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An Examination of Body-Esteem and Perfectionism
on College Student Eating Patterns

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Abstract

In today's modern food-rich nations staying physically in shape and conforming to societal body ideals is becoming increasingly difficult, yet these physical ideals are being continually brought to people's everyday attention in the media and advertising. This paper explores the effects of body-esteem and perfectionism on one's risk of having patterns of disturbed eating and the dieting differences between male and female college students. Participants ($n = 66$) who completed the measures were psychology students from Humboldt State University. The examination of body-esteem and perfectionism found that people with low body-esteem and high levels of perfectionism tended to have a higher risk for having abnormal eating patterns. Body-esteem was found to be the most significant contributor to abnormal eating patterns while perfectionism was not. Men and women did not show any significant difference in their eating patterns, while significantly more men were dieting than women in our sample. Men and women also showed equal strength in their abilities to resist tempting food-cues. These findings suggest that body-esteem is an important factor in the examination of eating patterns in male and female college students.

Keywords: Dieting Behaviors, Perfectionism, Body Image, Body-esteem

Examination of Body-Esteem and Perfectionism on College Student Eating Patterns

Individuals living in food-rich environments are encountering new and different issues relating to body-image, weight-control and obesity than in the past. With obesity on the rise in America among adults and children, the issue of weight-gain and control are ever important issues for today's people (Lobstein et al., 2004). Despite the abundance of food, today's culture emphasizes a body ideal few possess and many aspire to. Perfectionists strive to meet and exceed the goals of other people (Frost et al., 1990), and this may put them at risk for having abnormal eating patterns (Hewitt & Flett, 1991). Since the demands of society and the media do not stop, understanding the issue of perfectionism, body-esteem, and dieting behaviors is an important psychological subject to study. As such, this study was aimed at examining the role of perfectionism and body image on college students dieting behaviors, and to see if men and women truly differed in the way they diet.

The issue of dieting and weight-loss is very complex, with many personal and physiological factors. One of the main issues in dieting has been how dieters often make a choice to go on a diet, change their eating habits, and lose weight. After a period of losing weight, dieters tend to resume their old eating habits and end up weighing more than before they started the diet. It was concluded that individuals who lose weight while on a new diet must stay on that new diet forever in order to maintain the weight lost by the diet (Mickens et al., 1998).

Chronic dieters often break their diet which jeopardizes their initial goals of weight loss and weight-control. A possibility is that when chronic dieters are pre-exposed to tempting food cues they experience stronger hedonic processes than normal eaters. Research into this question found that dieters exhibit more control against over-eating than normal eaters when in a "cool"

state, and less control when in a “hot” state. This helps indicate a need for research in the temporal dynamics related to food-consumption and dieting (Hofmann et al., 2010).

Obesity in children and adolescents is a growing concern for the health of the United States with approximately 17% of American children being classified as obese (Ogden et al., 2012). Obese children and adolescents tend to not outgrow their condition, usually growing up into obese adults (Dwyer, 1970). Despite growing childhood obesity, the media in America is continually portraying images of the ideal male and female body in multimedia, print, and advertising. When individuals do not meet these idealized standards they become dissatisfied with their body image and tend to have lower self-esteem (Mayer, 2011).

With a higher incidence of obese children in this nation the impact on self-esteem and body-image is becoming more wide-spread. Under and Over-weight individuals show a stronger tendency towards distorting their weight-related appearance, with women viewing themselves in terms of fat and weight, while men tend to view themselves in terms of muscularity (Gray, 1977). The contemporary American culture idealize thinness, and as this trend continues there will be increasing problems relating to the psychological impacts of poor physical health and weight.

As more individuals grow up with low-self-esteem there is a greater risk for these individual’s acquiring depressive disorders throughout their lives. Depressive disorders are the most common co-morbid diagnosis in people with eating disorders (Mischoulon et al., 2011). Though the exact role of depression and eating disorders is not fully understood, it is possible that individuals with eating disorders are at higher risk for depression due to the negative psychosocial ramifications (García-Villamizar et al., 2012).

