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) Participants’ characteristics (b) Behavior Attitudes (c) Subjective Social Norms; Perceived Behavior Control (d) Intentions (e) Behaviors (f) Body Satisfactions and (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

Behavior or Attitudes

07. I feel extremely guilty after eating.

08. I give too much time and thought to food.

 09. I am terrified about being overweight.

10. I am preoccupied with the desire to be thinner.

11. I think about burning up calories when I exercise.

12. During the past six months, how important has your weight or shape been in how you feel about or evaluate yourself as a person- as compared to other aspects of your life, such as how you do at work, as a student, or how you get along with other people?

Subjective Norms

13. Most people who are important to me would want me to watch my diet.

14. I feel I am overweight despite others saying you are too thin.

15. I eat moderately in front of others and stuff myself when they are gone.

16. I would say the people close to me would approve of my eating patterns.

17. Weight is more important to me compared to my peers.

18. I feel others pressure me to eat.

PERCIEVED BEHAVIORAL CONTROL

19. It’s easy to control my thoughts of food.

20. I struggle to display self-control around food.

21. I worry about having lost control over how much you eat?

22. I would say food dominates my life.

23. I could break potentially unhealthy eating patterns.

24. I am concerned I have lost control over how much I exercise.

INTENTIONS

25. I often work out with the intention of losing weight.

26. I plan dieting.

27. I plan of the calorie content of food that I eat.

28. I plan on eating a healthy amount of food regularly in the near future.

29. I plan on avoiding foods with a high carbohydrate count.

30. I have planned to vomit in order to lose weight.

BEHAVIOR

31. I avoid eating when I am hungry

32. I engage in dieting behavior.

33. I make myself sick because I feel uncomfortably full?

34. I eat or drink in secrecy.

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

36. I vomit after meals.

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.

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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 and body satisfaction 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/>