

## Appendix

### Dieting\_Behaviors

Q1 The following survey is completely optional and inquires about your dieting behaviors and your recall of your parents' dieting behaviors. The purpose of this study is to understand the family environment of individuals with eating disorders. By understanding this, we can hope to improve prevention and early intervention efforts. The information you provide is vital to helping other individuals with eating disorders. This study is being conducted to fulfill requirements for a dissertation project and is led by Elizabeth Claydon, MPH, MS who is a PhD student in the Department of Social and Behavioral Sciences at West Virginia University. This project is being overseen by her professor, Dr. Keith Zullig, also in the Department Social and Behavioral Sciences. The survey will take approximately 15 minutes to complete. This survey is anonymous and cannot be linked back to you. You will have the option to provide your email address for entry to win a \$50 Amazon gift card. Your email address will be kept confidential and your data will always only be identified by a study ID any identifying information. Your participation in this survey is completely voluntary and you may choose to withdraw at any time. This study has been filed with West Virginia University's Institutional Review Board and approval has been obtained. If you agree to participate, please click 'yes' to continue to the survey. Thank you so much for your time and willingness to help with this important project. Sincerely,  
Elizabeth Claydon, MPH, MS Please contact [eac0006@mix.wvu.edu](mailto:eac0006@mix.wvu.edu) with any questions.

Q2 I agree to participate in this study.

- Yes (1)
- No (2)

Q3 What is your gender?

- Male (1)
- Female (2)
- Transgender (3)

Q4 How old are you?

Q5 Are you Hispanic or Latino/a?

- Yes (1)
- No (2)

Q6 What best describes your race?

- White/Caucasian (1)
- Black/African American (2)
- Asian (3)
- American Indian, Alaskan Native (4)
- Native Hawaiian, Pacific Islander, East Indian (5)
- Other (6)

Q7 What eating disorders have you had (select all that apply)?

- Past Anorexia nervosa, professionally diagnosed (1)
- Past Anorexia nervosa, self-diagnosed (2)
- Past Bulimia nervosa, professionally diagnosed (3)
- Past Bulimia nervosa, self-diagnosed (4)
- Past Binge eating disorder, professionally diagnosed (5)
- Past Binge eating disorder, self-diagnosed (6)
- Past EDNOS, professionally diagnosed (7)
- Past EDNOS, self-diagnosed (8)
- Current Anorexia nervosa, professionally diagnosed (9)
- Current Anorexia nervosa, self-diagnosed (10)
- Current Bulimia nervosa, professionally diagnosed (11)
- Current Bulimia nervosa, self-diagnosed (12)
- Current Binge eating disorder, professionally diagnosed (13)
- Current Binge eating disorder, self-diagnosed (14)
- Current EDNOS, professionally diagnosed (15)
- Current EDNOS, self-diagnosed (16)

Q8 What is your current insurance status?

- Uninsured (1)
- Privately insured (2)
- Medicaid (3)
- Medicare (4)

Q9 What is your current height (in feet & inches) and weight (in pounds)? (If you have not weighed yourself recently, please provide your best estimate).

Height (ft) (1)

Height (in) (2)

Weight (3)

Q10 What is the highest level of education you have completed?

- College Degree or higher (1)
- High school/GED (2)
- Less than high school (3)

Q11 What is your current annual family income?

- \$0 - \$23,900 (1)
- \$24,000 - \$45,900 (2)
- \$46,000 - \$99,900 (3)
- \$100,000 - \$149,900 (4)
- \$150,000+ (5)
- Prefer not to answer (6)

Q12 Are you a parent or are you expecting a baby?

- Yes, parent (1)
- Yes, expecting a baby (2)
- Neither (3)



Q14 Did you live with your MOTHER at least part of the time when you were a child?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Did you live with your father at leas...

Q15 To your knowledge, did your mother have an eating disorder (professionally diagnosed or undiagnosed)

- Yes, professionally diagnosed (1)
- Yes, undiagnosed (2)
- No (3)
- Unsure (4)

Q16 Did your MOTHER engage in diets specifically to lose weight (primarily for appearance-related concerns)?

- Never (1)
- Almost never (2)
- Some of the time (3)
- Usually (4)
- Almost always (5)

Q17 Did your MOTHER engage in 'fat talk,' that is degrading self-talk specifically about her weight, shape, or size?