Perfectionistic behaviors have been described as being a positive factor for adjustment or achievement, but have also been noted for being pervasively neurotic. Perfectionism has thus been linked to various negative outcomes such as feelings of failure, low-self-esteem, guilt, shame, and indecisiveness (Hewitt & Flett, 1991). Neurotic Perfectionists are so overly concerned with mistakes that many of their minor errors are actually not flaws, rather a perception of having not met their own high standards (Frost et al., 1990). Adaptive perfectionists are more accepting of their own minor flaws, allowing themselves greater latitude in their work while still considering it successful. Female adaptive perfectionists also tended to have lower rates of disordered eating (Paulson & Rutledge, 2013).

The relationship between perfectionism and body-esteem is important to understand as it helps illuminate whether being a perfectionist puts one at risk for body-esteem issues or not. Individuals with lower body-esteem tend to not see themselves as they truly are and are more critical of the way they look despite how they actually appear. Body-esteem and self-esteem have also been shown to be highly correlated with each other and are similarly related (Mendelson & White, 1982). To more clearly understand the impact of perfectionism on body-esteem, this study's primary focus was to examine whether college students who are at risk for disturbed eating patterns have high levels of perfectionism and low levels of body-esteem.

Understanding the exact relationship between body-esteem and perfectionism on disturbed eating patterns is difficult to establish and cannot be done in this study. Research would suggest, people being exposed to cultural and media ideals for beauty may be dissatisfied with their own appearance, and potentially have a lower body-esteem (Mayer, 2011). To better understand the relationship this study examined people with a higher risk of disordered eating, expecting to find lower body-esteem.

The majority of media and academic coverage on dieting behaviors tends to focus on women instead of men. Despite western culture's focus on female beauty, men and women face similar challenges in their daily lives in terms of feeling pressure to meet or maintain the idealized body physiques. Given the greater emphasis on female cosmetics and beauty, the issue of which gender exhibits more dieting behaviors is important to understand. This study examined male and female eating patterns, expecting women to be more active dieters than men.

Challenges such as tempting food-cues and over-eating are a near universal issue for people in food-rich environments. Individuals differ in the rate of their metabolism, amount they exercise, and the amount of calories they consume (Mickens et al., 1998). Factors such as metabolism are essentially out of people's control, but every individual has to exercise control against unnecessary and over eating (Hofmann et al., 2010). Due to the cultural focus on female dieting and thinness, this study examined college student's food control, expecting women to exhibit more control than men.

Method

Participants

The sample of participants consists of male and female college students from Introduction to Psychological Statistics and Introduction to Psychological Research Design & Methodologies classes at Humboldt State University. Sixty-six ($n = 66$) university students participated in the study by filling out a survey. The sample consisted of almost equal men to women, 57.9% female and 42.1% male. Ethnic demographics were not recorded, but we could expect approximately 3% of the participants were African-American, 1.4% Native-American, 3% Asian-American, 22.2% Hispanic/Latino, and 52.6% white based the university statistics.

Similarly, age was not reordered, but approximately 28% of the participants in the study were 20 years of age or younger, 52% were between the ages of 20 and 24, and 80% of the participants were 25 or older (Humboldt State University Fast Facts, 2012).

Materials and Procedure

The Eating Aptitude Test (EAT-26) (Garner et al., 1982) is a scale to measure the behaviors and attitudes symptomatic of anorexia nervosa in clinical settings, and indicate disturbed eating patterns in non-clinical settings. The test was composed of 26 items on a 6-point scale rating their frequency, with subscales of dieting, bulimic behaviors, and self-control of eating behavior. The authors state that, although most people in nonclinical groups who scored high on the EAT-26 do not have a diagnosis of anorexia, most of these people do experience abnormal eating patterns. The original scale contains a total of 26 questions with a Likert-type scale ranging from 1 (“Never”) to 6 (“Always”), with high internal consistency of $\alpha = 0.90$ (Garner et al., 1982).

The Body-Esteem Scale (Franzoi & Shields, 1984) investigates characteristics in young women and young men in relation to their body-esteem. The scale consists of 13 items using a Likert-type scale ranging from 1 (“Strongly Agree”) to 4 (“Strongly Disagree”). For men the scale related to physical attractiveness, upper body strength, and physical condition. For women the scale related to sexual attractiveness, weight concern, and physical condition. The coefficient alpha rating for internal consistency was between 0.81 to 0.87 for the male sub-scales and 0.78 to 0.87 for the female subscales (Franzoi & Shields, 1984).

