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Factors Associated with Eating Disorders among Vocational University Students: A Cross-Sectional Study

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Abstract: Eating disorders among university students have become a growing public health concern due to nutritional misconceptions, psychological stress, and sociocultural pressures. This study examined the levels of nutritional knowledge, attitudes toward nutrition, and eating disorder symptoms among vocational university students, and investigated the associations between personal factors and eating disorder risk. A cross-sectional analytical design was employed, with 411 students selected through stratified accidental sampling. Instruments included a demographic questionnaire, the Chinese Perceived Stress Scale (CPSS), a nutritional knowledge test, a nutritional attitude scale, and the Eating Disorder Examination Questionnaire (EDE-Q6). Results showed that 61.56% of participants reported no or mild symptoms. Moderate nutritional knowledge was observed in 50.85%, and moderate nutritional attitudes in 54.50%. Statistically significant associations were found between eating disorder symptoms and gender, BMI, waist-to-hip ratio, birthplace, publicity attention to slimming media, exercise situation, stress level, nutritional knowledge, and nutritional attitudes ($p < 0.05$). Although overall risk was low, findings underscore the importance of early screening and targeted health promotion.

Keywords: eating disorders; nutritional knowledge; attitudes; perceived stress; vocational university students

1. Introduction

1.1. Background of the Study

With rapid economic development, lifestyle and dietary habits have undergone significant changes in China. Eating disorders are mental disorders characterized by abnormal eating behaviors and psychological distress, posing serious threats to both physical and mental health. Studies have shown that university students are high-risk groups, with higher incidence rates among females [1]. Globally, the prevalence of eating disorders has risen significantly, with estimates suggesting that over 70 million people worldwide are affected [2]. In China, the trend mirrors global patterns, with increasing rates among young women and urban populations [3].

Eating disorders are influenced by biological, psychological, sociocultural, and environmental factors. Biological factors include genetics and neurobiological mechanisms [4]. Psychological factors involve perfectionism, low self-esteem, and emotion dysregulation [5]. Sociocultural factors, particularly social media's promotion of "thinness as beauty," significantly impact body dissatisfaction and disordered eating [6]. Environmental factors such as family dynamics and early dieting practices also contribute [7]. Despite the growing burden, attention from schools and families toward adolescent eating problems remains insufficient.

University life represents a critical developmental stage for dietary behavior and mental health. Eating disorders can impair physical health, trigger depression and anxiety, and lead to academic underperformance [8]. However, mental health intervention systems in Chinese universities often lack focus on eating disorders, with limited screening and targeted strategies [9]. No prior studies have investigated eating disorders

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in this particular vocational university setting, making this research both timely and significant.

1.2. Significance of the Study

1. Theoretical Significance: This study enriches the theoretical understanding of eating disorders by applying established frameworks to a vocational university context in China. It integrates nutritional knowledge, attitudes, and stress as multidimensional predictors.
2. Practical Significance: Findings provide empirical support for developing counseling services and health education programs, enabling early identification of at-risk groups.

Policy Significance: The study highlights the need for integrating eating disorder screening into university health policies, aligning with the "Healthy China 2030" strategy.

1.3. Research Objectives

RO1 – To examine the levels of nutritional knowledge, attitudes, and eating disorder symptoms among vocational university students.

RO2 – To examine the associations between personal factors, nutritional knowledge, attitudes, and eating disorders.

1.4. Research Questions

RQ1: What are the levels of nutritional knowledge, attitudes, and eating disorders among vocational university students?

RQ2: Which personal factors, knowledge levels, and attitudes are statistically significantly associated with eating disorders?

1.5. Structure of the Thesis

This thesis comprises five chapters: Chapter 1 introduces the background and objectives; Chapter 2 reviews literature; Chapter 3 details the methodology; Chapter 4 presents findings; Chapter 5 discusses conclusions and recommendations.

1.6. Scope of the Study

The study targets vocational university students. It examines factors including demographics, BMI, waist-to-hip ratio, birthplace, monthly income, sleep, media attention, exercise, stress, nutritional knowledge, and attitudes.