- Never (1)
- Almost never (2)
- Some of the time (3)
- Usually (4)
- Almost always (5)

Q18 How often do you remember your MOTHER losing weight (primarily for appearance-related concerns and when she was NOT sick or pregnant) and then gaining it back?

- Never (1)
- Almost never (2)
- Some of the time (3)
- Usually (4)
- Almost always (5)

Q19 Did your MOTHER encourage you to diet to lose weight?

- Never (1)
- Almost never (2)
- Some of the time (3)
- Usually (4)
- Almost always (5)

Q20 Did your MOTHER ever encourage a sibling or close family member to diet to lose weight?

- Never (2)
- Almost never (3)
- Some of the time (4)
- Usually (5)
- Almost always (6)

Q21 Did your MOTHER ever criticize your weight, shape, or eating behaviors?

- Never (1)
- Almost never (2)
- Some of the time (3)
- Usually (4)
- Almost always (5)

Q22 Did your MOTHER ever criticize a sibling or close family member's weight, shape, or eating behaviors?

- Never (1)
- Almost never (2)
- Some of the time (3)
- Usually (4)
- Almost always (5)

Q23 Did you live with your FATHER at least part of the time when you were a child?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To How old were you the first time you l...

Q24 To your knowledge, did your father have an eating disorder (professionally diagnosed or undiagnosed)?

- Yes, professionally diagnosed (1)
- Yes, undiagnosed (2)
- No (3)
- Unsure (4)

Q25 Did your FATHER engage in diets specifically to lose weight (primarily for appearance-related concerns)?

- Never (1)
- Almost never (2)
- Some of the time (3)
- Usually (4)
- Almost always (5)

Q26 Did your FATHER engage in 'fat talk,' that is degrading self-talk specifically about his weight, shape, or size?

- Never (1)
- Almost never (2)
- Some of the time (3)
- Usually (4)
- Almost always (5)

Q27 How often do you remember your FATHER losing weight (primarily for appearance-related concerns) - when he was not sick - and then gaining it back?

- Never (1)
- Almost never (2)
- Some of the time (3)
- Usually (4)
- Almost always (5)

Q28 Did your FATHER encourage you to diet to lose weight?

- Never (1)
- Almost never (2)
- Some of the time (3)
- Usually (4)
- Almost always (5)

Q29 Did your FATHER ever encourage a sibling or close family member to diet to lose weight?

- Never (1)
- Almost never (2)
- Some of the time (3)
- Usually (4)
- Almost always (5)

Q30 Did your FATHER ever criticize your weight, shape, or eating behaviors?

- Never (1)
- Almost never (2)
- Some of the time (3)
- Usually (4)
- Almost always (5)

Q31 Did your FATHER ever criticize a sibling or close family member's weight, shape, or eating behaviors?

- Never (5)
- Almost never (6)
- Some of the time (7)
- Usually (8)
- Almost always (9)

Q32 How old were you the first time you lost weight (primarily for appearance-related concerns) by dieting, or in some way by limiting how much you ate? If you are not sure, what is your best guess?

- As far back as I can remember (1)
- Before grade school (2)
- Sometime in elementary school (3)
- Middle school/early adolescence (4)
- High school or later (5)
- Never/Not applicable (6)

Q33 Now that you are an adult (over 18), does your MOTHER encourage you to diet?

- Never (1)
- Almost never (2)
- Some of the time (3)
- Usually (4)
- Almost always (5)

Q34 Now that you are an adult (over 18), does your MOTHER criticize your weight, shape, or eating behaviors?

- Never (1)
- Almost never (2)
- Some of the time (3)
- Usually (4)
- Almost always (5)



Q35 Now that you are an adult (over 18), does your FATHER encourage you to diet?

- Never (1)
- Almost never (2)
- Some of the time (3)
- Usually (4)
- Almost always (5)

Q36 Now that you are an adult (over 18), does your FATHER criticize your weight, shape, or eating behaviors?

- Never (1)
- Almost never (2)
- Some of the time (3)
- Usually (4)
- Almost always (5)

Q37 Below is a list of experiences and problems that people sometimes have. Read each item to determine how well it describes your recent experiences. Then select the option that best

describes how frequently each statement applied to you during the past four weeks, including today.