The Frost’s Multidimensional Perfectionism Scale (FMDS) (Frost et al., 1990) attempts to demonstrate that perfectionism is multidimensional, comprising of both personal and social components. This scale is split into six subscales: concern over mistakes, doubts about actions,

personal standards, parental expectations, parental criticism, and organization. The internal consistency of the subscales range from 0.77 to 0.93 with a high internal consistency of $\alpha = 0.90$ for the total perfectionism score. The test consists of a 35-item measure on a 5-point Likert-type ratings scale of agreement towards statements relating to perfectionism (Frost et al., 1990). The survey also contained three additional questions asking for the individual's gender, year in college, and whether or not they are currently dieting.

Procedure

The sampling was done out of convenience, as the questionnaire was administered to two psychology classes at Humboldt State University in a packet containing every questionnaire from each research group in the Research Methodologies class. Prior to completing the measures, all subjects completed a consent form, were monitored during the administration of the surveys, and at the end of their participation all participants were debriefed.

Students from Introduction to Psychological Statistics received extra-credit for their participation in the study. Students from Research Methodologies received standard lab-credit for their participation. The surveys were designed to take approximately one hour to fill out.

Data Analysis

Most of the surveys were filled out with little missing data as it was in the beginning of the survey packet. The missing values were missing at random as only certain questions were not filled out. All of the data was compared using mahalanobis values and one case was removed for being a multivariate outlier and skewing the data.

To examine the primary research hypothesis of the effects of low body-esteem and high perfectionism on disordered eating, a hierarchical multiple regression was used. This involved utilizing the EAT-26 scale as the dependent variable, the body-esteem scale as the predictor in

the first model, and both the body-esteem scale and Frost's multidimensional perfectionism scale as the predictors in the second model. Investigating perfectionisms relationship with disordered eating was carried out using simple regression.

The second hypothesis of whether or not people with a higher risk of disordered eating have low body-esteem was examined using a simple regression. The dieting subscale of the EAT-26 measure was used as the dependent variable with the body-esteem scale as the predictor variable.

To investigate the dieting behaviors differences between men and women an independent-samples t-Test was used on the EAT-26 scale. The secondary question of whether or not the participants were currently dieting was also investigated using an independent-samples t-Test.

To explore the relationship between men and women's restraint of tempting food-cues an independent-samples t-Test was used on the self-control of eating behaviors subscale of the EAT-26 measure. The gender comparison statistics between men and women was done utilizing independent-samples t-Tests.

Results

The study was composed of male and female university students, with 33 female participants and 24 male participants. 25% of the participants reported their class standing as freshman, with 23% of the participants being sophomores, 32% junior, 15% senior, and 1.5% graduate students. The mean GPA for the participants was 3.0, with a standard deviation of 0.56.

The Dieting subscale of the EAT-26 measure was the highest correlated factor to symptoms of anorexia nervosa, and was used for testing the relationship between disordered

eating and body-esteem. The self-control of eating behaviors subscale from the EAT-26 was used to examine control over food-cues for men and women.

The relationship between disordered eating and body-esteem can appear backwards at first, but this is because the body-esteem scale's scores are interpreted as low values representing high body-esteem and high values representing low body-esteem. The EAT-26 scale is interpreted as low scores representing normal eating patterns and high scores representing potential for disturbed eating patterns and risk of primarily anorexia nervosa. The frost multidimensional perfectionism scale is interpreted as low values representing high perfectionism, and high values representing low perfectionism.