2. Literature Review

2.1. Concept and Classification of Eating Disorders

Eating disorders are psychosomatic syndromes characterized by abnormal eating behaviors and excessive concern with food, weight, and body shape [10]. According to the DSM-5 and ICD-11, eating disorders are categorized into: anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder (BED), and avoidant/restrictive food intake disorder (ARFID) [11, 12]. Adolescence and young adulthood remain the peak onset periods [13].

2.2. Trends in Eating Disorders

Global lifetime prevalence is approximately 2.2% for AN, 2.4% for BN, and 2.8% for BED, with subthreshold symptoms affecting 15–25% of young adults [14]. The COVID-19 pandemic exacerbated trends, with 30–50% increases in symptom severity [15]. In China, the pooled prevalence of disordered eating among university students is estimated at 18.5% [16].

2.3. Harms of Eating Disorders

Physical complications include electrolyte disturbances, cardiovascular abnormalities, gastrointestinal dysfunction, and osteoporosis [17]. Psychiatric comorbidities affect 70–80% of patients [18]. Suicide risk is markedly elevated [19].

2.4. Factors Influencing Eating Disorders

(a) Sociocultural Factors: Social media use exceeding 2–3 hours/day is associated with a 2.5-fold increased risk of disordered eating [20]. Family dynamics and peer influence also significantly affect risk [21].

(b) Individual Factors: Biological factors include genetic heritability (40–60%) and neurotransmitter dysregulation [4]. Cognitive factors include body image distortion and perfectionism [5]. Higher BMI is consistently associated with body dissatisfaction [22]. Nutritional knowledge shows a protective effect, while positive attitudes toward nutrition are associated with lower risk.

2.5. Measurement of Eating Disorders

The Eating Disorder Examination Questionnaire (EDE-Q6.0) is the most widely used self-report instrument [23]. It consists of 28 items divided into four subscales: Restraint, Eating Concern, Shape Concern, and Weight Concern, with scores ranging from 0 to 6. A global score ≥ 4 indicates clinically significant severity. The Chinese version has demonstrated good psychometric properties, with a Cronbach's α above 0.85 [24].

2.6. Conceptual Framework

The framework positions personal factors (gender, BMI, birthplace, media attention, exercise, stress) and nutritional factors (knowledge, attitudes) as independent variables, with eating disorder symptoms as the dependent variable.

3. Research Methodology

3.1. Research Design

This study employed a cross-sectional analytical design conducted from November 2024 to February 2025.

3.2. Population and Sample

The target population comprised 14,187 students. Inclusion criteria: age ≥ 18 , able to complete the questionnaire independently. Exclusion criteria: pregnancy, metabolic disorders, invalid responses. Sample size was calculated using Cochran's formula:

$$n = \frac{N \cdot Z^2 \cdot p \cdot (1-p)}{E^2 \cdot (N-1) + Z^2 \cdot p \cdot (1-p)}$$

With $N = 14,187$, $Z = 1.96$, $p = 0.5$, $E = 0.05$, plus 10% non-response adjustment, yielding 411 students. Stratified accidental sampling was applied across five colleges proportionally.

3.3. Data Collection Instruments

A structured questionnaire was developed with five sections. Validity was confirmed by three experts ($\text{IOC} \geq 0.6$), and reliability was established through a pilot test (Cronbach's $\alpha = 0.82$).

(1) Personal Information: Demographic data, anthropometric measures (height, weight, waist, hip), and lifestyle variables (sleep, exercise, media attention) were collected. BMI was categorized per Chinese criteria: underweight < 18.5 , normal 18.5–23.9, overweight 24.0–27.9, obesity ≥ 28.0 . Waist-to-hip ratio risk thresholds were > 0.90 for males and > 0.85 for females.

(2) Chinese Perceived Stress Scale (CPSS): The 14-item scale uses a 5-point Likert response (0–4), with total scores ranging from 14 to 70. Scores were classified as low (14–28), moderate (29–42), higher (43–56), or very high stress (57–70).

