

Thesis

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DEVELOPMENT AND VALIDATION OF THE STIRLING EATING DISORDER SCALES

VOLUME TWO

REFERENCES AND APPENDICES



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APPENDICES.

Appendix A: Eating Attitudes Test (Garner & Garfinkel, 1979).



**This questionnaire is mainly related to food and eating, though some other types of question have been included. Please read each statement carefully and indicate to what extent it applies to you by putting tick in the appropriate column.**

	<b>Always</b>	<b>Usually</b>	<b>Often</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>
I like eating with other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prepare food for other people but do not eat what I cook.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I become anxious before eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am terrified of becoming overweight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I avoid eating when I'm hungry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find myself preoccupied with food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I go on eating binges where I feel I am unable to stop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cut my food into small pieces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of the calorie content of all the foods I eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I avoid foods that are high in carbohydrates (bread, cakes, etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel bloated after meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that others would prefer me to eat more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I vomit after I have eaten.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel extremely guilty after eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am preoccupied with the desire to be thinner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I exercise strenuously to burn off calories.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I weigh myself several times a day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like my clothes to fit tightly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy eating meat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wake up early in the morning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Always Usually Often Sometimes Rarely Never**

I eat the same foods day after day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think about burning calories when I exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have regular menstrual periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people think I am too thin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am preoccupied with the thought of having fat on my body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take longer than others to eat my meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy eating out at restaurants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take laxatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I avoid foods that have sugar in them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat diet foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that food controls my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I display self-control around food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that others pressure me to eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I give too much time and thought to food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I suffer from constipation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel uncomfortable after eating sweets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I engage in dieting behaviour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like my stomach to be empty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy trying new rich foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the impulse to vomit after meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix B: Bulimia Test (Smith & Thelen, 1984).

**Answer each question by circling the letter of the appropriate answer. Please answer each question as honestly as possible.**

1. Do you ever eat uncontrollably to the point of stuffing yourself (i.e. binge)?
  - a. once a month or never
  - b. 2-3 times a month
  - c. once or twice a week
  - d. 3-6 times a week
  - e. once a day or more
  
2. I am satisfied with my eating patterns.
  - a. agree
  - b. neutral
  - c. disagree a little
  - d. disagree strongly
  
3. Have you ever kept eating until you thought you'd explode?
  - a. practically every time I eat
  - b. very frequently
  - c. often
  - d. sometimes
  - e. seldom or never
  
4. Would you presently call yourself a binge eater?
  - a. yes, absolutely
  - b. yes
  - c. yes, probably
  - d. no, probably not
  
5. I prefer to eat...
  - a. at home alone
  - b. at home with others
  - c. in a public restaurant
  - d. at a friends house
  - e. doesn't matter
  
6. Do you feel you have control over the amount you eat?
  - a. most or all of the time
  - b. a lot of the time
  - c. occasionally
  - d. rarely
  - e. never
  
7. I use laxatives or suppositories to help control my weight:
  - a. once a day or more
  - b. 3-6 times a week
  - c. once or twice a week
  - d. 2-3 times a month
  - e. once a month or less (or never)
  
8. I eat until I feel too tired to continue.
  - a. at least once a day
  - b. 3-6 times a week
  - c. once or twice a week
  - d. seldom or never

9. How often do you prefer to eat bread, cakes or pudding during a binge?
- always
  - frequently
  - sometimes
  - seldom or never
  - I don't binge
10. How much are you concerned with your eating binges?
- I don't binge
  - bothers me a little
  - moderate concern
  - major concern
  - probably the biggest concern in my life
11. Most people would be amazed at how much I can eat at one sitting
- without a doubt
  - very probably
  - probably
  - possibly
  - no
12. Do you ever eat to the point of feeling sick?
- very frequently
  - frequently
  - fairly often
  - occasionally
  - rarely or never
13. I am afraid to eat anything for fear that I won't be able to stop.
- always
  - almost always
  - frequently
  - sometimes
  - seldom or never
14. I don't like myself after I eat too much.
- always
  - frequently
  - sometimes
  - seldom or never
  - I don't eat too much
15. How often do you intentionally vomit after eating?
- two or more times a week
  - once a week
  - 2-3 times a month
  - once a month
  - less than once a month or never
16. Which of the following describes your feelings after a binge?
- I don't binge
  - I feel OK
  - I feel mildly upset with myself
  - I feel quite upset with myself
  - I hate myself