Testing the primary research hypothesis with hierarchical multiple regression found that male and female college students with high perfectionism and low body-esteem were at greater risk for having patterns of disturbed eating ($R^2=0.364$, $F(2,62) = 17.735$, $p < 0.001$). Body-esteem was found to be significantly related to disordered eating ($b^* = 0.603$, $t = 6.003$, $p < 0.001$), while perfectionism was not found to be significantly related to disordered eating ($b^* = -0.006$, $t = -0.057$, $p = 0.954$). Investigation into the effects of perfectionism on disordered eating found a non-significant relationship, though the women's effect size shrank more ($R^2 = 0.007$, $F(1,32) = 0.212$, $p = 0.649$) than men's ($R^2 = 0.105$, $F(1,24) = 2.809$, $p = 0.107$). The study found that male and female college students with high perfectionism and low body-esteem were at greater risk for having patterns of disturbed eating ($R^2=0.364$, $F(2,62) = 17.735$, $p < 0.001$). The effect size of body-esteem's relationship to disturbed eating patterns was also greater for women ($R^2 = 0.529$, $F(1,32) = 35.944$, $p < 0.001$) than for men ($R^2 = 0.275$, $F(1,24) = 9.109$, $p = .006$).

Discussion

The main purpose of this study was to test whether perfectionism and body-esteem affected one's risk for disturbed eating patterns in male and female college students. The risks to one's psychological health from being over or under-weight can have significant costs to the individual (Lobstein et al., 2004), and to society with increased demands on the health care system (Wolf & Colditz, 1998). The issue was examined by presuming that high perfectionism and low body-esteem would put one at risk for having disturbed eating patterns for male and female college students.

The study's result holds issues with generalizability, as several scales were not validated using both male and female college students. The EAT-26 scale, and Frost's Multidimensional Perfectionism Scale were validated on samples of female university participants and holds generalizability issues for the male university participants in this study. The study has generalizability issues to the general population as it was conducted with survey data from a single university with a total sample size of 66 participants.

As this study was not conducted in a clinical setting the authors of the EAT-26 scale reported the measure was at best an indicator of potential patterns of disturbed eating. This raises issues with the use of the self-control of eating behaviors subscale from the EAT-26 scale. The self-control subscale was significant with all its sample groups and was concluded to be a useful predictor.

Research suggests that perfectionists have a strive to meet and out-do others expectations, which can potentially put them at risk in today's world as the media is continually displaying body ideals in everyday life (Frost et al., 1990). With perfectionists already at risk for low self-esteem, understanding the importance of perfectionism on having disturbed eating patterns was

investigated (Hewitt & Flett, 1991). The study found that male and female college students with high perfectionism and low body-esteem were at greater risk for having patterns of disturbed eating.

The impact of perfectionism on disturbed eating was not significant, contrary to the original expectation. During the study it was found that body-esteem was a significant contributor to patterns of disturbed eating, but that perfectionism was not. Interestingly, despite being non-significant, the drop in effect size was much more dramatic for women than for men, and is shown in figure 1. Despite perfectionism's link to self-esteem, it was not conclusive in this study that perfectionism has any significant impact on the risk for disturbed eating patterns.

Due to the media's portrayal of physical ideals for attractiveness and the average person being unable to meet these ideals it is important to understand how body-esteem affects individuals risks for disturbed eating patterns. The study found that there was a significant positive relationship between lower body-esteem and an increase in disturbed eating patterns. Indicating that people who have a lower body-esteem are at a greater risk for having patterns of disturbed eating.

The study came across an interesting finding when investigating if college students with low body-esteem were at higher risk for having patterns of disturbed eating. The degree to which body-esteem could predict disturbed eating patterns was much greater for women explained in this study. This finding indicates that body-esteem is an important factor to college students eating patterns for both men and women, and that women's eating patterns are more sensitive to body-esteem than men's. Establishing this conclusion is outside the scope of this study however.

Due to the cultural importance of thinness for women and muscularity for men, it was speculated that men and women differed in their eating patterns (Gray, 1977). This study found that there was no significant difference between male and female college students. An interesting finding to come out of the study was the number of individuals who reported themselves as currently being on a diet. 42% of the male participants in the study said they were currently dieting, compared to only 6% of the female participants (see figure 2). Despite not finding a significant difference between males and females risk for disturbed eating patterns, the study found that nearly half of all male participants were dieting compared to less than 10% of female participants not dieting.

