful	Good	Self	Other
	Awful	Wonderful	I	Them
	Terrible	Great	My	They

#### Debriefing

The IAT that you completed was designed to look at the extent people implicitly associate themselves with being good as opposed to bad. This task is intended to tap into people's self-esteem, or overall evaluation of themselves. Having low self-esteem and being very self-critical may be tied to mental health difficulties, but it is not itself a clinical disorder and this task is not designed to diagnose a specific mental health problem. However, because low self-esteem does affect how people manage their relationships, thoughts, feelings and behaviors (all signs of mental and emotional health), we include this task on the Project Implicit Mental Health site to tap into some of the more general, negative associations common to people with mental illnesses. Thus, the purpose of completing the questionnaire about your self esteem was to determine whether people who report lower self-esteem on the questionnaire also show more implicit associations about the self as being bad.

#### Explicit Measures

As they appear on the PIMH site; may not be a direct replication of original questionnaire

#### *Rosenberg Self Esteem Questionnaire* (Rosenberg, 1965)

##### Rating scale:

strongly agree  
agree  
disagree  
strongly disagree

1. On the whole, I am satisfied with myself.
2. At times I think I am no good at all.
3. I feel that I have a number of good qualities.
4. I am able to do things as well as most other people.
5. I feel I do not have much to be proud of.
6. I certainly feel useless at times.
7. I feel that I am a person of worth, at least on an equal plane with others.
8. I wish I could have more respect for myself.
9. All in all, I am inclined to feel that I am a failure.
10. I take a positive attitude toward myself.

#### *Explicit Questions*

1. To what extent do you think of yourself as good or bad?
2. To what extent do you think of others as good or bad?

Response scales: extremely good, very good, moderately good, slightly good, neither good nor bad, slightly bad, moderately bad, very bad, extremely bad

## Explicit Measures Coding & Scoring

### *Rosenberg Self Esteem Questionnaire Coding & Scoring*

See Appendices E & F for correct values for responses.

#### Scoring\*

- 1.5 = strongly bad
- .5 = bad
- .5 = good
- 1.5 = strongly good

\*Questions are coded/reverse coded correctly so that more positive responses reflect higher self esteem

#### **Sum the responses.**

### *Explicit Questions*

exp_good_me	To what extent do you think of yourself as good or bad?
exp_good_others	To what extent do you think of others as good or bad?

#### Scoring:

- 4 = extremely good,
- 3 = very good,
- 2 = moderately good,
- 1 = slightly good,
- 0 = neither good nor bad,
- 1 = slightly bad,
- 2 = moderately bad,
- 3 = very bad,
- 4 = extremely bad

## Variables exported to excel file

BIATgoodme	BIAT D score; higher BIAT scores reflect stronger good-is-me associations
BIAT1goodme	BIAT D score for the first half
BIAT2goodme	BIAT D score for the second half
BIATexcl	1 = greater than 10% reaction times are faster than 300 ms; 2 = missing all trials from a block
BIATdq	1 if BIATexcl not=zero
BIATfastm	Percent of reaction times faster than 300ms in critical blocks
BIATy	The y and z IAT and BIAT scores are constructed from alternating couplets of trials for the purpose of computing internal consistency. (B)IATy: Based on trials 1, 4, 5, 8, 9, 12, 13, etc. from the blocks with one of the critical category pairings (B)IATz: Based on trials 2, 3, 6, 7, 10, 11, etc. from the blocks with the other critical category pairings
BIATz	
BIATerrmean	% of errors across critical blocks (error rates are not used in exclusion criteria for BIAT, though)
allowfbck	This is a 1 if participant wanted to see their implicit feedback
BIATord1_goodme	BIAT first block pairing; 0 = not me/good, me/bad; 1 = not me/bad, me/good
rosgood1	Rosenberg Self Esteem Scale Question 1
rosgood2	Rosenberg Self Esteem Scale Question 2
rosgood3	Rosenberg Self Esteem Scale Question 3
rosgood4	Rosenberg Self Esteem Scale Question 4
rosgood5	Rosenberg Self Esteem Scale Question 5

rosgood6	Rosenberg Self Esteem Scale Question 6
rosgood7	Rosenberg Self Esteem Scale Question 7
rosgood8	Rosenberg Self Esteem Scale Question 8
rosgood10	Rosenberg Self Esteem Scale Question 9 ***please note that 9 & 10 are flipped!***
rosgood9	Rosenberg Self Esteem Scale Question 10 ***please note that 9 & 10 are flipped!***
exp_good_me	To what extent do you think of yourself as good or bad?
exp_good_others	To what extent do you think of others as good or bad?
rosgoodmean	Mean of Rosenberg Self Esteem Scale Questions
exp_goodmeGTgoodothers	exp_good_me-exp_good_others
rosgood1rt	Rosenberg Self Esteem Scale Question 1 reaction time
rosgood2rt	Rosenberg Self Esteem Scale Question 2 reaction time
rosgood3rt	Rosenberg Self Esteem Scale Question 3 reaction time
rosgood4rt	Rosenberg Self Esteem Scale Question 4 reaction time
rosgood5rt	Rosenberg Self Esteem Scale Question 5 reaction time
rosgood6rt	Rosenberg Self Esteem Scale Question 6 reaction time
rosgood7rt	Rosenberg Self Esteem Scale Question 7 reaction time
rosgood8rt	Rosenberg Self Esteem Scale Question 8 reaction time
rosgood9rt	Rosenberg Self Esteem Scale Question 9 reaction time
exp_good_mert	To what extent do you think of yourself as good or bad? reaction time
exp_good_othersrt	To what extent do you think of others as good or bad? reaction time
exp_goodandothers_rtmean	Mean reaction time for the two explicit semantic differential items
rosgoodRTmedian	Reaction time median for Rosenberg Self Esteem Scale Questions
Exp_good_me_1st	exp_good_me_1st = .; IF Question_Name IN ('report1') THEN exp_good_me_1st = 1; ELSE IF Question_Name IN ('report2') THEN exp_good_me_1st = 0;
Rosgoodmissingtotal	Counts of missing items on a given scale; missing values = scale not seen

## Important Notes

## Therapy

### Information

Evaluation of the perceived utility of medications vs. psychotherapy

### IAT

IATtherapyhelps: Medication vs. Therapy + Unhelpful vs. Effective

Category Label:	Medication	Therapy	Unhelpful	Effective
<u>Stimuli:</u>	Medication	Therapy	Unhelpful	Effective
	Drugs	Counseling	Useless	Beneficial
	Pills	Talking	Ineffective	Advantageous
	Prescription	Psychotherapy	Futile	Helpful

### Debriefing

The IAT that you completed was designed to look at the extent people implicitly associate medication versus therapy as being effective or unhelpful. While there are many effective treatments available to help persons struggling with mental health difficulties, it is also the case that many people who could benefit from professional help do not seek treatment, or have a bias toward only one kind of treatment. Some people feel uncomfortable with the idea of taking medication to help improve their mood or functioning and don't believe it will be helpful, while others are skeptical about the prospect of being in therapy and talking about their problems. This task is designed to look at the implicit bias regarding the effectiveness of medication versus therapy. The purpose of completing the questionnaires about your attitudes toward both medication and psychotherapy was to determine whether people who report more favorable evaluations about one form of treatment or another also show more implicit associations favoring that treatment. More generally, we are interested in learning whether people tend to expect medication versus therapy to be more effective.

### Explicit Measures

As they appear on the PIMH site; may not be a direct replication of original questionnaire

#### *Attitudes Toward Psychiatric Medications*

(Croghan et al., 2003)

#### Rating scale:

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

*Below is a statement pertaining to psychiatric medications. Read the statement carefully and indicate your agreement or disagreement.*

1. Taking these medications helps people deal with day-to-day stresses.
2. Taking these medications makes things easier in relations with family and friends.
3. These medications help people feel better about themselves.
4. These medications help people control their symptoms.
5. Psychiatric Medicine is harmful to the body.
6. Taking these medications interferes with daily activities.

(Questions 1-4: Attitudes about effectiveness

Questions 5-6: Concerns about side effects)

#### *Attitudes Toward Seeking Professional Psychological Help – short form*

(Fischer & Turner, 1970; Fischer & Farina, 1995)



**Rating scale:**

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

*Below is a statement pertaining to psychology and mental health issues. Read the statement carefully and indicate your agreement or disagreement.*

1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.
2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.
3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.
4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.
5. I would want to get psychological help if I were worried or upset for a long period of time.
6. I might want to have psychological counseling in the future.
7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.
8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.
9. A person should work out his or her own problems; getting psychological counseling would be a last resort.
10. Personal and emotional troubles, like many things, tend to work out by themselves.

**Explicit Questions**

1. To what extent do you think of therapy as effective or unhelpful?
2. To what extent do you think of psychiatric medicine as effective or unhelpful?

Response Scale: extremely effective, very effective, moderately effective, slightly effective, neither effective nor unhelpful, slightly unhelpful, moderately unhelpful, very unhelpful, extremely unhelpful

**Explicit Measures Coding & Scoring****Attitudes Toward Psychiatric Medications Coding & Scoring****Scoring****Questions 1-4**

- 2 = strongly disagree
- 1 = disagree
- 0 = neither agree nor disagree
- 1 = agree
- 2 = strongly agree

**Questions 5 & 6**

- 2 = strongly agree
- 1 = agree
- 0 = neither agree nor disagree
- 1 = disagree
- 2 = strongly disagree

**Attitudes Toward Seeking Professional Psychological Help – short form Coding & Scoring****Scoring****Questions 1, 3, 5, 6, 7**

- 2 = strongly disagree

- 1 = disagree
- 0 = neither agree nor disagree
- 1 = agree
- 2 = strongly agree

Questions 2, 4, 8, 9, 10

- 2 = strongly agree
- 1 = agree
- 0 = neither agree nor disagree
- 1 = disagree
- 2 = strongly disagree

### Explicit Questions

exp_ther_effective	To what extent do you think of therapy as effective or unhelpful?
exp_meds_effective	To what extent do you think of psychiatric medicine as effective or unhelpful?