17. I eat a lot of food even when I'm not hungry.
- very frequently
  - frequently
  - occasionally
  - sometimes
  - seldom or never
18. My eating patterns are different from the eating patterns of most people.
- always
  - almost always
  - frequently
  - sometimes
  - seldom or never
19. I have tried to lose weight by fasting or going on "crash" diets.
- not in the past year
  - once in the past year
  - 2-3 times in the past year
  - 4-5 times in the past year
  - more than five times in the past year
20. I feel sad or down after eating more than I'd planned to eat.
- always
  - almost always
  - frequently
  - sometimes
  - seldom or never
21. When binge eating I tend to eat foods that are high in carbohydrates (bread, cake etc).
- always
  - almost always
  - frequently
  - sometimes
  - I don't binge
22. Compared to most people my ability to control binge eating seems to be...
- greater than others' ability
  - about the same
  - less
  - much less
  - I have absolutely no control
23. A friend suddenly invites you to a restaurant. Even though you had planned to eat something light at home, you go along and end up eating a lot and feeling uncomfortably full. How do you feel on the ride home?
- fine, I'm glad I tried a new restaurant
  - a little regretful that I'd eaten so much
  - somewhat disappointed in myself
  - upset with myself
  - totally disgusted with myself

24. I would probably call myself a compulsive eater.
- a. absolutely
  - b. yes
  - c. yes, probably
  - d. yes, possibly
  - e. no, probably not
25. What is the most weight you have lost in one month?
- a. over 20 pounds
  - b. 12-20 pounds
  - c. 8-11 pounds
  - d. 4-7 pounds
  - e. less than 4 pounds
26. If I eat too much at night I feel depressed the next morning.
- a. always
  - b. frequently
  - c. sometimes
  - d. seldom or never
  - e. I don't eat too much at night
27. Do you believe it is easier for you to vomit than it is for most people?
- a. yes, it's very easy for me
  - b. yes, it's easier
  - c. yes it's a little easier
  - d. about the same
  - e. no, it's less easy
28. I feel that food controls my life.
- a. always
  - b. almost always
  - c. frequently
  - d. sometimes
  - e. seldom or never
29. I feel depressed immediately after I eat too much.
- a. always
  - b. frequently
  - c. sometimes
  - d. seldom or never
  - e. I don't eat too much
30. How often do you vomit after eating in order to lose weight?
- a. less than once a month (or never)
  - b. once a month
  - c. 2-3 times a month
  - d. once a week
  - e. 2 or more times a week
31. When eating a large amount of food, how quickly do you usually eat?
- a. more rapidly than most people have eaten in their lives
  - b. a lot more rapidly than most people
  - c. a little more rapidly than most people
  - d. about the same rate as most people
  - e. more slowly than most people

32. What is the most weight you've ever gained in one month?
- a. over 20 pounds
  - b. 12-20 pounds
  - c. 8-11 pounds
  - d. 4-7 pounds
  - e. less than 4 pounds
33. *Females only.* My last menstrual period was...
- a. within the past month
  - b. within the past two months
  - c. within the past four months
  - d. within the past six months
  - e. more than six months ago
34. I use diuretics (water tablets) to help control my weight...
- a. once a day or more
  - b. 3-6 times a week
  - c. once or twice a week
  - d. 2-3 times a month
  - e. once a month or less
35. How do you think your appetite compares to that of other people?
- a. many times larger than most people
  - b. much larger
  - c. a little larger
  - d. about the same
  - e. smaller than most
36. *Females only.* My menstrual cycle occurs once a month.
- a. always
  - b. usually
  - c. sometimes
  - d. seldom
  - e. never



Appendix C: I. P. C Scales (Levenson, 1974).

