**Eating Pathology Items in All Surveys**

| **Construct** | **Item** | | **Citation** |
| --- | --- | --- | --- |
| Body Dissatisfaction | Since the previous survey, I felt. . .   * **Extremely satisfied** with my body size and shape * **Mostly satisfied** with my body size and shape * **Moderately satisfied** with my body size and shape * **Slightly satisfied** with my body size and shape * **Neither dissatisfied nor satisfied** with my body size and shape * **Slightly dissatisfied** with my body size and shape * **Moderately dissatisfied** with my body size and shape * **Mostly dissatisfied** with my body size and shape * **Extremely dissatisfied** with my body size and shape | | Cash, T. F., Fleming, E. C., Alindogan, J., Steadman, L., & Whitehead, A. (2002). Beyond body image as a trait: The development and validation of the Body Image States Scale. *Eating Disorders, 10*(2), 103-113. doi:10.1080/10640260290081678 |
| Fear of Weight Gain | Since the previous survey, I had a fear of gaining weight.   * Not at all * A little * Moderately * Very much * Extremely | | Fairburn, C. G., & Beglin, S. J. (1994). Assessment of eating disorders: Interview or self-report questionnaire? *International Journal of Eating Disorders*, *16*(4), 363–370. doi:10.1002/1098-108X(199412)16:4<363::AID-EAT2260160405>3.0.CO;2-# |
| Concentration Impairment | Since the previous survey, thinking about my shape or weight made it hard to concentrate on other things.   * Not at all * A little * Moderately * Very much * Extremely | |
| Since the previous survey, thinking about food, eating, or calories made it hard to concentrate on other things.   * Not at all * A little * Moderately * Very much * Extremely | |
| Eating Pattern | Since the previous survey, what meals or snacks have you eaten? Please select all that apply.   * Breakfast * Morning snack (anything between breakfast and lunch) * Lunch * Afternoon snack (anything between lunch and dinner) * Dinner * Evening snack (anything after dinner) * None of the above | |
| Binge Eating Behavior | *Repeat for each meal or snack endorsed. If none endorsed, skip.* | We are interested in assessing loss of control eating. A sense of having lost control while eating might be experienced as feeling driven or compelled to eat; not being able to stop eating once you have started; not being able to keep yourself from eating large amounts of certain kinds of food in the first place; or giving up on even trying to control your eating because you know that, no matter what, you are going to overeat.  While you were eating [meal or snack], to what extent did you feel a sense of loss of control?   * Not at all * A little * Moderately * Very much * Completely   For [meal or snack], to what extent do you feel that you overate?   * Not at all * A little * Moderately * Very much * Completely | Goldfein, J. A., Devlin, M. J., & Kamenetz, C. (2005). Eating Disorder Examination-Questionnaire with and without instruction to assess binge eating in patients with binge eating disorder. *International Journal of Eating Disorders*, *37*(2), 107–111. doi:10.1002/eat.20075  Smith, K. E., Mason, T. B., Schaefer, L. M., Juarascio, A., Dvorak, R., Weinbach, N., Crosby, R. D., & Wonderlich, S. A. (2020). Examining intra-individual variability in food-related inhibitory control and negative affect as predictors of binge eating using ecological momentary assessment. *Journal of Psychiatric Research*, *120*, 137–143. doi:10.1016/j.jpsychires.2019.10.017 |
| Dietary Restriction | *Repeat for each meal or snack endorsed. If none endorsed, skip.* | We are interested in assessing restrictive eating. Restrictive eating occurs any time you intentionally eat less than seems appropriate for the situation out of concern for your body shape and/or weight. I am going to give you a few examples of what I mean by restrictive eating.  Restrictive eating can mean eating an amount of food that most others would think is too little. For example, eating an apple for dinner could be considered restrictive eating.  Restrictive eating can mean eating less than is appropriate for your body size or hunger level. For example, if you are very hungry or are underweight and you eat only a small salad for dinner, this could be considered restrictive eating.  For [meal or snack], to what extent did you intentionally eat less out of concern for your body shape and/or weight?   * Not at all * A little * Moderately * Very much * Completely | Haynos, A. F., & Fruzzetti, A. E. (2015). Initial evaluation of a single-item screener to assess problematic dietary restriction. *Eating and weight disorders, 20*(3), 405–413. doi:10.1007/s40519-014-0161-0 |
| Compensatory and Restrictive Behaviors | Since the previous survey, which of the following did you engage in as a means of controlling your shape or weight? Please select all that apply.   * Skip snack or meal * Vomiting * Laxatives (e.g., Metamucil, Colace, Dulcolax, Ex-Lax, Miralax) * Diuretics (e.g., Diuril, water pills) * Exercise * Drank fluids to curb appetite * None of the above | |  |
| *If “skip snack or meal” is endorsed:* | Has it been eight waking hours or more since you last ate?   * Yes * No | Fairburn, C. G., & Beglin, S. J. (1994). Assessment of eating disorders: Interview or self-report questionnaire? *International Journal of Eating Disorders*, *16*(4), 363–370. doi:10.1002/1098-108X(199412)16:4<363::AID-EAT2260160405>3.0.CO;2-# |
| *If “exercise” is endorsed:* | Since the previous survey, have you exercised in a “driven” or “compulsive” way as a means of controlling your weight, shape or amount of fat, or to burn off calories?   * Yes * No |
| Muscularity-Oriented Eating Behavior | Since the previous survey, which of the following did you engage in as a means of controlling your shape or weight? Please select all that apply.   * Drank weight gain or protein shakes * Consumed as many calories as I can * Used supplements such as creatine or amino acids * Thought about using anabolic or injectable steroids or other appearance- and performance-enhancing drugs (e.g., DHEA, growth hormone) without a doctor’s prescription * Used anabolic or injectable steroids or other appearance- and performance-enhancing drugs (e.g., DHEA, growth hormone) without a doctor’s prescription * None of the above | | McCreary, D. R., Sasse, D. K., Saucier, D. M., & Dorsch, K. D. (2004). Measuring the drive for muscularity: Factorial validity of the Drive for Muscularity Scale in men and women. *Psychology of Men & Masculinity*, *5*(1), 49–58. doi:10.1037/1524-9220.5.1.49 |
| Body Checking Behavior | Since the previous survey, which of the following did you engage in? Please select all that apply.   * Weighed myself * Felt thighs * Sucked in stomach * Felt/pinched stomach * Compared my body to others * Checked my body size in a reflective surface * Checked for fat jiggling * Checked to see if my thighs spread while sitting down * None of the above | | Stefano, E. C., Hudson, D. L., Whisenhunt, B. L., Buchanan, E. M., & Latner, J. D. (2016). Examination of body checking, body image dissatisfaction, and negative affect using Ecological momentary assessment. *Eating Behaviors*, *22*, 51–54. doi:10.1016/j.eatbeh.2016.03.026 |