### Scoring

- 4 = extremely effective,
- 3 = very effective,
- 2 = moderately effective,
- 1 = slightly effective,
- 0 = neither effective nor unhelpful,
- 1 = slightly unhelpful,
- 2 = moderately unhelpful,
- 3 = very unhelpful,
- 4 = extremely unhelpful

### Variables exported to excel file

IATtherapyhelps	IAT D score; higher scores indicate stronger therapy-is-effective associations
IAT1therapyhelps	IAT D score of first half of IATs
IAT2therapyhelps	IAT D score of second half of IATs
IATexcl	1 = greater than 10% RTs faster than 300 ms; 2 = missing all trials from a block
IATdq	1 if any of the 3 above are not zero
IATerrmean	% of errors across critical blocks
IATfastm	% of critical responses faster than 300 ms (the basis for getting a "1" on IATexcl)
IATy	The y and z IAT and BIAT scores are constructed from alternating couplets of trials for the purpose of computing internal consistency. (B)IATy: Based on trials 1, 4, 5, 8, 9, 12, 13, etc. from the blocks with one of the critical category pairings (B)IATz: Based on trials 2, 3, 6, 7, 10, 11, etc. from the blocks with the other critical category pairings
IATz	
allowfback	This is a 1 if participant wanted to see their implicit feedback
IATord1_therapybetter	IAT first block pairing; 0 = therapy/unhelpful, medication/effective; 1 = medication/unhelpful, therapy/effective
posmeds1	Attitudes Toward Psychiatric Medications Question 1
posmeds2	Attitudes Toward Psychiatric Medications Question 2
posmeds3	Attitudes Toward Psychiatric Medications Question 3
posmeds4	Attitudes Toward Psychiatric Medications Question 4
posmeds5	Attitudes Toward Psychiatric Medications Question 5

posmeds6	Attitudes Toward Psychiatric Medications Question 6
posther1	Attitudes Toward Seeking Professional Psychological Help Question 1
posther2	Attitudes Toward Seeking Professional Psychological Help Question 2
posther3	Attitudes Toward Seeking Professional Psychological Help Question 3
posther4	Attitudes Toward Seeking Professional Psychological Help Question 4
posther5	Attitudes Toward Seeking Professional Psychological Help Question 5
posther6	Attitudes Toward Seeking Professional Psychological Help Question 6
posther7	Attitudes Toward Seeking Professional Psychological Help Question 7
posther8	Attitudes Toward Seeking Professional Psychological Help Question 8
posther9	Attitudes Toward Seeking Professional Psychological Help Question 9
posther10	Attitudes Toward Seeking Professional Psychological Help Question 10
exp_ther_effective	To what extent do you think of therapy as effective or unhelpful?
exp_meds_effective	To what extent do you think of psychiatric medicine as effective or unhelpful?
posmedsmean	Mean score for Attitudes Toward Psychiatric Medications Questions
posthermean	Mean score for Attitudes Toward Seeking Professional Psychological Help Questions
postherGTposmeds	posthermean-posmedsmean
exp_therGTmeds	exp_ther_effective-exp_meds_effective
posmeds1rt	Attitudes Toward Psychiatric Medications Question 1 reaction time
posmeds2rt	Attitudes Toward Psychiatric Medications Question 2 reaction time
posmeds3rt	Attitudes Toward Psychiatric Medications Question 3 reaction time
posmeds4rt	Attitudes Toward Psychiatric Medications Question 4 reaction time
posmeds5rt	Attitudes Toward Psychiatric Medications Question 5 reaction time
posmeds6rt	Attitudes Toward Psychiatric Medications Question 6 reaction time
posther1rt	Attitudes Toward Seeking Professional Psychological Help Question 1 reaction time
posther2rt	Attitudes Toward Seeking Professional Psychological Help Question 2 reaction time
posther3rt	Attitudes Toward Seeking Professional Psychological Help Question 3 reaction time
posther4rt	Attitudes Toward Seeking Professional Psychological Help Question 4 reaction time
posther5rt	Attitudes Toward Seeking Professional Psychological Help Question 5 reaction time
posther6rt	Attitudes Toward Seeking Professional Psychological Help Question 6 reaction time
posther7rt	Attitudes Toward Seeking Professional Psychological Help Question 7 reaction time
posther8rt	Attitudes Toward Seeking Professional Psychological Help Question 8 reaction time
posther9rt	Attitudes Toward Seeking Professional Psychological Help Question 9 reaction time
posther10rt	Attitudes Toward Seeking Professional Psychological Help Question 10 reaction time
exp_ther_effectivert	To what extent do you think of therapy as effective or unhelpful? reaction time
exp_meds_effectivert	To what extent do you think of psychiatric medicine as effective or

	unhelpful? reaction time
Exp_therapy_effective_1st	exp_therapy_effective_1st = .; IF Question_Name IN ('report1') THEN exp_therapy_effective_1st = 1; ELSE IF Question_Name IN ('report2') THEN exp_therapy_effective_1st = 0;

## Important Notes

## Suicide – Cutting

### Information

#### IAT

Targets	Attributes	Notes
Cutting/No Cutting (pictures)	Me/Not Me	Double Category IAT

Me	Not Me
I Myself Self Mine	They Them Their Other

Cutting:



No Cutting:



## Debriefing

If you want to find out how someone feels about a behavior like self-injury, the most obvious thing to do is just ask – “What do you think about the idea of injuring yourself on purpose?” The answer to this question is “explicit” -- it reveals thoughts we are aware of and choose to tell to others. But the mind is complex. The answers we give to questions may not reveal all that is in our minds. The IAT provides a way to observe our “implicit” thoughts -- automatic associations that we may not be aware of and that are hard to control. The IAT measures how fast you can put images of cut skin together with words related to yourself. The more strongly you associate self-injury and yourself, the faster you can perform this task. However, past research shows that people’s answers to “Do you associate yourself with self-injury?” and the IAT’s indication of the connection between self-injury and self can be different.

The IAT that you did measured whether you linked yourself more closely to cutting or to not cutting. Cutting is a common form of self-injury, and constant thoughts about cutting are associated with actually injuring oneself. This IAT is not meant to determine your risk for self-injury, but may tap into thoughts that people who injure themselves sometimes have. The aim of doing the survey section was to learn whether people who report having cut themselves in the past also show stronger links between cutting and self.

## Self-harm Specific Demographic Questions

See section on measures for all self-harm/suicide studies

## Explicit Measures

### *Iatrogenic Self-Report*

See section on measures for all self-harm/suicide studies

### *SITBI Self-Report*

See section on measures for all self-harm/suicide studies

### *Explicit Questions*

injuryself	To what extent do you associate yourself with the concepts of self-injury or non-injury?
injuryothers	To what extent do you associate others with the concepts of self-injury or non-injury?

Responses:

- Extremely strong association with self-injury
- Very strong association with self-injury
- Moderate association with self-injury
- Slight association with self-injury
- Association with self-injury and non-injury is about equal
- Slight association with non-injury
- Moderate association with non-injury
- Very strong association with non-injury
- Extremely strong association with non-injury

## Variables exported to excel file

IAT_cuttingme	IAT D score; higher scores indicate stronger cutting-me associations
IAT1_cuttingme	IAT D score of first half of IATs
IAT2_cuttingme	IAT D score of the second half of IATs
IATfastm	% of critical responses faster than 300 ms (the basis for getting a “1” on IATexcl)

IATy	The y & z IAT scores are constructed from alternating couplets of trials for the purpose of computing internal consistency. IATy: based on trials 1, 4, 5, 8, 9, 12, 13, etc. from the blocks with one of the critical category pairings IATz: based on trials 2, 3, 6, 7, 10, 11, etc. from the blocks with the other critical category pairings
IATz	
IATerrmean	% of errors across critical blocks
IATexcl	1 = greater than 10% RTs faster than 300 ms; 2 = missing all trials from a block
IATexclError	1 = GT 30% errors overall; 2 = GT 40% in any critical block
IATexclFastBlock	1 = GT 25% RTs faster than 300ms in any critical block
IATdq	1 if any of the 3 above are not zero
injuryothers	To what extent do you associate others with the concepts of self-injury or non-injury?  -4 = 'Extremely strong non-injury (-4)' -3 = 'Very strong non-injury (-3)' -2 = 'Moderate non-injury (-2)' -1 = 'Slight non-injury (-1)' 0 = 'Equal others-injury/non-injury (0)' 1 = 'Slight others-injury (1)' 2 = 'Moderate others-injury (2)' 3 = 'Very strong others-injury (3)' 4 = 'Extremely strong others-injury (4)'
injuryselfGTtothers	Injuryself minus injuryothers
injuryself	To what extent do you associate yourself with the concepts of self-injury or non-injury?  -4 = 'Extremely strong non-injury (-4)' -3 = 'Very strong non-injury (-3)' -2 = 'Moderate non-injury (-2)' -1 = 'Slight non-injury (-1)' 0 = 'Equal self-injury/non-injury (0)' 1 = 'Slight self-injury (1)' 2 = 'Moderate self-injury (2)' 3 = 'Very strong self-injury (3)' 4 = 'Extremely strong self-injury (4)'
IATord1_cuttingme	IAT first block pairing; 0 = "Cutting/Not Me, No Cutting/Me" ; 1 = "No Cutting/Not Me, Cutting/Me"
rtselfrep_life	Injuryself reaction time in ms
rtselfrep_suicide	Injuryothers reaction time in ms

## Important Notes

## Suicide – Death

### Information

#### IAT

Targets	Attributes	Notes
Death/Life (words)	Me/Not Me	Double Category IAT

Me	Not Me	Life	Death
I	They	Alive	Suicide
Myself	Them	Thrive	Die
Self	Their	Breathing	Deceased
Mine	Other	Living	Dead

#### Debriefing

If you want to find out how someone feels about death, the most obvious thing to do is just ask – “What do you think about the idea of dying?” The response is “explicit” -- it reveals thoughts we are aware of and choose to tell to others. But the mind is complex. The answers we give to questions may not reveal all that is in our minds. The IAT provides a way to observe our “implicit” thoughts -- automatic associations that we may not be aware of and that are hard to control. The IAT measures how fast you can put words related to death together with words related to yourself. The more strongly you associate death with yourself, the faster you can perform the task. However, past research shows that people’s answers to “Do you want to die?” and the IAT’s indication of the connection between death and self can be different.

The IAT that you did measured whether you linked yourself more closely to death or to life. Many people sometimes think about dying, and it has been shown that those with constant thoughts about death are more likely to have attempted suicide in the past. This IAT is not meant to determine your risk for suicide, but may tap into thoughts that people who hurt themselves sometimes have. The aim of doing the survey section was to learn whether people who report having thought about or attempted suicide in the past also show stronger links between death and self.