Please answer this questionnaire by ticking the appropriate box depending on whether you strongly agree, moderately agree, agree, slightly disagree, moderately disagree, or strongly disagree with each of the statements.

	Strongly agree	Moderately agree	Slightly agree	Slightly disagree	Moderately disagree	Strongly disagree
Whether or not I get to be a success depends mostly on my ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To a great extent my life is controlled by accidental happenings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether or not I get into a car accident depends on how good a driver I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My life is controlled by powerful other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I make plans I am almost certain to make them work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often there is no chance of protecting my personal interests from bad luck.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I get what I want, it's usually because I'm lucky.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Although I have ability, I would not achieve success or leadership without appealing to people in positions of power.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many friends I have depends on how nice a person I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have often found that what is going to happen will happen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My life is mainly controlled by powerful others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether or not I get into a car accident is mainly a matter of luck.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People like myself have very little chance of protecting our interests if they conflict with those of pressure groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly agree	Moderately agree	Slightly agree	Slightly disagree	Moderately disagree	Strongly disagree
It's not always wise for me to plan ahead because things turn out to be a matter of good or bad luck.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting what I want requires pleasing people above me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting to be a success depends on me being in the right place at the right time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If important people were to decide they didn't like me, I probably wouldn't make many friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can pretty much decide what happens in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually able to protect my personal interests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether or not I am in a car accident depends on the other driver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I get what I want, it's usually because I've worked hard for it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In order to make my plans work, I make sure they fit in with people who have power over me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My life is determined by my own actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's chiefly a matter of luck whether or not I have few friends or many.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix D: Rathus Assertiveness Schedule (Rathus, 1973).

Indicate how characteristic or descriptive each of the following statements is of you by using the code given below. When you have decided, write the appropriate number on the line at the end of the statement.

- 6 = very characteristic of me, extremely descriptive.
- 5 = rather characteristic of me, quite descriptive.
- 4 = somewhat characteristic of me, slightly descriptive.
- 3 = somewhat uncharacteristic of me, slightly nondescriptive.
- 2 = rather uncharacteristic of me, quite nondescriptive.
- 1 = very uncharacteristic of me, extremely nondescriptive.

Most people seem to be more aggressive and assertive than I am	6	5	4	3	2	1
I have hesitated to make or accept dates because of shyness	6	5	4	3	2	1
When the food served at a restaurant is not to my satisfaction I complain to the waiter or waitress.	6	5	4	3	2	1
I am careful to avoid hurting other peoples feelings, even when I feel they have done me wrong.	6	5	4	3	2	1
If a salesman has gone to a lot of trouble to show me goods that are not suitable, I have a hard time saying "No".	6	5	4	3	2	1
When I am asked to do something I insist on knowing why.	6	5	4	3	2	1
There are times when I look for a good argument.	6	5	4	3	2	1
I strive to get ahead as well as most people in my position.	6	5	4	3	2	1
To be honest, people often take advantage of me.	6	5	4	3	2	1
I enjoy starting up conversations with new acquaintances and strangers.	6	5	4	3	2	1
I often don't know what to say to attractive people of the opposite sex.	6	5	4	3	2	1
I will hesitate to make phone calls to business establishments.	6	5	4	3	2	1
I would rather apply for a job or to a college by letter than by going through a personal interview.	6	5	4	3	2	1
I find it embarrassing to return merchandise.	6	5	4	3	2	1
If a close and respected relative was annoying me, I would cover my feelings rather than show my annoyance.	6	5	4	3	2	1
I have avoided asking questions for fear of sounding stupid.	6	5	4	3	2	1
During an argument I am sometimes afraid that I will get so upset that I will lose control.	6	5	4	3	2	1
If a famous and respected person were to make a statement which I thought was incorrect, I would voice my opinion.	6	5	4	3	2	1
I avoid arguing over prices with salesmen.	6	5	4	3	2	1

