This is an anonymous survey about eating behaviors and body satisfaction. This means that is impossible to identify any individual because the surveys/answer sheets have no identifiers on them. There are no identifiers and your responses are completely anonymous. The Consent Forms that were signed will be turned in separately from and kept isolated and from the group of anonymous surveys/answer sheets. The data will be analyzed as a whole group and no individual can or will be identified.

The 50 questions on this anonymous survey are divided into several sections about eating behaviors and body satisfaction: (a) your own participant characteristics and a series of questions about a fictitious college student named ‘**KW**’s attitudes about her/his eating behaviors and body satisfaction. You will be asked to evaluate **KW**’s attitudes in these sections: (b) Behavior Attitudes (c) Subjective Social Norms; Perceived Behavior Control (d) Intentions (e) Behaviors. There is also a section about your own (f) Body Satisfaction. There is a concluding section (g) Debriefing and Risk/Benefits Appraisal (required by University policy).

PLEASE ANSWER THE ANAONYMOUS SURVEY QUESTIONS HONESTLY AND FAITHFULLY. YOUR SINCERE TRUTHFULNESS IS NECESSARY.

Demographic Information/

01. Your age:

02. Your sex: 1 Female / 2 Male

03. Your Ethnicity: 1 White 2 Native American, 3 Black  3 Asian 4 Latino 5 Bi-Racial/Multi-Racial 6 Prefer not to answer

04. Your Height in feet and inches:

05. Your Weight in pounds:

06. Years to date as a college student

In the following sections, on a 1-7 scale, please evaluate **KW**’s responses, e.g., what do you think of **KW**?

Behavior or Attitudes

07. **KW** feels extremely guilty after eating.

08. **KW** gives too much time and thought to food.

 09. **KW** is terrified about being overweight.

10. **KW** is preoccupied with the desire to be thinner.

11. **KW** thinks about burning up calories when exercising.

12. During the past six months, **KW** feels that weight or shape has been important in how feeling about or evaluating herself/himself as a person- as compared to other aspects of **KW**’s life, such as how **KW** does at work, as a student, or how **KW** gets along with other people.

Subjective Norms

13. Most people who are important to **KW** would want **KW** to watch **KW**’s diet.

14. **KW** feels overweight despite others saying **KW** is too thin.

15. **KW** eats moderately in front of others and stuffs herself/himself when they are gone.

16. **KW** would say the people close to **KW** would approve of **KW**’s eating patterns.

17. Weight is more important to **KW** compared to **KW**’s peers.

18. **KW** feels others pressure me to eat.

PERCIEVED BEHAVIORAL CONTROL

19. It’s easy for **KW** to control **KW**’s thoughts of food.

20. **KW** struggles to display self-control around food.

21. **KW** worries about having lost control over how much **KW** eats?

22. **KW** would say food dominates **KW**’s life.

23. **KW** could break potentially unhealthy eating patterns.

24. **KW** is concerned **KW** has lost control over how much **KW** exercises.

INTENTIONS

25. **KW** often works out with the intention of losing weight.

26. **KW** plans dieting.

27. **KW** plans the calorie content of food that **KW** eats.

28. **KW** plans on eating a healthy amount of food regularly in the near future.

29. **KW** plans on avoiding foods with a high carbohydrate count.

30. **KW** has planned to vomit in order to lose weight.

BEHAVIOR

31. **KW** avoids eating when he/she is hungry

32. **KW** engages in dieting behavior.

33. **KW** makes himself/herself sick because **KW** feels uncomfortably full?

34. **KW** eats or drink in secrecy.

35. I have gone on eating binges where I feel that I might not be able to stop.

36. **KW** vomits after meals.

Thank you for evaluating **KW**. These final sections refer to your own point of view.

YOUR BODY SATISFACTION

37. On a scale from 1(low) -7 (high), how satisfied are you with your current body image?

38. On a scale from 1(low) -7 (high), how much would you like to change your current body image?

39. On a scale from 1 (low) to 7 (high), how do you think new people that you first meet appraise you with your current body image?

40. On a scale from 1 (low) to 7 (high), how do you think your old friends appraise you with your current body image?

41. Look at the drawings below. Which one (1-9) do you think is most similar to you?

42. Look at the drawings below. Which one (1-9) do you think is your ideal body image?

**1 2 3 4 5 6 7 8 9**



43. Estimate the extent to which you think that you may have an eating disorder where you stay thin (< 85% normal body weight) by greatly restricting your caloric content, which may or may not be combined with purging behaviors after eating. (1 strongly disagree – 7 strongly agree).