### Self-harm Specific Demographic Questions

See section on measures for all self-harm/suicide studies

#### Explicit Measures

##### *Iatrogenic Self-Report*

See section on measures for all self-harm/suicide studies

##### *SITBI Self-Report*

See section on measures for all self-harm/suicide studies

#### Explicit Questions

deathself	To what extent do you associate <b>yourself</b> with the concepts of death or life?
-----------	---



deathothers	To what extent do you associate <b>others</b> with the concepts of death or life?
-------------	---

Responses:

Extremely strong association with death  
 Very strong association with death  
 Moderate association with death  
 Slight association with death  
 Association with death and life is about equal  
 Slight association with life  
 Moderate association with life  
 Very strong association with life  
 Extremely strong association with life

### Variables exported to excel file

IAT_deathme	IAT D score; higher scores indicate stronger death-me associations
IAT1_deathme	IAT D score of first half of IATs
IAT2_deathme	IAT D score of the second half of IATs
IATfastm	% of critical responses faster than 300 ms (the basis for getting a "1" on IATexcl)
IATy	The y & z IAT scores are constructed from alternating couplets of trials for the purpose of computing internal consistency. IATy: based on trials 1, 4, 5, 8, 9, 12, 13, etc. from the blocks with one of the critical category pairings IATz: based on trials 2, 3, 6, 7, 10, 11, etc. from the blocks with the other critical category pairings
IATz	
IATexcl	1 = greater than 10% RTs faster than 300 ms; 2 = missing all trials from a block
IATexclError	1 = GT 30% errors overall; 2 = GT 40% in any critical block
IATexclFastBlock	1 = GT 25% RTs faster than 300ms in any critical block
IATdq	1 if any of the 3 above are not zero
IATerrmean	% of errors across critical blocks
IATord1_deathme	IAT first block pairing 0 = Death/Not Me, Life/Me 1 = Life/Not Me, Death/Me
deathself	To what extent do you associate <b>yourself</b> with the concepts of death or life? -4 = 'Extremely strong self-life (-4)' -3 = 'Very strong self-life (-3)' -2 = 'Moderate self-life (-2)' -1 = 'Slight self-life (-1)' 0 = 'Equal self-death/self-life (0)' 1 = 'Slight self-death (1)' 2 = 'Moderate self-death (2)' 3 = 'Very strong self-death (3)' 4 = 'Extremely strong self-death (4)'
deathothers	To what extent do you associate <b>others</b> with the concepts of death or life? -4 = 'Extremely strong others-life (-4)' -3 = 'Very strong others-life (-3)' -2 = 'Moderate others-life (-2)'

	-1 = 'Slight others-life (-1)' 0 = 'Equal others-death/others-life (0)' 1 = 'Slight others-death (1)' 2 = 'Moderate others-death (2)' 3 = 'Very strong others-death (3)' 4 = 'Extremely strong others-death (4)'
deathselfGTothers	deathselfGTothers = deathself-deathothers
rtselfrep_life	Deathself reaction time in ms
rtselfrep_suicide	Deathothers reaction time in ms

## Important Notes

## Suicide – Life

### Information

#### IAT

Targets	Attributes	Notes
Suicide/Life (words)	Me/Not Me	Double Category IAT

Me	Not Me	Suicide	Life
I	They	Gunshot	Alive
Myself	Them	Hanging	Thrive
Self	Their	Overdose	Breathing
Mine	Other	Cutting	Living

#### Debriefing

If you want to find out how someone feels about suicide, the most obvious thing to do is just ask – “What do you think about the idea of killing yourself?” The response is “explicit” -- it reveals thoughts we are aware of and choose to tell to others. But the mind is complex. The answers we give to questions may not reveal all that is in our minds. The IAT provides a way to observe our “implicit” thoughts -- automatic associations that we may not be aware of and that are hard to control. The IAT measures how fast you can put words related to suicide together with words related to yourself. The more strongly you associate suicide with yourself, the faster you can perform the task. However, past research shows that people’s answers to “Do you want to kill yourself?” and the IAT’s indication of the connection between suicide and self can be different.

The IAT that you did measured whether you linked yourself more closely to suicide or to life. Many people sometimes think about suicide, and it has been shown that those with constant thoughts about suicide are more likely to have attempted suicide in the past. This IAT is not meant to determine your risk for suicide, but may tap into thoughts that people who hurt themselves sometimes have. The aim of doing the survey section was to learn whether people who report having thought about or attempted suicide in the past also show stronger links between suicide and self.

#### Self-harm Specific Demographic Questions

See section on measures for all self-harm/suicide studies

#### Explicit Measures

##### *Iatrogenic Self-Report*

See section on measures for all self-harm/suicide studies

##### *SITBI Self-Report*

See section on measures for all self-harm/suicide studies

##### *Explicit Questions*

suicideself	To what extent do you associate <b>yourself/others</b> with the concepts of suicide or life?
suicideothers	To what extent do you associate <b>yourself/others</b> with the concepts of

	suicide or life?
	Extremely strong association with suicide
	Very strong association with suicide
	Moderate association with suicide
	Slight association with suicide
	Association with suicide and life is about equal
	Slight association with life
	Moderate association with life
	Very strong association with life
	Extremely strong association with life

### Variables exported to excel file

IAT_suicideme	IAT D score; higher scores indicate stronger cutting-me associations
IAT1_suicideme	IAT D score of first half of IATs
IAT2_suicideme	IAT D score of the second half of IATs
IATexcl	1 = greater than 10% RTs faster than 300 ms; 2 = missing all trials from a block
IATexclError	1 = GT 30% errors overall; 2 = GT 40% in any critical block
IATexclFastBlock	1 = GT 25% RTs faster than 300ms in any critical block
IATdq	1 if any of the 3 above are not zero
IATfastm	% of critical responses faster than 300 ms (the basis for getting a "1" on IATexcl)
IATy	The y & z IAT scores are constructed from alternating couplets of trials for the purpose of computing internal consistency. IATy: based on trials 1, 4, 5, 8, 9, 12, 13, etc. from the blocks with one of the critical category pairings IATz: based on trials 2, 3, 6, 7, 10, 11, etc. from the blocks with the other critical category pairings
IATz	
IATerrmean	% of errors across critical blocks
IATord1_suicideme	IAT first block pairing 0 = Suicide/Not Me, Life/Me 1 = Life/Not Me, Suicide/Me
suicideself	To what extent do you associate yourself with the concepts of suicide or life? -4 = 'Extremely strong self-life (-4)' -3 = 'Very strong self-life (-3)' -2 = 'Moderate self-life (-2)' -1 = 'Slight self-life (-1)' 0 = 'Equal self-suicide/self-life (0)' 1 = 'Slight self-suicide (1)' 2 = 'Moderate self-suicide (2)' 3 = 'Very strong self-suicide (3)' 4 = 'Extremely strong self-suicide (4)'
suicideothers	To what extent do you associate others with the concepts of suicide or life? -4 = 'Extremely strong others-life (-4)' -3 = 'Very strong others-life (-3)' -2 = 'Moderate others-life (-2)' -1 = 'Slight others-life (-1)' 0 = 'Equal others-suicide/others-life (0)' 1 = 'Slight others-suicide (1)' 2 = 'Moderate others-suicide (2)' 3 = 'Very strong others-suicide (3)'

	4 = 'Extremely strong others-suicide (4)'
suicideselfGTothers	suicideselfGTothers = suicideself-suicideothers
rtselfrep_life	Suicideself reaction time in ms
rtselfrep_suicide	Suicideothers reaction time in ms

## Important Notes

# Relevant Measures & Variables for Self-harm/Suicide Studies

These questionnaires & items are specific to the self-harm/suicide studies (cutting, death, life)

## Explicit Measures

### Iatrogenic Self-Report

(identical questionnaire administered pre- and post-IAT)

1. How would you rate your mood right now?

- ☐ Extremely Positive
- ☐ Moderately Positive
- ☐ Slightly Positive
- ☐ Neutral
- ☐ Slightly Negative
- ☐ Moderately Negative
- ☐ Extremely Negative

2. How much do you want to hurt yourself right now?

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Strongly
- ☐ Extremely

3. How much do you want to die right now?

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Strongly
- ☐ Extremely

### SITBI Self-Report

**INSTRUCTIONS:** Please read each question carefully and respond as accurately as you can. Please be sure to pay attention to the instructions for skipping certain items.

**1)** Have you ever done anything to purposely hurt yourself without wanting to die (for example cutting or burning your skin)? Circle your response:

Yes

No

**IF YES, PLEASE CONTINUE BELOW. IF NO, PLEASE SKIP TO QUESTION 5**

**2)** How many times in **your life** have you purposely hurt yourself without wanting to die? (Please give your best guess)

Number of times: \_\_\_\_\_

- 3) How many times in **the past year** have you purposely hurt yourself without wanting to die? (Please give your best guess) Number of times: \_\_\_\_\_
- 4) How many times in **the past week** have you purposely hurt yourself without wanting to die? (Please give your best guess) Number of times: \_\_\_\_\_

**5) Have you ever had thoughts of killing yourself? Circle your response:**

**Yes**

**No**

**IF YES, PLEASE CONTINUE BELOW. IF NO, PLEASE SKIP TO QUESTION 9 ON PAGE 2**

- 6) How many **days in your life** have you had thoughts of killing yourself? (Please give your best guess) Number of days: \_\_\_\_\_
- 7) How many **days in the past year** have you had thoughts of killing yourself? (Please give your best guess) Number of days: \_\_\_\_\_
- 8) How many **days in the past week** have you had thoughts of killing yourself? (Please give your best guess) Number of days: \_\_\_\_\_

**9) Have you ever actually made a plan to kill yourself? Circle your response:**

**Yes**

**No**

**IF YES, PLEASE CONTINUE BELOW. IF NO, PLEASE SKIP TO QUESTION 13**

- 10) How many **days in your life** have you made a suicide plan? (Please give your best guess) Number of days: \_\_\_\_\_
- 11) How many **days in the past year** have you made a suicide plan? (Please give your best guess) Number of days: \_\_\_\_\_
- 12) How many **days in the past week** have you made a suicide plan? (Please give your best guess) Number of days: \_\_\_\_\_

**13) Have you ever made an actual suicide attempt, where you wanted to kill yourself, even just a little? Circle your response:**

**Yes**

**No**

**IF YES, PLEASE CONTINUE BELOW. IF NO, PLEASE SKIP TO QUESTION 17**

- 14) How many suicide attempts have you made in your **lifetime**? (Please give your best guess) Number of attempts: \_\_\_\_\_
- 15) How many suicide attempts have you made in the **past year**? (Please give your best guess) Number of attempts: \_\_\_\_\_
- 16) How many suicide attempts have you made in the **past week**? (Please give your best guess) Number of attempts: \_\_\_\_\_

**17) If you have ever attempted suicide, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse? Circle your response:**

**I have never attempted suicide**

**Yes**

**No**

**IF YES, PLEASE CONTINUE BELOW. IF NO, QUESTIONNAIRE IS COMPLETE**

- 18) How many suicide attempts requiring medical attention have you made in your **lifetime**? (Please give your best guess) Number of attempts: \_\_\_\_\_
- 19) How many suicide attempts requiring medical attention have you made in the **past year**? (Please give your best guess) Number of attempts: \_\_\_\_\_
- 20) How many suicide attempts requiring medical attention

have you made in the **past week?**  
(Please give your best guess)

Number of attempts: \_\_\_\_\_

## Demographics

### Self-harm/Suicide-specific (before 10/26/2012)

1. Please indicate your gender
2. Please indicate the year of your birth.
- 3. Please indicate the month of your birth.**
4. Please indicate your race.
5. Please indicate your ethnicity.
6. Please indicate the country of your primary citizenship.
7. Please indicate the country of your residence.
- 8. Please indicate the postal code of your residence.**
- 9. Please indicate your highest educational attainment.**
- 10. Please indicate the major field of study for your most advanced degree.**
- 11. Please indicate your religious affiliation.**
- 12. Please indicate the degree of your religiosity.**
- 13. Please indicate your political identity on social issues (e.g., abortion, gun control, gay rights)**
- 14. Please indicate your political identity on economic issues (e.g., taxation, government spending).**

Note: on 10/26/2012 changes implemented that added all demographic items to the self-harm studies