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Very often (5)
I did not like how clothes fit the shape of my body. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tried to exclude "unhealthy" foods from my diet. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I ate when I was not hungry. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People told me that I do not eat very much. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that I needed to exercise nearly every day. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People would be surprised if they knew how little I ate. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I used muscle building supplements. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I pushed myself extremely hard when I exercised. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I snacked throughout the evening without realizing it. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I got full more easily than most people. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I considered taking diuretics to lose weight. (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tried on different outfits, because I did not like how I looked. (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought laxatives are a good way to lose weight. (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought that obese people lack self-control. (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I thought about taking steroids as a way to get more muscular. (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I used diet teas or cleansing teas to lose weight. (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I used diet pills. (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not like how my body looked. (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I ate until I was uncomfortably full. (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that overweight people are lazy. (20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I counted the calories of foods I ate. (21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I planned my days around exercising. (22)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought my butt was too big. (23)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not like the size of my thighs. (24)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wished the shape of my body was different. (25)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was disgusted by the sight of an overweight person wearing tight clothes. (26)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I made myself vomit in order to lose weight. (27)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not notice how much I ate until after I had finished eating. (28)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I considered taking a muscle building supplement. (29)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I felt that overweight people are unattractive. (30)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I engaged in strenuous exercise at least five days per week. (31)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought my muscles were too small. (32)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I got full after eating what most people would consider a small amount of food. (33)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was not satisfied with the size of my hips. (34)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I used protein supplements. (35)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People encouraged me to eat more. (36)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone offered me food, I felt that I could not resist eating it. (37)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was disgusted by the sight of obese people. (38)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I stuffed myself with food to the point of feeling sick. (39)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tried to avoid foods with high calorie content. (40)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I exercised to the point of exhaustion. (41)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I used diuretics in order to lose weight. (42)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I skipped two meals in a row. (43)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I ate as if I was on auto-pilot. (44)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I ate a very large amount of food in a short period of time (e.g., within 2 hours). (45)	○	○	○	○	○
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Q38 For entry into a drawing for a \$50 Amazon gift card, please provide your email address here.

### Q39 REFERRAL LIST

Below is a list of Referrals, Helplines, & Support Groups. Inclusion on the list does not imply the WVU School of Public Health’s endorsement of these agencies or services. Payment for services rendered at these agencies is the sole responsibility of the patient and not the researchers of the current study.

#### Referrals

Academy for Eating Disorders: Find a Professional

<http://www.aedweb.org/index.php/education/eating-disorder-information-2>

#### Helplines

National Eating Disorder Association (NEDA) free, confidential Helpline Monday – Thursday 9am-9pm, Friday 9am-5pm 1-800-931-2237

Eating Disorders Association (UK) Adult Helpline: 011-44-8456-341414 Youthline: 011-44-8456-347650 Adult Helpline: (open 8:30 to 20:30 weekdays) Youthline: (open 16:00 to 18:30 weekdays)

National Suicide Prevention Lifeline 1-800-273-TALK or 1-800-SUICIDE (784-2433)

#### Support Groups

Study of Anorexia & Bulimia (CSAB) Support Groups Family & Friends takes place on the 1st & 3rd Wednesdays of the month. Pursuing Recovery takes place on the 2nd & 4th Wednesdays of the month. 212.333.3444 ext. 256 or email: [emilyrosenthal@hotmail.com](mailto:emilyrosenthal@hotmail.com) 1841 Broadway (at 60th St) 4th Floor - Room 407 New York, NY 10023.

### Dieting Behaviors Scoring

**Directions:** *Average* the scores for individual items for each Subscale. Higher scores indicate greater negative indirect or direct parental influences.

***Negative Indirect Parental Influences*** – indirect parental influences include items around parental dieting, parental fat talk, encouragement to a sibling to diet, and criticism of a siblings’ weight

#16, #17, #20, #22, #25, #26, #29, #31

***Negative Direct Parental Influences*** – direct parental influences include items around parental encouragement of participant to diet and criticism of participant’s weight (both *past* and *current*)

#19, #21, #28, #30, #33, #34, #35, #26