44. Estimate the extent to which you think that you may have an eating disorder where you stay thin (but somewhere above 85% normal body weight) by utilizing behaviors that purge caloric intake (e.g., vomiting, laxatives, enemas, excessive exercise) - (1 strongly disagree – 7 strongly agree).

45. Estimate the extent to which you think that you may have an eating disorder where you are overweight, overeat and do not make any effort to reduce calories. (1 strongly disagree – 7 strongly agree)

46-48. What do you think! Please provide any and all of your opinions or ideas that you have about people you meet who may have one of these eating disorders. Feel free to continue writing on the back of the page.

46. People who are thin and maintain less than 85% normal body weight by greatly limiting caloric intake

47. People who are thin, but above 85%, and who follow eating with some behavior(s) to reduce their caloric intake by purging calories (vomiting, laxatives, enemas, extreme exercise)

48. People who are overweight, who overeat and do not make any effort to reduce calories.

Debriefing:

49. The probability of harm or injury -physical, psychological, social, or economic -occurring as a result of participation in a research study defines risk On a scale of 1-10, with 1 being no risk and 10 being significant risk, rate the overall risk to subjects in your project.

50. A valued or desired outcome; an advantage defines benefit. On a scale of 1-10, with 1 being no benefit and 10 being significant benefit, rate the overall benefits to subjects in your project.

------------------------------------------------------------------------------------------------------------

1. What was the purpose of the study? The purpose of this study was to determine how a psychological theory (Azgen’s Theory of Planned Behaviors) can be used to study eating behaviors and body satisfaction. Azgen’s model is that Behaviors that require planning are produced by the strength and interactions of these components: Behavior Attitudes, Subjective Social Norms, Perceived Behavior Control and Intentions to carry out the targeted behavior. Further, we wanted to examine whether any differences appear when the personal pronoun “I” is replaced with a fictitious person and the questions become hypothetical, e.g., how would **KW** feel. It is anticipated that more people will self-report unusual eating behaviors when the survey is posed as being from a fictitious **KW** than the personal pronoun “I” version.
2. How will the data collected from this study be examined? A group-statistical technique will be used to test the hypotheses that for eating behaviors and body satisfaction, self-reported Behaviors are predicted best by Intentions, followed, in order, by Perceived Control, Subjective Norms, and Behavior Attitudes. The “**KW**” fictitious person survey will also be compared to the “I” personal pronoun ones. We also predict that participants body/weight ratios and self-reported opinions about themselves and others (43-48) will be related to self-reported eating behaviors and body satisfaction. Finally, we predict that perceived benefits will exceed perceived risks (49-50).
3. Whom may I contact about the results and when may they be accessed? A copy of the Consent Form is available upon request. It has this information: contact the researcher responsible for conducting the study: Dr. Harvey Ginsburg ([hg01@txstate.edu](mailto:hg01@txstate.edu)); the results will be available by the beginning of the following semester.
4. Please feel free to ask any questions or to state any concerns to the person collecting the surveys/answer page after you have finished. Please describe any concerns or questions about the study that you wish to have answered here.

Debriefing (continued)

Please feel free to remove this page from the survey and take it with you. Part of the benefit for participating is for you to receive information about eating disorders and body satisfaction that is science-based.

Eating disorders can become life-threatening. It is estimated that between 5-10% of college students may suffer from an eating disorder. There are technically 3 types of medically defined eating disorders: (1) anorexia (<85% normal body weight), (2) bulimia (somewhat > 85% body weight where purging is used to remove caloric intake, and (3) obesity, when excessive calories are consumed and little or no effort is made to reduce the caloric intake. As a benefit of participating in the anonymous survey, please feel free to detach this information page

from the survey before turning it in; these are links to eating behaviors and treatment for eating disorders.

Eating Disorders: “It’s Not About Food, Weight or The Body”

<http://behavioralhealthcentral.com/index.php/2009091177899/Special-Features/eating-disorders-its-not-about-food-weight-or-the-body.html>

Eating Disorders: Articles

<http://psychcentral.com/resources/Eating_Disorders/Articles/>

<http://www.sciencedaily.com/articles/health_medicine/eating_disorders/>