## Variables

iatpre_moodneg	How would you rate your mood right now? Extremely Negative = 3, Extremely Positive = -3, 0 = Neutral
iatpost_moodneg	How would you rate your mood right now? Extremely Negative = 3, Extremely Positive = -3, 0 = Neutral
iatpre_hurtnow	How much do you want to hurt yourself right now? Not at all = 0, Extremely = 4
iatpre_dienow	How much do you want to die right now? Not at all = 0, Extremely = 4
iatpost_hurtnow	How much do you want to hurt yourself right now? Not at all = 0, Extremely = 4
iatpost_dienow	How much do you want to die right now? Not at all = 0, Extremely = 4
iatchange_moodneg	iatpost_moodneg-iatpre_moodneg
iatchange_hurtnow	iatpost_hurtnow-iatpre_hurtnow



iatchange_dienow	iatpost_dienow-iatpre_dienow
rtpsthdnow01	iatpost_hurtnow reaction time in ms
rtpsthdnow02	iatpost_dienow reaction time in ms
rtpstmoodnow01	iatpost_moodneg reaction time in ms
rtprehdnow01	iatpre_hurtnow reaction time in ms
rtprehdnow02	iatpre_dienow reaction time in ms
rtpremoodnow01	iatpre_moodneg reaction time in ms
sitbi_NSSI_life_yn	Have you ever done anything to purposely hurt yourself without wanting to die (for example cutting or burning your skin)? 'Yes' = 1, 'No' = 0
sitbi_NSSI_year_yn	For sitbi_NSSI_year_freq 0 = participant reported 0 1 = participant reported number greater than 0
sitbi_NSSI_week_yn	For sitbi_NSSI_week_freq 0 = participant reported 0 1 = participant reported number greater than 0
sitbi_ST_life_yn	Have you ever had thoughts of killing yourself? 'Yes' = 1, 'No' = 0
sitbi_ST_year_yn	For sitbi_ST_year_freq 0 = participant reported 0 1 = participant reported number greater than 0
sitbi_ST_week_yn	For sitbi_ST_week_freq 0 = participant reported 0 1 = participant reported number greater than 0
sitbi_SP_life_yn	Have you ever actually made a plan to kill yourself? 'Yes' = 1, 'No' = 0
sitbi_SP_year_yn	For sitbi_SP_year_freq 0 = participant reported 0 1 = participant reported number greater than 0
sitbi_SP_week_yn	For sitbi_SP_week_freq 0 = participant reported 0 1 = participant reported number greater than 0
sitbi_SA_life_yn	Have you ever made an actual suicide attempt, where you wanted to kill yourself, even just a little? 'Yes' = 1, 'No' = 0
sitbi_SA_year_yn	For sitbi_SA_year_freq 0 = participant reported 0 1 = participant reported number greater than 0
sitbi_SA_week_yn	For sitbi_SA_week_freq 0 = participant reported 0 1 = participant reported number greater than 0
sitbi_med_attn_life_yn	Did any suicide attempt result in an suicide, poisoning, or overdose that had to be treated by a doctor or nurse? 'Yes' = 1, 'No' = 0
sitbi_med_attn_year_yn	For sitbi_med_attn_year_freq 0 = participant reported 0 1 = participant reported number greater than 0
sitbi_med_attn_week_yn	For sitbi_med_attn_week_freq 0 = participant reported 0 1 = participant reported number greater than 0
sitbi_NSSI_life_freq	How many times in your lifetime have you purposely hurt yourself without wanting to die? (Please give your best

	guess) Open response
sitbi_NSSI_year_freq	How many times in the past year have you purposely hurt yourself without wanting to die? (Please give your best guess) Open response
sitbi_NSSI_week_freq	How many times in the past week have you purposely hurt yourself without wanting to die? (Please give your best guess) Open response
sitbi_ST_life_freq	How many days in your lifetime have you had thoughts of killing yourself? (Please give your best guess) Open response
sitbi_ST_year_freq	How many days in the past year have you had thoughts of killing yourself? (Please give your best guess) Open response
sitbi_ST_week_freq	How many days in the past week have you had thoughts of killing yourself? (Please give your best guess) Open response
sitbi_SP_life_freq	How many days in your lifetime have you made a suicide plan? (Please give your best guess) Open response
sitbi_SP_year_freq	How many days in the past year have you made a suicide plan? (Please give your best guess) Open response
sitbi_SP_week_freq	How many days in the past week have you made a suicide plan? (Please give your best guess) Open response
sitbi_SA_life_freq	How many suicide attempts have you made in your lifetime? (Please give your best guess) Open response
sitbi_SA_year_freq	How many suicide attempts have you made in the past year? (Please give your best guess) Open response
sitbi_SA_week_freq	How many suicide attempts have you made in the past week? (Please give your best guess) Open response
sitbi_med_attn_life_freq	How many suicide attempts requiring medical attention have you made in your lifetime? (Please give your best guess) Open response
sitbi_med_attn_year_freq	How many suicide attempts requiring medical attention have you made in the past year? (Please give your best guess) Open response
sitbi_med_attn_week_freq	How many suicide attempts requiring medical attention have you made in the past week? (Please give your best guess) Open response
sitbi01rt	Sitbi_NSSI_life_yn reaction time in ms
sitbi02rt	Sitbi_NSSI_life_freq reaction time in ms
sitbi03rt	Sitbi_NSSI_year_freq reaction time in ms
sitbi04rt	Sitbi_NSSI_week_freq reaction time in ms
sitbi05rt	Sitbi_ST_life_yn reaction time in ms
sitbi06rt	Sitbi_ST_life_freq reaction time in ms
sitbi07rt	Sitbi_ST_year_freq reaction time in ms

sitbi08rt	Sitbi_ST_week_freq reaction time in ms
sitbi09rt	Sitbi_SP_life_yn reaction time in ms
sitbi10rt	Sitbi_SP_life_freq reaction time in ms
sitbi11rt	Sitbi_SP_year_freq reaction time in ms
sitbi12rt	Sitbi_SP_week_freq reaction time in ms
sitbi13rt	Sitbi_SA_life_yn reaction time in ms
sitbi14rt	Sitbi_SA_life_freq reaction time in ms
sitbi15rt	Sitbi_SA_year_freq reaction time in ms
sitbi16rt	Sitbi_SA_week_freq reaction time in ms
sitbi17rt	Sitbi_med_attn_life_yn reaction time in ms
sitbi18rt	Sitbi_med_attn_life_freq reaction time in ms
sitbi19rt	Sitbi_med_attn_year_freq reaction time in ms
sitbi20rt	Sitbi_med_attn_week_freq reaction time in ms
dem_age	Derived from dem_year & dem_month
dem_byearrt	Reaction time for (birth year?)

## Relevant to Each Study

### Mental Health History

Questions applicable to each study.

#### Questionnaire

*mhdem00: The next questions ask for insight into your current and past mental health challenges. Responding is entirely optional. We ask these questions because we would like to understand how thoughts and feelings vary among people who have and have not faced these challenges in their lives.*

Variable name	Question	Values
mh1_everstruggled	Are you currently, or have you ever struggled with moderate to severe mental or emotional difficulties (e.g. depression, panic attacks, anxiety, fighting a lot with family or friends, problems in school, etc.) that lasted a minimum of several weeks and interfered with your daily life?	0 = no 1 = yes
mh2_strug_past0now1	Is this a past or current difficulty?	0 = past 1 = now
mh3_providertypes (removed 12/14/11 – see note below)	Have you ever gotten help for mental or emotional difficulties from any of the following? Please select all that apply, or select "None of the above".	1=Psychiatrist 2=Psychologist 3=School counselor 4=General practitioner (e.g. family doctor) 5=Teacher 6=Family member 7=Friend 8=Religious Leader 9=Coach 10=Self-help book 11=Prescription medication 12=Other 13=None of the above
mh3_001_providertypes (substituted 12/14/2011 – see note below; removed 10/26/12)	Have you ever gotten help for mental or emotional difficulties from any of the following? Please select all that apply, or select "None of the above".	1=Psychiatrist 2=Psychologist 3=School counselor <b>4=Licensed mental health practitioner (LMHC)</b> 5=General practitioner (e.g. family doctor) 6=Teacher 7=Family member 8=Friend 9=Religious Leader 10=Coach 11=Self-help book 12=Prescription medication 13=Other 14=None of the above
mh3_002_providertypes (substituted 10/26/12)	Have you ever gotten help for mental or emotional difficulties from any of the following? Please select all that apply, or select "I have not gotten help."	1=Psychiatrist 2=Psychologist 3=School counselor 4=Licensed mental health practitioner (LMHC)

		5=General practitioner (e.g. family doctor) 6=Teacher 7=Family member 8=Friend 9=Religious Leader 10=Coach 11=Self-help book 12=Prescription medication 13=Other <b>14=I have not gotten help</b>
mh3_psychiatrist mh3_psychologist mh3_schoolcounselor mh3_genpractitioner mh3_teacher mh3_familymember mh3_friend mh3_religiousleader mh3_coach mh3_selfhelpbook mh3_prescriptionmed mh3_other mh3_noneofabove mh3_LMHCpractitioner mh3_notgottenhelp	<i>Not individual questions; indicates whether or not participants chose this out of the possibilities above.</i>	0 = not selected 1 = selected
mh3a_providerother	In the previous question about seeking help for mental or emotional difficulty from various sources, you selected "other". Please specify your answer:	<i>Participant's free response</i>
mh4_help_past0now1	Are you <i>currently</i> receiving help for mental or emotional difficulties, or was this in the <i>past</i> ?	0 = past 1 = now
mh5_helpful	How beneficial do/did you find the help you received?	0 = Not at All Helpful 1 = Barely Helpful 2 = Slightly Helpful 3 = Somewhat Helpful 4 = Moderately Helpful 5 = Very Helpful 6 = Extremely Helpful
mh6_diagnosed	Have you ever been given a diagnosis by a mental health professional?;	0 = no 1 = yes
mh1_everstruggledrt	Reaction time	
mh2_strug_past0now1rt	Reaction time	
mh3_providertypesrt	Reaction time	
mh3a_providerotherrt	Reaction time	
mh4_help_past0now1rt	Reaction time	
mh5_helpfulrt	Reaction time	
mh6_diagnosedrt	Reaction time	

**Note:**

Participants either saw **mh3\_providertypes** OR **mh3\_001\_providertypes** OR **mh3\_002\_providertypes** – not all three. On Dec. 14, 2011 mh3\_001\_providertypes replaced mh3\_providertypes to add in an additional response option: LMHC, bolded above. On 10/26/2012 mh3\_002\_providertypes replaced mh3\_001\_providertypes to change the last response option.

## Demographics

Applicable to each study.