When I have done something important or worthwhile, I let others know about it.	6	5	4	3	2	1
I am open and frank about my feelings.	6	5	4	3	2	1
If someone has been spreading nasty lies about me, I see him/her about it as soon as possible to "have a talk".	6	5	4	3	2	1
I often have a hard time saying "No".	6	5	4	3	2	1
I tend to bottle up my emotions rather than make a scene.	6	5	4	3	2	1
I complain about poor service in a restaurant or anywhere.	6	5	4	3	2	1
When I am given a compliment, I sometimes just don't know what to say.	6	5	4	3	2	1
If a couple near me in a theatre were talking loudly, I would ask them to be quiet or to talk somewhere else.	6	5	4	3	2	1
Anyone trying to push ahead of me in a queue is in for a good battle.	6	5	4	3	2	1
I am quick to express an opinion.	6	5	4	3	2	1
There are times when I just can't say anything.	6	5	4	3	2	1

Appendix E: Rosenberg Self-Esteem Scale (Rosenberg, 1965).

**This is a short questionnaire to measure thoughts about yourself. Please indicate whether you strongly agree, agree, disagree or strongly disagree with each statement by ticking the appropriate box.**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
On the whole I am satisfied with myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At times I think I am no good at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I have a number of good qualities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to do things as well as most other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I do not have much to be proud of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I certainly feel useless at times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I'm a person of worth, at least equal with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wish I could have more respect for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All in all, I am inclined to feel that I am a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take a positive attitude towards myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Appendix F: Hostility and Direction of Hostility Questionnaire (Caine & Foulds, 1967).**

**This questionnaire is concerned with your feelings and attitudes. Read each statement and decide if it is true or false. Show your decision by putting a circle round either TRUE or FALSE. Please answer truthfully and be careful to answer every statement.**

1. Most people make friends because friends are likely to be useful to them. TRUE FALSE
2. I do not blame a person for taking advantage of someone who lays himself open to it. TRUE FALSE
3. I usually expect to succeed in the things I do. TRUE FALSE
4. I have no enemies who really wish to harm me. TRUE FALSE
5. I wish I could get over worrying about things I have said that may have hurt other peoples feelings. TRUE FALSE
6. I think nearly everyone would tell a lie to keep out of trouble. TRUE FALSE
7. I don't blame anyone for grabbing everything he can in this world. TRUE FALSE
8. My hardest battles are with myself. TRUE FALSE
9. I know who, apart from myself, is responsible for most of my troubles. TRUE FALSE
10. Some people are so bossy, I feel like doing the opposite of what they say, even though I know they are right. TRUE FALSE
11. Some of my family have habits that bother and annoy me very much. TRUE FALSE
12. I believe my sins are unpardonable. TRUE FALSE
13. I have very few quarrels with members of my family. TRUE FALSE
14. I have lost out on things because I could not make up my mind soon enough. TRUE FALSE
15. I can easily make people afraid of me, and sometimes do it for fun. TRUE FALSE
16. I believe I am a condemned person. TRUE FALSE
17. In school I was sometimes sent to the headmaster for misbehaving. TRUE FALSE
18. I have sometimes stood in the way of people who were trying to do something, not because it was important, but because of the principle. TRUE FALSE
19. Most people are honest mainly through fear of being caught. TRUE FALSE
20. Sometimes I enjoy hurting people I love. TRUE FALSE
21. I have not lived the right kind of life. TRUE FALSE
22. Sometimes I feel that I must injure either myself or someone else. TRUE FALSE
23. I seem to be as capable and clever as most others around me. TRUE FALSE
24. I sometimes tease animals. TRUE FALSE
25. I get angry. TRUE FALSE