Control over tempting food-cues is important to continuing a diet and maintaining weight loss in food-rich environments. Since muscularity requires muscles and protein consumption, and thinness required restricting food consumption, it followed that women would have greater control over their eating. However the study found no difference between male and female self-control of eating behaviors. Further investigation found no differences between male and female college students on every scale except current diet, see table 1.

The bulk of our study has focused on body-esteem's relation to disturbed eating patterns because no conclusive findings were found with perfectionism. Though this study was not able to better understand perfectionism's role on disturbed eating patterns, it shows a need to investigate perfectionism's impact on self-esteem and perceptions of body-image. Body image, self-esteem, and body-esteem are important to people's perceptions of themselves and how to deal with their weight, and perfectionism may have a greater interaction with body-esteem than this study was able to examine.

The study has helped demonstrate the role of body-esteem to eating patterns, for male and female college students. That women and men were not found to have any differences in their risk of abnormal eating patterns or control of tempting-food cues, though five times more men were dieting at the time of the survey than women. How perfectionism was not found to be significantly linked to students eating patterns, and that body-esteem showed a significant role in patterns of disturbed eating. Understanding that when college students have low body-esteem they are at greater risk of having disturbed eating patterns is important as childhood obesity rates continue to rise there seems a greater risk of abnormal eating patterns in future adults.

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Table 1

Gender Comparison Statistics

Measure	<u>Male</u>		<u>Female</u>		<i>t</i> (58)	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Currently dieting	1.58	.50	1.94	.24	-3.54	.001
Body-esteem scale	31.77	8.48	32.68	8.10	-.421	.675
EAT-26	56.08	13.87	56.53	16.10	-.114	.909
FMDS	105.65	20.59	100.59	21.39	.924	.359
Dieting subscale	28.04	9.97	27.79	10.75	.090	.929
Self-control subscale	18.12	3.30	19.0	4.58	-.833	.408

Note. The Body-esteem Scale is from Franzoi & Shields (1984); the Eating Aptitude Test-26 is from Garner et al (1982); the Frosts Multidimensional Perfectionism Scale is from Frost et al. (1990). All values represent raw, unstandardized scores.

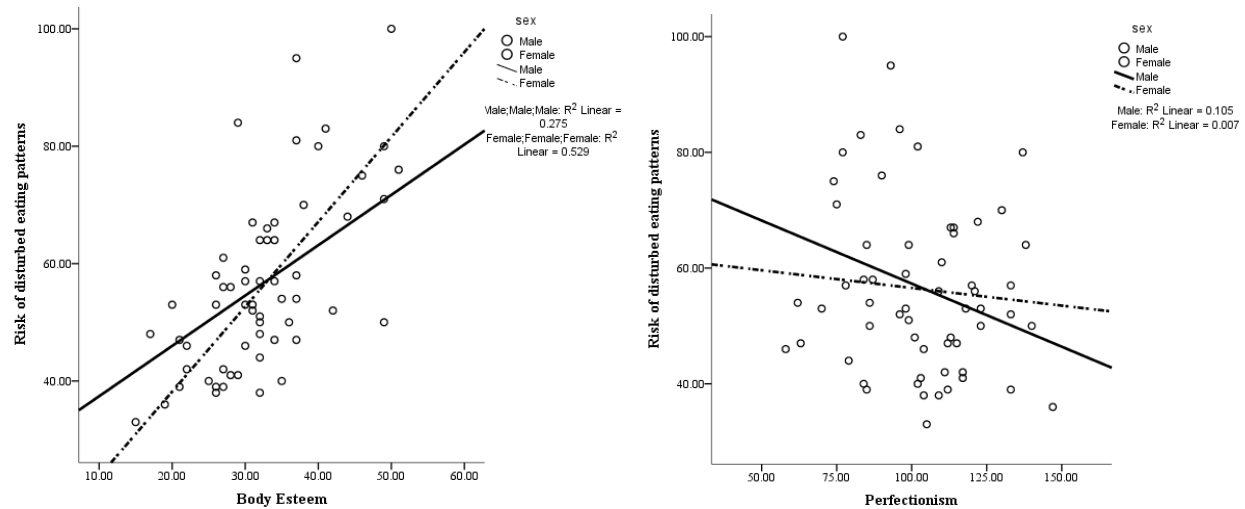


Figure 1. These scatterplots demonstrate the relationship between eating patterns and body-esteem on the left, and eating patterns with perfectionism on the right. Low scores on the body-esteem scale indicate high body-esteem, and low scores on the perfectionism scale indicate high perfectionism. The graph on the left demonstrates how body-esteem is related to risk of disturbed eating patterns in both men and women. The graph on the right demonstrates how perfectionism is not related to risk of disturbed eating patterns. The interesting note is the effect of perfectionism on disordered eating appears to be more influential on men.