Nutritional Knowledge Test: A 10-item multiple-choice test assessed basic nutrition concepts. Scores of 0–5 indicated improvement needed, 6–7 moderate, and 8–10 good knowledge.

(4) Nutritional Attitude Scale: A 10-item scale with 4-point Likert responses assessed attitudes toward nutrition, with scores of 10–19 classified as improvement needed, 20–29 as moderate, and 30–40 as good.

(5) Eating Disorder Examination Questionnaire (EDE-Q6.0): The 28-item instrument measures eating disorder psychopathology across four subscales (Restraint, Eating Concern, Shape Concern, Weight Concern) over the past 28 days, using a 7-point scale (0–

6) [23]. The global score is the average of the four subscales. Scores of 0–1.49 indicated few or no symptoms, 1.5–2.49 mild to moderate, 2.5–3.99 moderate to high, and ≥ 4.0 severe symptoms [23]. The Chinese version has demonstrated good psychometric properties, with a Cronbach's α above 0.85 [24].

3.4. Data Collection and Analysis

Questionnaires were distributed online and face-to-face. Data were analyzed using SPSS 26.0 with descriptive statistics and Fisher's exact test ($p < 0.05$).

3.5. Ethical Considerations

The study obtained ethical approval, informed consent, and ensured anonymity.

4. Data Analysis and Findings

4.1. Descriptive Statistics

Among the 411 valid respondents, 73.97% were female and 26.03% male. The largest proportion were sophomores (44.28%) and students aged 20 (42.09%). Urban-origin students accounted for 42.82%, with suburban and rural origins comprising 38.20% and 18.98%, respectively. Anthropometric measures indicated that 51.09% had normal BMI, 61.07% had normal waist circumference, and 67.39% had normal waist-to-hip ratio. Moderate stress levels were reported by 58.15%, while high and very high stress were reported by 19.95% and 3.90%, respectively. Nearly half of the students (49.63%) exercised three or more times per week, with walking as the most common type (62.77%). Moderate attention to slimming media was reported by 35.04%, while 30.41% never paid attention. Regarding sleep, 29.93% slept 6–7 hours daily, while only 19.71% achieved 8 or more hours.

4.2. Levels of Nutritional Knowledge, Attitudes, and Eating Disorders

Nutritional knowledge was moderate in 50.85% of students, good in 32.60%, and required improvement in 16.55%. Nutritional attitudes followed a similar distribution: 54.50% moderate, 33.82% good, and 11.68% improvement needed. Assessment of eating disorder symptoms using EDE-Q6.0 revealed that 61.56% of students exhibited few or no symptoms (score 0–1.49), 30.17% had moderate symptoms (1.5–2.49), 7.30% had high symptoms (2.5–3.99), and 0.97% had severe symptoms (≥ 4). The combined abnormal symptom prevalence of 38.44% indicates that eating-related concerns remain a notable health issue in this population.

4.3. Associations between Factors and Eating Disorders

Fisher's exact test revealed statistically significant associations ($p < 0.05$) with gender ($p < 0.001$), BMI ($p < 0.001$), waist-to-hip ratio ($p = 0.043$), birthplace ($p < 0.001$), media attention ($p < 0.001$), exercise situation ($p = 0.034$), stress level ($p = 0.006$), nutritional knowledge ($p = 0.001$), and nutritional attitudes ($p < 0.001$). Students from urban areas demonstrated higher abnormal symptom prevalence compared to their suburban and rural counterparts. Underweight and overweight students showed elevated risk compared to normal-weight peers, while those with obesity exhibited the lowest abnormal symptom prevalence (11.11%). Higher nutritional knowledge and more positive attitudes were consistently associated with lower symptom levels. Although female students showed lower abnormal symptom prevalence in this sample than males (29.93% vs 62.62%), this may reflect underreporting or differential symptom expression in males, warranting further investigation. No significant associations were found for age, grade, income, faculty, sleep hours, exercise type, duration, or intensity.