**dem\_female:** Please indicate your gender.

1=Female

0=Male

**dem\_byear:** Please indicate the year of your birth.

[1916..2005]

**dem\_bmonth:** Please indicate the month of your birth.

1 = January

2 = February

3 = March

4 = April

5 = May

6 = June

7 = July

8 = August

9 = September

10 = October

11 = November

12 = December

**dem\_age:** derived from dem\_year & dem\_month

**dem\_raceomb:** Please indicate your race.

1 = American Indian/Alaska Native

2 = East Asian

3 = South Asian

4 = Native Hawaiian/Pacific Islander

5 = Black/African origin

6 = White/European origin

7 = Other or Unknown

**dem\_raceombsingle:** If a participant made a *single* race selection, they will have one race listed.

1 = American Indian/Alaska Native

2 = East Asian

3 = South Asian

4 = Native Hawaiian/Pacific Islander

5 = Black/African origin

6 = White/European origin

7 = Other or Unknown

8 = Multiple Selections

**dem\_raceombmultiple:** If the participant selects multiple races, **dem\_raceombsingle** will be "8 Multiple Selections" and the responses will be listed, e.g. 1:5 (this would be American Indian/Alaska Native and Black/African origin)

1 = American Indian/Alaska Native

2 = East Asian

3 = South Asian

4 = Native Hawaiian/Pacific Islander

5 = Black/African origin

6 = White/European origin

7 = Other or Unknown

**dem\_ethnicityomb:** Please indicate your ethnicity.

- 1 = Hispanic or Latino
- 2 = Not Hispanic or Latino
- 3 = Unknown

**dem\_citizen:** Please indicate the country of your primary citizenship.

- |                          |                         |                        |
|--------------------------|-------------------------|------------------------|
| 1 = UNITED STATES        | 48 = Djibouti           | 96 = Laos              |
| 2 = Afghanistan          | 49 = Dominica           | 97 = Latvia            |
| 3 = Albania              | 50 = Dominican Republic | 98 = Lebanon           |
| 4 = Algeria              | 51 = EastTimor          | 99 = Lesotho           |
| 5 = Andorra              | 52 = Ecuador            | 100 = Liberia          |
| 6 = Angola               | 53 = Egypt              | 101 = Libya            |
| 7 = Antigua & Deps       | 54 = El Salvador        | 102 = Liechtenstein    |
| 8 = Argentina            | 55 = Equatorial Guinea  | 103 = Lithuania        |
| 9 = Armenia              | 56 = Eritrea            | 104 = Luxembourg       |
| 10 = Australia           | 57 = Estonia            | 105 = Macedonia        |
| 11 = Austria             | 58 = Ethiopia           | 106 = Madagascar       |
| 12 = Azerbaijan          | 59 = Fiji               | 107 = Malawi           |
| 13 = Bahamas             | 60 = Finland            | 108 = Malaysia         |
| 14 = Bahrain             | 61 = France             | 109 = Maldives         |
| 15 = Bangladesh          | 62 = Gabon              | 110 = Mali             |
| 16 = Barbados            | 63 = Gambia             | 111 = Malta            |
| 17 = Belarus             | 64 = Georgia            | 112 = Marshall Islands |
| 18 = Belgium             | 65 = Germany            | 113 = Mauritania       |
| 19 = Belize              | 66 = Ghana              | 114 = Mauritius        |
| 20 = Benin               | 67 = Greece             | 115 = Mexico           |
| 21 = Bhutan              | 68 = Grenada            | 116 = Micronesia       |
| 22 = Bolivia             | 69 = Guatemala          | 117 = Moldova          |
| 23 = Bosnia Herzegovina  | 70 = Guinea             | 118 = Monaco           |
| 24 = Botswana            | 71 = Guinea Bissau      | 119 = Mongolia         |
| 25 = Brazil              | 72 = Guyana             | 120 = Montenegro       |
| 26 = Brunei              | 73 = Haiti              | 121 = Morocco          |
| 27 = Bulgaria            | 74 = Honduras           | 122 = Mozambique       |
| 28 = Burkina             | 75 = Hungary            | 123 = Myanmar          |
| 29 = Burundi             | 76 = Iceland            | 124 = Namibia          |
| 30 = Cambodia            | 77 = India              | 125 = Nauru            |
| 31 = Cameroon            | 78 = Indonesia          | 126 = Nepal            |
| 32 = Canada              | 79 = Iran               | 127 = Netherlands      |
| 33 = CapeVerde           | 80 = Iraq               | 128 = New Zealand      |
| 34 = Central African Rep | 81 = Ireland Republic   | 129 = Nicaragua        |
| 35 = Chad                | 82 = Israel             | 130 = Niger            |
| 36 = Chile               | 83 = Italy              | 131 = Nigeria          |
| 37 = China               | 84 = Ivory Coast        | 132 = Norway           |
| 38 = Colombia            | 85 = Jamaica            | 133 = Oman             |
| 39 = Comoros             | 86 = Japan              | 134 = Pakistan         |
| 40 = Congo               | 87 = Jordan             | 135 = Palau            |
| 41 = Congo Dem Rep       | 88 = Kazakhstan         | 136 = Panama           |
| 42 = Costa Rica          | 89 = Kenya              | 137 = Papua New Guinea |
| 43 = Croatia             | 90 = Kiribati           | 138 = Paraguay         |
| 44 = Cuba                | 91 = Korea North        | 139 = Peru             |
| 45 = Cyprus              | 92 = Korea South        | 140 = Philippines      |
| 46 = Czech Republic      | 93 = Kosovo             | 141 = Poland           |
| 47 = Denmark             | 94 = Kuwait             | 142 = Portugal         |
|                          | 95 = Kyrgyzstan         | 143 = Qatar            |



144 =	Romania	160 =	Slovenia	179 =	Tunisia
145 =	Russian Federation	161 =	Solomon Islands	180 =	Turkey
146 =	Rwanda	162 =	Somalia	181 =	Turkmenistan
147 =	St Kitts & Nevis	163 =	South Africa	182 =	Tuvalu
148 =	St Lucia	164 =	Spain	183 =	Uganda
149 =	St.Vincent&Grenadines	165 =	Sri Lanka	184 =	Ukraine
150 =	Samoa	166 =	Sudan	185 =	United Arab Emirates
151 =	San Marino	167 =	Suriname	186 =	United Kingdom
152 =	Sao Tome & Principe	168 =	Swaziland	187 =	United States
153 =	Saudi Arabia	169 =	Sweden	188 =	Uruguay
154 =	Senegal	170 =	Switzerland	189 =	Uzbekistan
155 =	Serbia	171 =	Syria	190 =	Vanuatu
156 =	Seychelles	172 =	Taiwan	191 =	Vatican City
157 =	Sierra Leone	173 =	Tajikistan	192 =	Venezuela
158 =	Singapore	174 =	Tanzania	193 =	Vietnam
159 =	Slovakia	175 =	Thailand	194 =	Yemen
		176 =	Togo	195 =	Zambia
		177 =	Tonga	196 =	Zimbabwe
		178 =	Trinidad & Tobago		

dem\_residence: Please indicate the country of your residence.

1 =	UNITED STATES	33 =	Cape Verde	64 =	Georgia
2 =	Afghanistan	34 =	Central African Rep	65 =	Germany
3 =	Albania	35 =	Chad	66 =	Ghana
4 =	Algeria	36 =	Chile	67 =	Greece
5 =	Andorra	37 =	China	68 =	Grenada
6 =	Angola	38 =	Colombia	69 =	Guatemala
7 =	Antigua & Deps	39 =	Comoros	70 =	Guinea
8 =	Argentina	40 =	Congo	71 =	Guinea Bissau
9 =	Armenia	41 =	Congo Dem Rep	72 =	Guyana
10 =	Australia	42 =	Costa Rica	73 =	Haiti
11 =	Austria	43 =	Croatia	74 =	Honduras
12 =	Azerbaijan	44 =	Cuba	75 =	Hungary
13 =	Bahamas	45 =	Cyprus	76 =	Iceland
14 =	Bahrain	46 =	Czech Republic	77 =	India
15 =	Bangladesh	47 =	Denmark	78 =	Indonesia
16 =	Barbados	48 =	Djibouti	79 =	Iran
17 =	Belarus	49 =	Dominica	80 =	Iraq
18 =	Belgium	50 =	Dominican Republic	81 =	Ireland Republic
19 =	Belize	51 =	East Timor	82 =	Israel
20 =	Benin	52 =	Ecuador	83 =	Italy
21 =	Bhutan	53 =	Egypt	84 =	Ivory Coast
22 =	Bolivia	54 =	El Salvador	85 =	Jamaica
23 =	Bosnia Herzegovina	55 =	Equatorial Guinea	86 =	Japan
24 =	Botswana	56 =	Eritrea	87 =	Jordan
25 =	Brazil	57 =	Estonia	88 =	Kazakhstan
26 =	Brunei	58 =	Ethiopia	89 =	Kenya
27 =	Bulgaria	59 =	Fiji	90 =	Kiribati
28 =	Burkina	60 =	Finland	91 =	Korea North
29 =	Burundi	61 =	France	92 =	Korea South
30 =	Cambodia	62 =	Gabon	93 =	Kosovo
31 =	Cameroon	63 =	Gambia	94 =	Kuwait
32 =	Canada			95 =	Kyrgyzstan
				96 =	Laos

97 =	Latvia	132 =	Norway	163 =	South Africa
98 =	Lebanon	133 =	Oman	164 =	Spain
99 =	Lesotho	134 =	Pakistan	165 =	Sri Lanka
100 =	Liberia	135 =	Palau	166 =	Sudan
101 =	Libya	136 =	Panama	167 =	Suriname
102 =	Liechtenstein	137 =	Papua New Guinea	168 =	Swaziland
103 =	Lithuania	138 =	Paraguay	169 =	Sweden
104 =	Luxembourg	139 =	Peru	170 =	Switzerland
105 =	Macedonia	140 =	Philippines	171 =	Syria
106 =	Madagascar	141 =	Poland	172 =	Taiwan
107 =	Malawi	142 =	Portugal	173 =	Tajikistan
108 =	Malaysia	143 =	Qatar	174 =	Tanzania
109 =	Maldives	144 =	Romania	175 =	Thailand
110 =	Mali	145 =	Russian Federation	176 =	Togo
111 =	Malta	146 =	Rwanda	177 =	Tonga
112 =	Marshall Islands	147 =	StKitts & Nevis	178 =	Trinidad & Tobago
113 =	Mauritania	148 =	St Lucia	179 =	Tunisia
114 =	Mauritius	149 =	St.Vincent&Grenadines	180 =	Turkey
115 =	Mexico	150 =	Samoa	181 =	Turkmenistan
116 =	Micronesia	151 =	San Marino	182 =	Tuvalu
117 =	Moldova	152 =	Sao Tome & Principe	183 =	Uganda
118 =	Monaco	153 =	Saudi Arabia	184 =	Ukraine
119 =	Mongolia	154 =	Senegal	185 =	United Arab Emirates
120 =	Montenegro	155 =	Serbia	186 =	United Kingdom
121 =	Morocco	156 =	Seychelles	187 =	United States
122 =	Mozambique	157 =	Sierra Leone	188 =	Uruguay
123 =	Myanmar	158 =	Singapore	189 =	Uzbekistan
124 =	Namibia	159 =	Slovakia	190 =	Vanuatu
125 =	Nauru	160 =	Slovenia	191 =	Vatican City
126 =	Nepal	161 =	Solomon Islands	192 =	Venezuela
127 =	Netherlands	162 =	Somalia	193 =	Vietnam
128 =	New Zealand			194 =	Yemen
129 =	Nicaragua			195 =	Zambia
130 =	Niger			196 =	Zimbabwe
131 =	Nigeria				

**dem\_zip:** Please indicate the postal code of your residence.  
*participant free response*

**dem\_edu:** Please indicate your highest educational attainment.

- 1 = Elementary School
- 2 = Junior High
- 3 = Some High School
- 4 = High School Graduate
- 5 = Some College
- 6 = Associate's Degree
- 7 = Bachelor's Degree
- 8 = Some Graduate School
- 9 = Master's Degree
- 10 = M.B.A.
- 11 = J.D.
- 12 = M.D.
- 13 = Ph.D.
- 14 = Other Advanced Degree