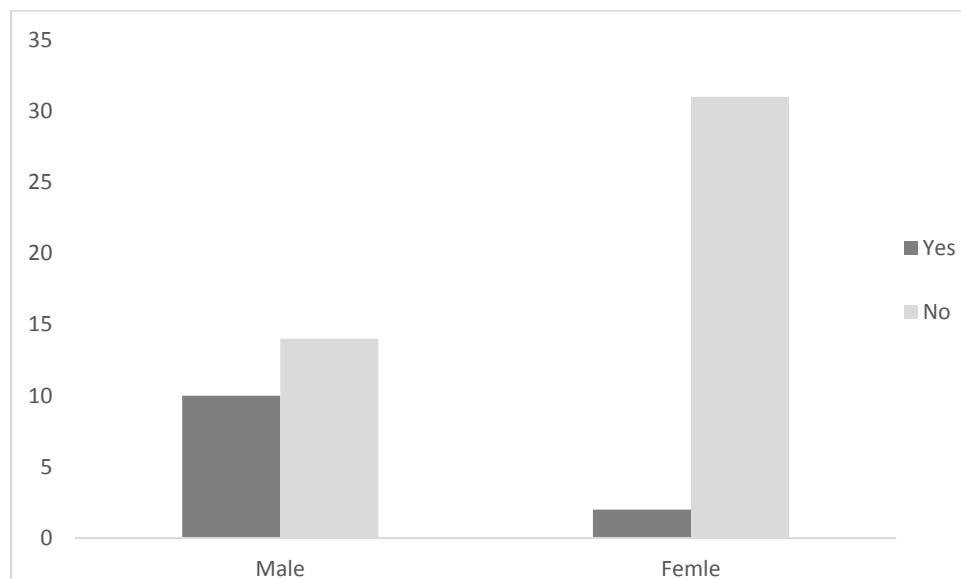


Figure 2. The raw scores for each genders dieting status, at the time of survey. Male participants were found to be dieting significantly more than the female participants.

Appendix

Group 3

ID _____

Sex M₁ F₂Year in School: Fresh₁ Soph₂ Jr₃ Sr₄ Grad₅ other₆ GPAAre You Currently Dieting? Yes₁ No₂

Directions

Please circle the response which best represents your attitudes towards the question.

	Strongly agree	Agree	Disagree	Strongly disagree
1. I like what I look like in pictures.	1	2	3	4
2. I 'm pretty happy about the way I look.	1	2	3	4
3. My weight makes me happy.	1	2	3	4
4. I like what I see when I look in the mirror.	1	2	3	4
5. I wish I were thinner.	1	2	3	4
6. There are lots of things I'd change about my looks if I could.	1	2	3	4
7. I'm proud of my body.	1	2	3	4
8. I really like what I weigh.	1	2	3	4
9. I wish I looked better.	1	2	3	4
10. I think I have a good body.	1	2	3	4
11. I'm looking as nice as I'd like to.	1	2	3	4
12. I'm as nice looking as most people.	1	2	3	4
13. I worry about the way I look.	1	2	3	4

Directions

Please circle the response which best represents your attitudes towards the question.