5. Conclusions and Recommendations

5.1. Research Conclusions

This study systematically examined eating disorders among vocational university students. Key conclusions: (1) Overall risk is low (61.56% asymptomatic), with moderate nutritional knowledge and attitudes. (2) Significant associations exist between eating

disorder symptoms and gender, BMI, waist-to-hip ratio, birthplace, media attention, exercise, stress, nutritional knowledge, and attitudes. These findings confirm the multidimensional nature of eating disorder risk.

5.2. Theoretical Contributions

This study is among the first to integrate nutritional knowledge, attitudes, and stress as simultaneous predictors of eating disorders in a Chinese vocational university context, extending the biopsychosocial model.

5.3. Practical Recommendations

(1) Implement early screening using EDE-Q6.0 in university health services. (2) Develop health education programs emphasizing balanced nutrition and media literacy. (3) Promote regular moderate exercise and stress management. (4) Train faculty to recognize early warning signs. (5) Integrate nutritional education into the curriculum.

5.4. Policy Implications

Universities should incorporate eating disorder prevention into health policies and establish collaborations with public health authorities.

5.5. Research Limitations and Future Directions

Limitations: cross-sectional design, single-site study, gender imbalance, self-report bias. Future research should conduct longitudinal studies, expand to multiple regions, include balanced gender samples, and test intervention programs.

Appendix

Factors Associated with Eating Disorders among Vocational University Students: A Cross-Sectional Study

Instructions:

This questionnaire aims to investigate factors associated with eating disorders among vocational university students. The findings can contribute to the prevention and intervention of eating disorders, thereby promoting the physical and mental health of university students.

All information provided will be kept confidential and presented in an aggregated form to ensure no impact on individual respondents. We kindly ask all participants to answer each question as accurately as possible.

The questionnaire is divided into 3 sections:

Section 1: Personal Factors (16 questions)

Section 2: Stress Level (14 questions)

Section 3: Nutrition Knowledge, Attitudes towards Nutrition and Eating Disorders (48 questions)

Thank you for your participation, support, and for taking the time to complete this questionnaire.

Section 1: General Information

Instructions: Please fill in the information or place a checkmark ☐ in the blank space that accurately reflects your situation.

Gender

1. Female ☐ 2. Male

Grade

☐ 1. first-year university student ☐ 2. sophomore

☐ 3. Junior ☐ 4. Senior

1. Age:---years

2. Height:--- cm

3. Weight:--- kg

4. Waist circumference:--- cms

5. Hip circumference:--- cms

6. Faculty

☐ 1. College of Medicine ☐ 2. College of Nursing

- ☐ 3. College of urban construction ☐ 4. College of Accounting
☐ 5. College of Education and Music

Birthplace

- ☐ 1. City ☐ 2. suburban ☐ 3. Rural

Monthly income

- ☐ 1.<500yuan ☐ 2. 500-800yuan
☐ 3. 800-1000yuan ☐ 4. ≥1000yuan

Hours of sleep per day

- ☐ 1.<6 hrs. ☐ 2. 6-7 hrs.
☐ 3. 8-9 hrs. ☐ 4. ≥10 hrs.

Publicity attention to slimming media

- ☐ 1.Deep concern ☐ 2. General concerns
☐ 3.Little attention ☐ 4. Never mind

Exercise situation

- ☐ 1.Once in a while
☐ 2. 1-2 times per week
☐ 3. 3 times a week and more
☐ 4. Never exercised(If you choose this option, you do not have to answer the

following no of questions14-16)

Exercise type(multiple choice)

- ☐ 1.Running ☐ 2. Yoga
☐ 3.Walking ☐ 4. Other, for example_____

Duration of exercise per session

- ☐ 1.<30 minutes. ☐ 2. 30 minutes -1hrs.
☐ 3.1-2 hrs. ☐ 4. >2 hrs.