**dem\_major:** Please indicate the major field of study for your most advanced degree.

- 1 = Biological Sciences/Life Sciences
- 2 = Business
- 3 = Communications
- 4 = Computer and Information Sciences
- 5 = Education
- 6 = Engineering
- 7 = Mathematics, Physical Sciences/Technologies
- 8 = Health Professions or Related Sciences
- 9 = Humanities/Liberal Arts
- 10 = Law or Legal Studies
- 11 = Psychology
- 12 = Social Sciences or History
- 13 = Visual or Performing Arts
- 14 = Other

**dem\_religion:** Please indicate your religious affiliation.

- |  |   |
|--|---|
| 1 = Judaism-Conservative Jew                   | 35 = Islam - Sunni Muslim                     |
| 2 = Judaism - Orthodox Jew                     | 36 = Islam - Shiite Muslim                    |
| 3 = Judaism - Reconstructionist Jew            | 37 = Islam - Other Muslim                     |
| 4 = Judaism - Reform Jew                       | 38 = Buddhism - Mahayana Buddhist             |
| 5 = Judaism - Secular Jew                      | 39 = Buddhism - Theravada Buddhist            |
| 6 = Judaism - Other Jew                        | 40 = Buddhism - Vajrayana/Tibetan Buddhist    |
| 7 = Catholicism - Roman Catholic               | 41 = Buddhism - Other Buddhist                |
| 8 = Catholicism - Other Catholic               | 42 = Far Eastern - Chinese Folk Religion      |
| 9 = Orthodox - Antiochian Orthodox             | 43 = Far Eastern - Confucian                  |
| 10 = Orthodox - Armenian Orthodox              | 44 = Far Eastern - Shinto                     |
| 11 = Orthodox - Assyrian Orthodox              | 45 = Far Eastern - Taoist                     |
| 12 = Orthodox - Coptic Orthodox                | 46 = Far Eastern - Tenrikyo                   |
| 13 = Orthodox - Eastern Orthodox               | 47 = Far Eastern - Other Far Eastern          |
| 14 = Orthodox - Greek Orthodox                 | 48 = Hinduism - Neo-Hindu/Reform Hindu        |
| 15 = Orthodox - Romanian Orthodox              | 49 = Hinduism - Shaivite Hindu                |
| 16 = Orthodox - Russian Orthodox               | 50 = Hinduism - Veerashaiva/Lingayat Hindu    |
| 17 = Orthodox - Serbian Orthodox               | 51 = Hinduism - Vaishnavite Hindu             |
| 18 = Orthodox - Other Orthodox                 | 52 = Hinduism - Shakti Hindu                  |
| 19 = Protestantism - Adventist                 | 53 = Hinduism - Other Hindu                   |
| 20 = Protestantism - Anglican/Episcopalian     | 54 = Other Indian - Jain                      |
| 21 = Protestantism - Baptist                   | 55 = Other Indian - Sikh                      |
| 22 = Protestantism - Brethren                  | 56 = Other Indian - Other Indian Religion     |
| 23 = Protestantism - Church/Churches of Christ | 57 = Other Religion - Zoroastrian             |
| 24 = Protestantism - Church of God             | 58 = Other Religion - Baha'i                  |
| 25 = Protestantism - Congregationalist         | 59 = Other Religion - Indigenous              |
| 26 = Protestantism - Methodist/Wesleyan        | 60 = Other Religion - Interfaith              |
| 27 = Protestantism - Mormon/Latter Day Saints  | 61 = Other Religion - Native American         |
| 28 = Protestantism - Lutheran                  | 62 = Other Religion - Pagan or Neo-Pagan      |
| 29 = Protestantism - Pentecostal/Charismatic   | 63 = Other Religion - African Tribal Religion |
| 30 = Protestantism - Presbyterian/Reformed     | 64 = Other Religion - Rastafarian             |
| 31 = Protestantism - Nondenominational         | 65 = Other Religion - Vodoun                  |
| 32 = Protestantism - Other Protestant          | 66 = Other Religion - Scientologist           |
| 33 = Islam - Ahmadi Muslim                     | 67 = Other Religion - Spiritist               |
| 34 = Islam - Druze Muslim                      | 68 = Other Religion - Unitarian/Universalist  |

69 = Other Religion - Deist  
70 = Other Religion - Spiritual  
71 = Other Religion - Wicca  
72 = Other Religion - Theist

73 = Other Religion - No Organized Religion  
74 = Non-Religion - Agnostic  
75 = Non-Religion - Atheist  
76 = Non-Religion - Other Non-Religious

**dem\_religiosity:** Please indicate the degree of your religiosity.

3 = I am very religious  
2 = I am moderately religious  
1 = I am somewhat religious  
0 = I am not at all religious

**dem\_conserv\_social:** Please indicate your political identity on social issues (e.g., abortion, gun control, gay rights).

-3=I am strongly liberal on social issues  
-2=I am moderately liberal on social issues  
-1=I am slightly liberal on social issues  
0=I am in the middle on social issues  
1=I am slightly conservative on social issues  
2=I am moderately conservative on social issues  
3=I am strongly conservative on social issues

**dem\_conserv\_econ:** Please indicate your political identity on economic issues (e.g., taxation, government spending).

-3=I am strongly liberal on economic issues  
-2=I am moderately liberal on economic issues  
-1=I am slightly liberal on economic issues  
0=I am in the middle on economic issues  
1=I am slightly conservative on economic issues  
2=I am moderately conservative on economic issues  
3=I am strongly conservative on economic issues

## Debriefing Question

What brought you to this website?

- 1 = "assignment for work"
- 2 = "assignment for school"
- 3 = "assignment for discussion group"
- 4 = "recommendation of teacher"
- 5 = "recommendation of employer"
- 6 = "recommendation of diversity educator"
- 7 = "recommendation of friend"
- 8 = "recommendation of family"
- 9 = "recommendation of acquaintance"
- 10 = "recommendation of colleague"
- 11 = "recommendation from general announcement"
- 12 = "link from blog"
- 13 = "link from media site"
- 14 = "link from education site"
- 16 = "news story from television"
- 17 = "news story from a magazine"
- 18 = "news story from a newspaper"
- 19 = "news story from a website"
- 20 = "news story from another publication"
- 21 = "chat or discussion thread"
- 22 = "advertisement"
- 23 = "public announcement"
- 24 = "planned search for information related to this topic"
- 25 = "planned search for this topic in particular"
- 26 = "just surfing the web"
- 27 = "other"

## Variables in Each Study

session_id	Participant's ID
session_date	
session_status	
consentage	The consent page for each study now asks individuals to report their age. Those under 18 are booted from the study.
ORDconsent	Indicates in what order participants were presented with the consent; always 1
ORDstartpage	Indicates in what order participants saw beginning page; always 0
ORDdebriefing1	Indicates in what order participants were presented with the first debriefing form; always 7
ORDdebriefing2	Indicates in what order participants were presented with the second debriefing form; always 8
ORDdebriefing3	Indicates in what order participants were presented with the third debriefing form; always 9
ORDdemographics	Indicates in what order participants saw the demographics section
ORDmhhistory	Indicates in what order participants saw the mental health history quesitons
randomtask1	Indicates the task that was first (after giving informed consent)
randomtask2	Indicates the task that was second
randomtask3	Indicates that task that was third
randomtask4	Indicates the task that was fourth
sawrandomtask1	Indicates if the participant saw first random task; 1 = yes, 0 = no
sawrandomtask2	Indicates if the participant saw second random task; 1 = yes, 0 = no
sawrandomtask3	Indicates if the participant saw third random task; 1 = yes, 0 = no
sawrandomtask4	Indicates if the participant saw fourth random task; 1 = yes, 0 = no
sawdebrief1	Indicates if participant saw first debriefing page; 1 = yes, 0 = no
Consenter	Identifies those who consented; 1 = consented to participate
ORD_____ (diferent for each study, e.g., "anxiety" for the anxiety study)	Indicates in what order participants were presented with the explicit questionnaire(s)
ORD(B)IAT	Indicates in what order participants were presented with the (B)IAT
ORD(B)IATinstruct	Indicates in what order participants were presented with the (B)IAT instructions, always directly before (B)IAT
beginlocaltime	

# Appendices

## Appendix A. AUDIT

Used in the Alcohol study.

APPENDIX B | 31

### Box 10

#### The Alcohol Use Disorders Identification Test: Self-Report Version

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest.

Place an X in one box that best describes your answer to each question.

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					<b>Total</b>	

## Appendix B. AUDIT Score Interpretation

SCORING AND INTERPRETATION | 19

### Scoring and Interpretation

**T**he AUDIT is easy to score. Each of the questions has a set of responses to choose from, and each response has a score ranging from 0 to 4. In the interview format (Box 4) the interviewer enters the score (the number within parentheses) corresponding to the patient's response into the box beside each question. In the self-report questionnaire format (Appendix B), the number in the column of each response checked by the patient should be entered by the scorer in the extreme right-hand column. All the response scores should then be added and recorded in the box labeled "Total".

Total scores of 8 or more are recommended as indicators of hazardous and harmful alcohol use, as well as possible alcohol dependence. (A cut-off score of 10 will provide greater specificity but at the expense of sensitivity.) Since the effects of alcohol vary with average body weight and differences in metabolism, establishing the cut off point for all women and men over age 65 one point lower at a score of 7 will increase sensitivity for these population groups. Selection of the cut-off point should be influenced by national and cultural standards and by clinician judgment, which also determine recommended maximum consumption allowances. Technically speaking, higher scores simply indicate greater likelihood of hazardous and harmful drinking. However, such scores may also reflect greater severity of alcohol problems and dependence, as well as a greater need for more intensive treatment.

More detailed interpretation of a patient's total score may be obtained by determining on which questions points were scored. In general, a score of 1 or more on Question 2 or Question 3 indicates consumption at a hazardous level. Points scored above 0 on questions 4-6 (especially weekly or daily symptoms) imply the presence or incipience of alcohol dependence. Points scored on questions 7-10 indicate that alcohol-related harm is already being experienced. The total score, consumption level, signs of dependence, and present harm all should play a role in determining how to manage a patient. The final two questions should also be reviewed to determine whether patients give evidence of a past problem (i.e., "yes, but not in the past year"). Even in the absence of current hazardous drinking, positive responses on these items should be used to discuss the need for vigilance by the patient.

In most cases the total AUDIT score will reflect the patient's level of risk related to alcohol. In general health care settings and in community surveys, most patients will score under the cut-offs and may be considered to have low risk of alcohol-related problems. A smaller, but still significant, portion of the population is likely to score above the cut-offs but record most of their points on the first three questions. A much smaller proportion can be expected to score very high, with points recorded on the dependence-related questions as well as exhibiting alcohol-related problems. As yet there has been insufficient research to establish



precisely a cut-off point to distinguish hazardous and harmful drinkers (who would benefit from a brief intervention) from alcohol dependent drinkers (who should be referred for diagnostic evaluation and more intensive treatment). This is an important question because screening programmes designed to identify cases of alcohol dependence are likely to find a large number of hazardous and harmful drinkers if the cut-off of 8 is used. These patients need to be managed with less intensive interventions. In general, the higher the total score on the AUDIT, the greater the sensitivity in finding persons with alcohol dependence.