	Never	Rarely	Sometimes	Often	Usually	Always
1. I am terrified about being overweight.	1	2	3	4	5	6
2. I avoid eating when I am hungry.	1	2	3	4	5	6
3. I find myself preoccupied with food.	1	2	3	4	5	6

4. I have gone on eating binges where I feel that I may not be able to stop.	1	2	3	4	5	6
5. I cut my food into small pieces.	1	2	3	4	5	6
6. I am aware of the calorie content of foods that I eat.	1	2	3	4	5	6
7. I particularly avoid food with a high carbohydrate content (i.e. bread, rice, potatoes, etc.)	1	2	3	4	5	6
8. I feel that others would prefer if I ate more.	1	2	3	4	5	6
9. I vomit after I have eaten.	1	2	3	4	5	6
10. I feel extremely guilty after eating.	1	2	3	4	5	6
11. I am occupied with a desire to be thinner.	1	2	3	4	5	6
12. I think about burning up calories when I exercise.	1	2	3	4	5	6
13. Other people think that I am too thin.	1	2	3	4	5	6
14. I am preoccupied with the thought of having fat on my body.	1	2	3	4	5	6
15. I take longer than others to eat my meals.	1	2	3	4	5	6
16. I avoid foods with sugar in them.	1	2	3	4	5	6
17. I eat diet foods.	1	2	3	4	5	6
18. I feel that food controls my life.	1	2	3	4	5	6
19. I display self-control around food.	1	2	3	4	5	6
20. I feel that others pressure me to eat.	1	2	3	4	5	6
21. I give too much time and thought to food.	1	2	3	4	5	6
22. I feel uncomfortable after eating sweets.	1	2	3	4	5	6
23. I engage in dieting behavior.	1	2	3	4	5	6
24. I like my stomach to be empty.	1	2	3	4	5	6
25. I have the impulse to vomit after meals.	1	2	3	4	5	6
26. I enjoy trying new rich foods.	1	2	3	4	5	6

Directions

Please circle the response which best represents your attitudes towards the question.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. My parents set very high standards for me.	1	2	3	4	5
2. Organization is very important to me.	1	2	3	4	5
3. As a child, I was punished for doing things less than perfectly.	1	2	3	4	5
4. If I do not set the highest standards for myself, I am likely to end up a second-rate person.	1	2	3	4	5
5. My parents never try to understand my mistakes.	1	2	3	4	5
6. It is important to me that I be thoroughly competent in what I do.	1	2	3	4	5
7. I am a neat person.	1	2	3	4	5
8. I try to be an organized person.	1	2	3	4	5
9. If I fail in school, I am a failure as a person.	1	2	3	4	5
10. I should be upset if I make a mistake.	1	2	3	4	5
11. My parents want me to be the best at everything.	1	2	3	4	5
12. I set higher goals than most people.	1	2	3	4	5
13. If someone does a task at school better than I do, then I feel as if I failed the whole task.	1	2	3	4	5
14. If I fail partly, it is as bad as being a complete failure.	1	2	3	4	5
15. Only outstanding performance is good enough in my family.	1	2	3	4	5
16. I am very good at focusing my efforts on attaining a goal.	1	2	3	4	5
17. Even when I do something very carefully, I often feel that it is not quite right.	1	2	3	4	5
18. I hate being less than the best at things.	1	2	3	4	5
19. I have extremely high goals.	1	2	3	4	5
20. My parents expect excellence from me.	1	2	3	4	5
21. People will probably think less of me if I make a mistake.	1	2	3	4	5
22. I never feel that I can meet my parents' expectations.	1	2	3	4	5
23. If I do not do as well as other people, it means I am an inferior being.	1	2	3	4	5
24. Other people seem to accept lower standards from themselves than I do.	1	2	3	4	5
25. If I do not do well all the time, people will not respect me.	1	2	3	4	5
26. My parents have always had higher expectations for my future than I have.	1	2	3	4	5
27. I try to be a neat person.	1	2	3	4	5
28. I usually have doubts about the simple everyday things that I do.	1	2	3	4	5
29. Neatness is very important to me.	1	2	3	4	5
30. I expect higher performance in my daily tasks than most people.	1	2	3	4	5
31. I am an organized person.	1	2	3	4	5
32. I tend to get behind in my work because I repeat things over and over.	1	2	3	4	5
33. It takes me a long time to do something "right".	1	2	3	4	5

34. The fewer mistakes I make, the more people will like me.	1	2	3	4	5
35. I never feel that I can meet my parents' standards.	1	2	3	4	5