Intensity of exercise

- ☐ 1.Not tired at all, normal heart rate
☐ 2. Not tired, slightly increased heart rate
☐ 3. Slightly tired, faster heart rate
☐ 4. Quite tired, faster heart rate
☐ 5. Very tired but not breathless, sweating
☐ 6.Extremely tired, breathless, sweating.

Section 2: Stress Level

Instructions:The scale used this time is Chinese Perceived Stress Scales (CPSS), PerceivedStress Scale (PSS) was compiled by American scholars Cohen et al. and Chineseised by Yang Tingzhong et al. in 2003. I hope you will read each item carefully and choose the answer that most closely matches or is close to your actual situation by placing a "●" on the corresponding to the number.

1. Means Never felt the stress
2. Means Occasionally feel the stress
3. Means Feeling stressed sometimes
4. Means Often feeling stressed
5. Means Always feeling stressed

	Topic	nev er	occas ional ly	some time s	oft en	al wa ys
1	Distracted by something unanticipated happening	0	1	2	3	4
2	Feeling out of control of the important things in your life	0	1	2	3	4
3	Feeling nervous and stressed	0	1	2	3	4

4	Successfully dealing with annoying life hassles	0	1	2	3	4
5	Feeling that you can deal effectively with the important changes that occur in your life	0	1	2	3	4
6	Feeling confident in their ability to deal with their own personal problems	0	1	2	3	4
7	get one's groove on	0	1	2	3	4
8	Finding yourself unable to handle all the things you have to do on your own	0	1	2	3	4
9	There are ways to control the annoying things in life	0	1	2	3	4
10	Often feel like they're in charge of things	0	1	2	3	4
11	Getting angry a lot, because a lot of things happen that are out of your control	0	1	2	3	4
12	Often think that there are things that you have to accomplish	0	1	2	3	4
13	Often able to master the way time is organized	0	1	2	3	4
14	Often feel that difficult things are piling up and you can't overcome them	0	1	2	3	4

Section 3: Nutrition Knowledge, Attitudes Towards Nutrition and Eating Disorders
 Nutrition Knowledge; This questionnaire aims to assess your understanding of basic nutrition concepts. Please select the most appropriate answer for each question.

The best sources of dietary calcium are:

- ☐ 1. Legumes ☐ 2. Green vegetables
☐ 3. Dairy (Correct) ☐ 4. Seafood

Which food has the highest protein content:

- ☐ 1. Beef (Correct) ☐ 2. Eggs
☐ 3. Milk ☐ 4. Potatoes

The most effective way to build muscle is to:

- ☐ 1. Eat more beef ☐ 2. Build up one's exercise (Correct)
☐ 3. Eat more eggs ☐ 4. Increase intake of carbohydrates

Calories from the same weight of carbohydrates, fat, and protein are:

- ☐ 1. The same (Correct) ☐ 2. Protein-rich
☐ 3. Higher in fat ☐ 4. Higher in carbohydrates

The best way to lose weight is to:

- ☐ 1. Follow a fat-free diet ☐ 2. Follow a high-protein diet
☐ 3. Skip meals ☐ 4. Increase physical activity (Correct)

Which nutrient is most important for maintaining healthy vision?

- ☐ 1. Vitamin A (Correct) ☐ 2. Vitamin C
☐ 3. Vitamin D ☐ 4. Vitamin E

Which of the following foods is high in dietary fiber?

- ☐ 1. White bread ☐ 2. Brown rice (Correct)
☐ 3. Butter ☐ 4. Chicken

Which nutrient is essential for red blood cell formation?

- ☐ 1. Calcium ☐ 2. Vitamin D
☐ 3. Iron (Correct) ☐ 4. Zinc

What is the primary source of energy for the body?

- ☐ 1. Protein ☐ 2. Fats

☐ 3. Carbohydrates (Correct) ☐ 4. Vitamins

Which of the following is considered a healthy fat?