Based on experience gained in a study of treatment matching with persons who had a wide range of alcohol problem severity, AUDIT scores were compared with diagnostic data reflecting low, medium and high degrees of alcohol dependence. It was found that AUDIT scores in the range of 8-15 represented a medium level of alcohol problems whereas scores of 16 and above represented a high level of alcohol problems<sup>33</sup>. On the basis of experience gained from the use of the AUDIT in this and other research, it is suggested that the following interpretation be given to AUDIT scores:

- Scores between 8 and 15 are most appropriate for simple advice focused on the reduction of hazardous drinking.
- Scores between 16 and 19 suggest brief counseling and continued monitoring.

- AUDIT scores of 20 or above clearly warrant further diagnostic evaluation for alcohol dependence.

In the absence of better research these guidelines should be considered tentative, subject to clinical judgment that takes into account the patient's medical condition, family history of alcohol problems and perceived honesty in responding to the AUDIT questions.

While use of the 10-question AUDIT questionnaire will be sufficient for the vast majority of patients, special circumstances may require a clinical screening procedure. For example, a patient may be resistant, uncooperative, or unable to respond to the AUDIT questions. If further confirmation of possible dependence is warranted, a physical examination procedure and laboratory tests may be used, as described in Appendix D.

For the entire booklet by the World Health Organization, go to:  
[http://whqlibdoc.who.int/hq/2001/who\\_msd\\_msb\\_01.6a.pdf](http://whqlibdoc.who.int/hq/2001/who_msd_msb_01.6a.pdf)

## Appendix C. DASS-21

Used in Anxiety and Depression studies.

DASS <sub>21</sub>		Name:	Date:
<p>Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you <i>over the past week</i>. There are no right or wrong answers. Do not spend too much time on any statement.</p> <p><i>The rating scale is as follows:</i></p> <p>0 Did not apply to me at all            1 Applied to me to some degree, or some of the time            2 Applied to me to a considerable degree, or a good part of time            3 Applied to me very much, or most of the time</p>			
1	I found it hard to wind down	0	1 2 3
2	I was aware of dryness of my mouth	0	1 2 3
3	I couldn't seem to experience any positive feeling at all	0	1 2 3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1 2 3
5	I found it difficult to work up the initiative to do things	0	1 2 3
6	I tended to over-react to situations	0	1 2 3
7	I experienced trembling (eg, in the hands)	0	1 2 3
8	I felt that I was using a lot of nervous energy	0	1 2 3
9	I was worried about situations in which I might panic and make a fool of myself	0	1 2 3
10	I felt that I had nothing to look forward to	0	1 2 3
11	I found myself getting agitated	0	1 2 3
12	I found it difficult to relax	0	1 2 3
13	I felt down-hearted and blue	0	1 2 3
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1 2 3
15	I felt I was close to panic	0	1 2 3
16	I was unable to become enthusiastic about anything	0	1 2 3
17	I felt I wasn't worth much as a person	0	1 2 3
18	I felt that I was rather touchy	0	1 2 3
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1 2 3
20	I felt scared without any good reason	0	1 2 3
21	I felt that life was meaningless	0	1 2 3

# DASS

## Scoring Template

Best printed on an overhead transparency sheet

S  
A  
D  
A  
  
D  
S  
A  
S  
A  
  
D  
S  
S  
D  
S  
  
A  
D  
D  
S  
A  
  
A  
D

Apply template to sheet and sum scores for each scale.  
For short (21-item) version, multiply sum by 2.

### DASS Severity Ratings

The DASS is a **quantitative** measure of distress along the axes of depression, anxiety (symptoms of psychological arousal) and stress (the more cognitive, subjective symptoms of anxiety). It is **not** a categorical measure of clinical diagnoses.

Emotional syndromes like depression and anxiety are intrinsically dimensional – they vary along a continuum of severity (independent of the specific diagnosis). Hence the selection of a single cut-off for a specific diagnosis can be correctly recognised as experiencing considerable symptoms and as being at high risk of further problems.

However for clinical purposes it can be helpful to have 'labels' to characterise degree of severity relative to the population. Thus the following cut-off scores have been developed for defining mild/moderate/severe/extremely severe scores for each DASS scale.

**Note:** the severity labels are used to describe the full range of scores in the population, so 'mild' for example means that the person is above the population mean but probably still way below the typical severity of someone seeking help (ie it does not mean a mild level of disorder).

The individual DASS scores do not define appropriate interventions. They should be used in conjunction with all clinical information available to you in determining appropriate treatment for any individual.

With the above information in mind, we offer the following guidelines based on full (42 item) scores (if using the DASS 21 item version, multiply the score obtained by 2).

### DASS Severity Ratings

(if using the DASS 21 item version, multiply the score obtained by 2)

	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely Severe	28+	20+	34

Source: Psychology Department, UNSW - [www.psy.unsw.edu.au/dass](http://www.psy.unsw.edu.au/dass)

## Appendix D. EAT-26: Scoring & Interpretation

### Eating Attitudes Test<sup>®</sup> (EAT-26): Scoring and Interpretation

David M. Garner, Ph. D.

The [Eating Attitudes Test \(EAT-26\)](#) is probably the most widely used standardized measure of symptoms and concerns characteristic of eating disorders (Garner & Garfinkel, 1979; Garner, Olmsted, Bohr, & Garfinkel, 1982). The original EAT appeared as a Current Contents Citation Classic in 1993 (Garner, 1993). The 26-item version (Garner et al., 1989) is highly reliable and valid (Garner, Olmsted, Bohr, & Garfinkel, 1982; Lee et al., 2002; Mintz & O'Halloran, 2000). The EAT-26 alone does not yield a specific diagnosis of an eating disorder (neither the EAT-26, nor any other screening instrument, has been established as highly efficient as the sole means for identifying eating disorders).

Nevertheless, many studies have used the EAT-26 as an economical first step in a two-stage screening process. According to this methodology, individuals who score 20 or more on the test should be interviewed by a qualified professional to determine if they meet the diagnostic criteria for an eating disorder (Dotti & Lazzari, 1998; Patton, Johnson-Sabine, Wood, Mann, & Wakeling, 1990). If you have a low score on the EAT-26 (below 20), you still could have a serious eating problem, so do not let the results deter you from seeking help. The EAT-26 can be used in group or individual settings and is designed to be self-administered or be administered by health professionals, school counselors, coaches, camp counselors, and others with interest in gathering information to determine if an individual should be referred to a specialist for evaluation for an eating disorder.

The EAT-26 has been particularly useful a screening tool to assess "eating disorder risk" in high school, college and other special risk samples such as athletes (Garner, Rosen and Barry, 1998). Screening for eating disorders is based on the assumption that early identification of an eating disorder can lead to earlier treatment, thereby reducing serious physical and psychological complications or even death.

The EAT-26 items form three subscales (i.e. Dieting, Bulimia and Food Preoccupation and Oral Control) and subscale scores are computed by summing all items assigned to that particular scale (*Dieting scale items: 1, 6, 7, 10, 11, 12, 14, 16, 17, 22, 23, 24, 25; Bulimia & Food Preoccupation scale items: 3, 4, 9, 18, 21, 26; Oral Control subscale items: 2, 5, 8, 13, 19, 20*).

Because denial can be a problem on self-report screening instruments, low scores should not be taken to mean that either clinically significant eating disorders symptoms or a formal eating disorder is not present. Collateral information from parents, teammates, and coaches is useful information that can correct for denial, limited self-disclosure, and social desirability. High scores on self-report measures do not necessarily mean the respondent has an eating disorder; however, it does denote concerns regarding body weight, body shape, and eating. However, if you do have a high score, do not panic. It does not necessarily mean that you have a life-threatening condition and that you will have to immediately seek a form of treatment that may be uncomfortable. If you have a score of 20 or higher, this simply means that you should seek the advice of a qualified mental health professional who has experience with treating eating disorders.

In addition to the EAT-26 questions, identification of those at risk for eating disorders is based on information on the individual's body mass index (BMI) and behavioral symptoms reflective of an eating disorder. Following the methodology described for the Eating Disorder Inventory Referral Form (EDI-RF; Garner, 2004) four behavioral questions are included on this version of the EAT-26 aimed at determining the presence of extreme weight-control behaviors as well as providing an estimate of their frequency. These questions assess self-reported binge eating, self-induced vomiting, use of laxatives, and treatment for an eating disorder over the preceding 6 months. Although these content areas could be assessed in the same format as other items, this would not provide the type of frequency data required to evaluate the extent of the problem. Body Mass Index (BMI) is also computed and used to determine if the person is "significantly underweight" compared to age-matched norms. Generally a referral is recommended if a respondent scores "positively" on the EAT-26 items or meets the threshold on one or more of the behavioral criteria. All self-report measures require open and honest responses in order to provide accurate information. The fact that most people provide honest responses means that the EAT-26 usually provides very useful information about the eating symptoms and concerns that are common in eating disorders.

## Scoring the Eating Attitudes Test (Eat-26)©

David M. Garner, Ph. D.

### 1) EAT-26 SCORE

Score the 26 items of the EAT-26 according to the following scoring system. Add the scores for all items.

Scoring for the first 25 questions:	
Always	= 3
Usually	= 2
Often	= 1
Sometimes	= 0
Rarely	= 0
Never	= 0

Scoring for question # 26:	
Always	= 0
Usually	= 0
Often	= 0
Sometimes	= 1
Rarely	= 2
Never	= 3

### 2) Low Body Weight Compared To Age-Matched Norms

The EAT-26 includes specific questions on height and weight that can be used to compute Body Mass Index (BMI) for the purpose of determining if you are "at risk" for an eating disorder because your body weight is extremely underweight according to age-matched population norms. BMI is a formula for estimating body mass that takes both height and weight into account. It is calculated by dividing weight (in kilograms) by height in meters, and then divided again by height in meters ( $\text{kg/m}^2$ ). Alternatively, BMI can be calculated as weight (in pounds) divided by height in inches, then divided again by height in inches and multiplied by 703. We recommend that you seek a professional evaluation for a possible eating disorder if your body weight is "extremely underweight" according to age-matched population norms.

Table 1: BMI considered "extremely underweight" according to norms		
AGE	Female	Male
9	14.0	14.0
10	14.5	14.5
11	14.5	14.5
12	15.0	15.0
13	15.5	15.5
14	16.0	16.0
15	16.5	17.0
16	17.0	17.5
17	17.5	18.0
18	18.0	18.5
19	18.0	19.0
20	18.5	19.5
21+	19.0	20.0

The National Health and Nutrition Examination Survey III (NHANES III, Kuczmarski, Ogden, et al., 2002) has collected reference data to establish weight and height norms at different ages for girls/women and boys/men from birth to 20 years old. These norms indicate that BMI varies considerably with age and gender with children between 5 to 8 years old having the lowest BMI values followed by a steady increase with age. The expected changes in BMI associated with age and gender must be taken into consideration in screening for those who are "very underweight." Table 1 provides a BMI value between the 5th and 10th BMI percentiles for girls/women and boys/men from 9 to 20 years old. A BMI cutoff of between the 5<sup>th</sup> and 10<sup>th</sup> percentile for different ages and genders should be used to determine if you meet the "extremely underweight" BMI referral criterion for referral. For men and women 21 years

old and older, the "underweight" category according to the NHLBI (1998) survey data were used to determine the "underweight" criterion for referral.