☐ 1. Trans fats ☐ 2. Saturated fats

☐ 3. Unsaturated fats (Correct) ☐ 4. Cholesterol

Attitudes towards nutrition; This questionnaire is designed to assess your attitudes towards nutrition. Please select the most appropriate answer for each question.

Do you believe that nutrition is important for overall health?

☐ 1. Strongly agree (Correct) ☐ 2. Agree

☐ 3. Disagree ☐ 4. Strongly disagree

Do you agree that a balanced diet can help prevent chronic diseases?

☐ 1. Strongly agree (Correct) ☐ 2. Agree

☐ 3. Disagree ☐ 4. Strongly disagree

Do you think understanding food labels is important for making healthy choices?

☐ 1. Strongly agree (Correct) ☐ 2. Agree

☐ 3. Disagree ☐ 4. Strongly disagree

Do you believe that proper nutrition can enhance academic performance?

☐ 1. Strongly agree (Correct) ☐ 2. Agree

☐ 3. Disagree ☐ 4. Strongly disagree

Do you think it is important to eat a variety of foods daily?

☐ 1. Strongly agree (Correct) ☐ 2. Agree

☐ 3. Disagree ☐ 4. Strongly disagree

Considering nutrition when choosing foods is not necessary.

☐ 1. Strongly agree ☐ 2. Agree

☐ 3. Disagree ☐ 4. Strongly disagree (Correct)

It is not important to know the nutritional content of the foods you eat.

☐ 1. Strongly agree ☐ 2. Agree

☐ 3. Disagree ☐ 4. Strongly disagree (Correct)

Skipping meals is a healthy way to control weight.

☐ 1. Strongly agree ☐ 2. Agree

☐ 3. Disagree ☐ 4. Strongly disagree (Correct)

"Flavor is more important than nutrition," do you agree?

☐ 1. Strongly agree ☐ 2. Agree

☐ 3. Disagree ☐ 4. Strongly disagree (Correct)

Consuming a balanced and consistent diet still requires the use of dietary supplements.

☐ 1. Strongly agree ☐ 2. Agree

☐ 3. Disagree ☐ 4. Strongly disagree (Correct)

Eating behavior; Instructions: The following questions are concerned with the past four weeks (28 days) only. Please read each question carefully. Please answer all the questions.

Questions 1 -12; Please circle the appropriate number on the right. Remember that the questions only refer to the past four weeks (28 days) only.

	ON HOW MANY OF THE PAST 28 DAYS	NO DAYS	1-5 DA YS	6- 12 DA YS	13- 15 DA YS	16- 22 DA YS	23- 27 DA YS	EVE RY DAY
1	Have you been deliberately trying to limit the amount of food you eat to influence your shape or weight (whether or not you have succeeded)?	0	1	2	3	4	5	6

2	Have you gone for long periods of time (8 waking hours or more) without eating anything at all in order to influence your shape or weight?	0	1	2	3	4	5	6
3	Have you tried to exclude from your diet any foods that you like in order to influence your shape or weight (whether or not you have succeeded)?	0	1	2	3	4	5	6
4	Have you tried to follow definite rules regarding your eating (for example, a calorie limit) in order to influence your shape or weight (whether or not you have succeeded)?	0	1	2	3	4	5	6
5	Have you had a definite desire to have an empty stomach with the aim of influencing your shape or weight?	0	1	2	3	4	5	6
6	Have you had a definite desire to have a totally fat stomach?	0	1	2	3	4	5	6
7	Has thinking about food, eating or calories made it very difficult to concentrate on things you are interested in (for example, working, following a conversation, or reading)?	0	1	2	3	4	5	6
ON HOW MANY OF THE PAST 28 DAYS		NO DAYS	1-5 DA YS	6-12 DA YS	13-15 DA YS	16-22 DA YS	23-27 DA YS	EVE RY DAY
8	Has thinking about shape or weight made it very difficult to concentrate on things you are interested in (for example, working, following a conversation, or reading)?	0	1	2	3	4	5	6
9	Have you had a definite fear of losing control over eating?	0	1	2	3	4	5	6
10	Have you had a definite fear that you might gain weight?	0	1	2	3	4	5	6
11	Have you felt fat?	0	1	2	3	4	5	6