You can easily determine if you meet the BMI thresholds in Table 1 by finding your height on the column on the left in Table 2 and the BMI on the bottom and follow the height and the BMI columns to where the intersect. This is the weight that you need to be at or below for the BMI you have selected.

Although BMI is a convenient and useful weight classification tool, it does have limitations. For example, BMI can overestimate fatness for people who are athletic. Also, some races, ethnic groups, and nationalities have different body fat distributions and body compositions; therefore, the NHANES data are not appropriate for all groups (Kuczmarski, Ogden, et al., 2002).

**Table 1 Body Weight and Height to Calculate Body Mass Index (BMI)**

Height (in.)	Weight (lb.)													
50	50	52	54	55	57	59	60	62	64	66	68	70	78	89
51	52	54	56	58	59	61	63	65	67	68	70	73	81	91
52	54	56	58	60	62	64	65	67	69	71	73	76	85	96
53	56	58	60	62	64	66	68	70	72	74	76	79	88	100
54	58	60	62	64	66	69	71	73	75	77	79	82	91	104
55	60	63	65	67	69	71	73	76	78	80	82	85	95	108
56	63	65	67	69	72	74	76	78	81	83	85	88	98	111
57	65	67	70	72	74	76	79	81	83	86	88	91	101	115
58	67	70	72	74	77	79	82	84	86	89	91	94	105	119
59	70	72	75	77	79	82	84	87	89	92	94	97	108	124
60	72	74	77	80	82	85	87	90	92	95	97	100	112	128
61	74	77	80	82	85	88	90	93	96	98	100	104	116	132
62	77	80	82	85	88	90	93	96	99	101	104	107	120	136
63	79	82	85	88	91	93	96	99	102	105	107	110	124	141
64	82	85	88	91	93	96	99	102	105	108	110	114	128	145
65	84	87	90	93	96	99	102	105	108	112	114	118	132	150
66	87	90	93	96	99	102	106	109	112	115	118	121	136	155
67	90	93	96	99	102	106	109	112	115	118	121	125	140	160
68	92	96	99	102	105	109	112	115	119	122	125	128	145	165
69	95	98	102	105	109	112	115	119	122	126	128	132	148	170
70	98	101	105	108	112	115	119	122	126	129	132	136	153	175
71	101	104	108	111	115	118	122	126	129	133	136	140	157	180
72	103	107	111	114	118	122	125	129	133	137	140	144	162	185
73	106	110	114	118	122	125	129	133	137	140	144	148	166	190
74	109	113	117	121	125	129	133	136	140	144	148	152	171	195
75	112	116	120	124	128	132	136	140	144	148	152	156	175	200
76	115	120	124	128	132	136	140	144	148	152	156	160	180	205
BMI (kg/m)	14.0	14.5	15.0	15.5	16.0	16.5	17.0	17.5	18.0	18.5	19.0	19.5	22.0	25.0

**3) If you answered any of the Behavioral Questions as follows:**

- A. Gone on eating binges where you feel that you may not be able to stop?  
✓ Criterion for referral: 2-3 times a month or more often
- B. Ever made yourself sick (vomited) to control your weight or shape?  
✓ Criterion for referral: once a month or less
- C. Ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape?  
✓ Criterion for referral: once a month or less
- D. Exercised more than 60 minutes a day to lose or to control your weight?  
✓ Criterion for referral: Once a day or more
- E. Lost 20 pounds or more in the past 6 months  
✓ Yes

## Interpreting Eating Attitudes Test (Eat-26) © Scores

Introduction: The Eating Attitudes Test (EAT-26) is probably the most widely used test used to assess "eating disorder risk" based on attitudes, feelings, and behaviors related to eating and eating disorder symptoms. It was used as a screening instrument in the 1998 National Eating Disorders Screening program and has been used in many other studies to identify individuals with possible eating disorders. However, the EAT-26 does not provide a diagnosis of an eating disorder. A diagnosis can only be provided by a qualified health care professional.

### 1) Attitudes and Concerns Common in Eating Disorders:

***If score is at or above 20, the output should be the following:***

A score at or above 20 indicates concerns about dieting, body weight or problematic eating behaviors. Because your score is above 20, you should seek an evaluation by a qualified health professional. However, high scores do denote concerns regarding body weight, body shape, and eating. Screening studies have shown that some people with high scores do not have eating disorders. Regardless of your score, if you are suffering from feelings which are causing you concern and interfere with your daily functioning you should seek an evaluation from a trained mental health professional.

***If score is below 20, the output should be the following:***

**Your score on the EAT-26 indicate that it is unlikely that you have an eating disorder. However, low scores** should not be taken to mean that you do not have an eating disorder. If you are suffering from feelings which are causing you concern and interfere with your daily functioning or if others you trust have expressed serious concerns about you, then it is advisable for you to seek an evaluation from a trained mental health professional.

### 2) Low Body Weight Compared To Age-Matched Norms

***If BMI is at or below 18, then the output should be the following:***

Your Body Mass Index (BMI) indicates that you are either "underweight" or "extremely underweight" compared to age/gender-matched norms. This does not automatically mean that you are unhealthy or have an eating disorder. It simply means that it would be good for you to speak to a qualified health professional.

Although BMI is a convenient and useful weight classification tool, it does have limitations. For example, BMI can overestimate fatness for people who are athletic. Also, some races, ethnic groups, and nationalities have different body fat distributions and body compositions; therefore, BMI does not mean the same things for all groups.

***If BMI is above 18, then the output should be the following:***

Your Body Mass Index (BMI) indicates that you are either "underweight" or "extremely underweight" compared to age/gender-matched norms. This does not mean that you are at a healthy or unhealthy weight. You can have an eating disorder at any body weight.

***This should appear as a note below the output on below the output:***

Note: The EAT-26 includes specific questions on height and weight that can be used to compute Body Mass Index (BMI) for the purpose of determining if you are "at risk" for an eating disorder because your body weight is extremely underweight according to age-matched population norms. BMI is a formula for estimating body mass that takes both height and weight into account. It is calculated by dividing weight (in kilograms) by height in meters, and then divided again by height in meters ( $\text{kg/m}^2$ ). Alternatively, BMI can be calculated as weight (in pounds) divided by height in inches, then divided again by height in inches and multiplied by 703. We recommend that you seek a professional evaluation for a possible eating disorder if your body weight is "extremely underweight" according to age-matched population norms.



### 3) Behavioral Questions Criteria for seeking and evaluation from a qualified professional

- A. Gone on eating binges where you feel that you may not be able to stop?
  - ✓ Criterion for referral: 2-3 times a month or more often
- B. Ever made yourself sick (vomited) to control your weight or shape?
  - ✓ Criterion for referral: once a month or less
- C. Ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape?
  - ✓ Criterion for referral: once a month or less
- D. Exercised more than 60 minutes a day to lose or to control your weight?
  - ✓ Criterion for referral: Once a day or more
- E. Lost 20 pounds or more in the past 6 months
  - ✓ Yes

Answers to the above behavioral symptom questions indicate that you are reporting symptoms that are common in those with eating disorders.

**It is recommended that you seek an evaluation from a qualified professional.**

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## Eating Attitudes Test (EAT-26)<sup>®</sup>

Instructions: This is a screening measure to help you determine whether you might have an eating disorder that needs professional attention. This screening measure is not designed to make a diagnosis of an eating disorder or take the place of a professional consultation. Please fill out the below form as accurately, honestly and completely as possible. There are no right or wrong answers. All of your responses are confidential.

### Part A: Complete the following questions:

1) Birth Date	Month: <input style="width: 40px;" type="text"/>	Day: <input style="width: 40px;" type="text"/>	Year: <input style="width: 60px;" type="text"/>	2) Gender:	Male <input style="width: 40px;" type="checkbox"/>	Female <input style="width: 40px;" type="checkbox"/>
3) Height	Feet : <input style="width: 40px;" type="text"/>	Inches: <input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>		<input style="width: 40px;" type="checkbox"/>	<input style="width: 40px;" type="checkbox"/>
4) Current Weight (lbs.):	<input style="width: 60px;" type="text"/>	5) Highest Weight (excluding pregnancy):		<input style="width: 60px;" type="text"/>		
6) Lowest Adult Weight:	<input style="width: 60px;" type="text"/>	7: Ideal Weight:		<input style="width: 60px;" type="text"/>		

### Part B: Please check a response for each of the following statements:

	Always	Usually	Often	Some times	Rarely	Never
1. Am terrified about being overweight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Avoid eating when I am hungry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Find myself preoccupied with food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have gone on eating binges where I feel that I may not be able to stop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cut my food into small pieces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Aware of the calorie content of foods that I eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Particularly avoid food with a high carbohydrate content (i.e. bread, rice, potatoes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Feel that others would prefer if I ate more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Vomit after I have eaten.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Feel extremely guilty after eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Am preoccupied with a desire to be thinner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Think about burning up calories when I exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Other people think that I am too thin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Am preoccupied with the thought of having fat on my body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Take longer than others to eat my meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Avoid foods with sugar in them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Eat diet foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Feel that food controls my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Display self-control around food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Feel that others pressure me to eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Give too much time and thought to food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Feel uncomfortable after eating sweets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Engage in dieting behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Like my stomach to be empty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Have the impulse to vomit after meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Enjoy trying new rich foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Part C: Behavioral Questions:

#### In the past 6 months have you:

	Never	Once a month or less	2-3 times a month	Once a week	2-6 times a week	Once a day or more
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/>		No <input type="checkbox"/>			

\* Defined as eating much more than most people would under the same circumstances and feeling that eating is out of control

EAT-26: Garner et al. 1982, *Psychological Medicine*, 12, 871-878); adapted by D. Garner with permission.

## Appendix E. Rosenberg Self Esteem Scale

BELOW IS A LIST OF STATEMENTS DEALING WITH YOUR GENERAL FEELINGS ABOUT YOURSELF. IF YOU STRONGLY AGREE, CIRCLE SA. IF YOU AGREE WITH THE STATEMENT, CIRCLE A. IF YOU DISAGREE, CIRCLE D. IF YOU STRONGLY DISAGREE, CIRCLE SD.

		1. STRONGLY AGREE	2 AGREE	3. DISAGREE	4. STRONGLY DISAGREE
1.	I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
2.	I feel that I have a number of good qualities.	SA	A	D	SD
3.	All in all, I am inclined to feel that I am a failure.**	SA	A	D	SD
4.	I am able to do things as well as most other people.	SA	A	D	SD
5.	I feel I do not have much to be proud of.**	SA	A	D	SD
6.	I take a positive attitude toward myself.	SA	A	D	SD
7.	On the whole, I am satisfied with myself.	SA	A	D	SD
8.	I wish I could have more respect for myself.**	SA	A	D	SD
9.	I certainly feel useless at times.**	SA	A	D	SD
10.	At times I think I am no good at all.**	SA	A	D	SD

Items with asterisks are reversed in valence, meaning these need to be reverse scored. From:  
<http://www.bsos.umd.edu/socy/research/rosenberg.htm>

## Appendix F. Rosenberg Self Esteem Scale Site

For more information on the scale, go to:

<http://www.bsos.umd.edu/socy/research/rosenberg.htm>