12	Have you had a strong desire to lose weight?	0	1	2	3	4	5	6
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Questions 13-18; Please fill in the appropriate number in the boxes on the right. Remember that the questions only refer to the past four weeks (28 days).
Over the past four weeks (28 days)

13	Over the past 28 days, how many times have you eaten what other people would regards as an unusually large amount of food (given the circumstances)?							
----	---	--	--	--	--	--	--	--

14	... On how many of these times did you have a sense of having lost control over your eating (at the time you were eating)?							
15	Over the past 28 days, on how many DAYS have such episodes of overeating occurred (i.e. you have eaten an unusually large amount of food and have had a sense of loss of control at the time)?							
16	Over the past 28 days, how many times have you made yourself sick(vomit) as a means of controlling your shape or weight?							
17	Over the past 28 days, how many times have you taken laxatives as a means of controlling your shape or weight?							
18	Over the past 28 days, how many times have you exercised in a "driven" or "compulsive" way as a means of controlling your weight, shape or amount of fat, or to burn of calories?							

Questions 19-21; Please circle the appropriate number. Please note that for these questions the term "binge eating" means eating what others would regard as an unusually large amount of food for the circumstances, accompanied by a sense of having lost control over eating.

	ON HOW MANY OF THE PAST 28 DAYS ...	NO DAYS	1-5 DAY S	6-12 DA YS	13-15 DA YS	16-22 DA YS	23-27 DA YS	EV ER Y DA Y
19	Over the past 28 days, on how many days have you eaten in secret (ie, furtively)? Do not count episodes of binge eating.	0	1	2	3	4	5	6
		NONE OF THE TIMES	A FEW OF THE TIMES	LESS THAN HALF THE TIMES	ABOUT HALF THE TIMES	MORE THAN HALF THE TIMES	MORE THAN HALF THE TIMES	EVERY TIME
20	On what proportion of the times that you have eaten	0	1	2	3	4	5	6

have you felt guilty (felt that you've done wrong) because of its effect on your shape or weight? Do not count episodes of binge eating.

		NOT AT ALL	SLIGHTLY	MODERATELY	MARKE DLY
21	Over the past 28 days, how concerned have you been about other people seeing you eat? Do not count episodes of binge eating.	0	1	2	3 4 5 6

Questions 22-28; Please circle the appropriate number on the right. Remember that the questions only refer to the past four weeks (28 days).

	ON HOW MANY OF THE PAST 28 DAYS	NOT AT ALL	SLIGH TLY	MODER ATELY	MARK EDLY
22	Has your weight influenced how you think about (judge) yourself as a person?	0	1	2	3 4 5 6
23	Has your shape influenced how you think about (judge) yourself as a person?	0	1	2	3 4 5 6
24	How much would it have upset you if you had been asked to weigh yourself once a week (no more, or less, often) for the next four weeks?	0	1	2	3 4 5 6
25	How dissatisfied have you been with your weight?	0	1	2	3 4 5 6
26	How dissatisfied have you been with your shape?	0	1	2	3 4 5 6

	ON HOW MANY OF THE PAST 28 DAYS	NOT AT ALL	SLIGHT LY	MODERA TELY	MARKE DLY
27	How uncomfortable have you felt seeing your body (for example, seeing your shape in the mirror, in a shop window reflection, while undressing or taking a bath or shower)?	0	1	2	3 4 5 6
28	How uncomfortable have you felt about others seeing your shape or	0	1	2	3 4 5 6

figure (for example, in communal
changing rooms, when swimming,
or wearing tight clothes)?

What is your weight at present? (Please give your best estimate.): _____

What is your height? (Please give your best estimate.): _____

If female:

Over the past three to four months have you missed any menstrual periods?

☐ 1. YES ☐ 2. NO

• If so, how many? _____

• Have you been taking the "pill"?

☐ 1. YES ☐ 2. NO

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