- |  |            |
|--|------------|
| 26. I am entirely self-confident.  | TRUE FALSE |
| 27. Often, I can't understand why I have been so cross and grouchy.  | TRUE FALSE |
| 28. I shrink from facing a crisis or difficulty.   | TRUE FALSE |
| 29. I think most people would lie to get ahead.  | TRUE FALSE |
| 30. I have sometimes felt that the difficulties were piling up so high that I would never overcome them.         | TRUE FALSE |
| 31. If people had not had it in for me I would have been more successful.  | TRUE FALSE |
| 32. I have often found people jealous of my good ideas, just because they had not thought of them first.         | TRUE FALSE |
| 33. Much of the time I feel as if I have done something wrong or evil.   | TRUE FALSE |
| 34. I have often given up doing something because I thought too little of my ability.                            | TRUE FALSE |
| 35. Someone has it in for me.  | TRUE FALSE |
| 36. When somebody does me wrong, I feel I should pay him/her back if I can, just for the principle of the thing. | TRUE FALSE |
| 37. I am sure to get a raw deal from life.   | TRUE FALSE |
| 38. I believe I am being followed.   | TRUE FALSE |
| 39. At times I have a strong urge to do something harmful or shocking.   | TRUE FALSE |
| 40. I am easily beaten in an argument.   | TRUE FALSE |
| 41. It is safer to trust nobody.   | TRUE FALSE |
| 42. I easily become impatient with people.   | TRUE FALSE |
| 43. At times I think I am no good at all.  | TRUE FALSE |
| 44. I often wonder what reason another person may have for doing something nice for me.                          | TRUE FALSE |
| 45. I get angry easily then get over it soon.  | TRUE FALSE |
| 46. At times I feel like smashing things.  | TRUE FALSE |
| 47. I believe I am being plotted against.  | TRUE FALSE |
| 48. I certainly feel useless at times.   | TRUE FALSE |
| 49. At times I feel like picking a fist fight with someone.  | TRUE FALSE |
| 50. Someone has been trying to rob me  | TRUE FALSE |
| 51. I am certainly lacking in self-confidence.   | TRUE FALSE |

**PLEASE CHECK THAT YOU HAVE ANSWERED EVERY STATEMENT.**

Appendix G: General Health Questionnaire - 28 (Goldberg & Hillier, 1979).

We would like to know if you have had any medical complaints and how your health has been *over the past few weeks*. Please answer ALL the questions on the following pages by underlining the answer which most nearly applies to you. Remember, we want to know about present and recent complaints, not those you have had in the past.

It is important to answer ALL the questions.

-----  
 Have you recently:

A1. Been feeling perfectly well and in good health?	Better than usual	Same as usual	Worse than usual	Much worse than usual
A2. Been feeling in need of a good tonic?	Not at all	No more than usual	Rather more than usual	Much more than usual
A3. Been feeling run down and out of sorts?	Not at all	No more than usual	Rather more than usual	Much more than usual
A4. Felt that you are ill?	Not at all	No more than usual	Rather more than usual	Much more than usual
A5. Been getting pains in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A6. Been getting a feeling of tightness or pressure in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A7. Been having hot or cold spells?	Not at all	No more than usual	Rather more than usual	Much more than usual

-----

B1. Lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
B2. Had difficulty in staying asleep once you are off?	Not at all	No more than usual	Rather more than usual	Much more than usual
B3. Felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
B4. Been getting edgy and bad-tempered?	Not at all	No more than usual	Rather more than usual	Much more than usual
B5. Been getting scared or panicky for no good reason?	Not at all	No more than usual	Rather more than usual	Much more than usual
B6. Found everything getting on top of you?	Not at all	No more than usual	Rather more than usual	Much more than usual
B7. Been feeling nervous and strung-up all the time?	Not at all	No more than usual	Rather more than usual	Much more than usual

-----

**Have you recently:**

C1. Been managing to keep yourself busy and occupied?	More so than usual	Sameas usual	Rather less than usual	Much less than usual
C2. Been taking longer over the things you do?	Quicker than usual	Sameas usual	Longer than usual	Much longer than usual
C3. Felt on the whole you were doing things well?	Better than usual	About the same	Less well than usual	Much less well
C4. Been satisfied with the way you've carried out your task?	More satisfied	Aboutsame as usual	Less satisfied than usual	Much less satisfied
C5. Felt that you are playing a useful part in things?	More so than usual	Sameas usual	Less useful than usual	Much less useful
C6. Felt capable of making decisions about things?	More so than usual	Sameas usual	Lessso than usual	Much less capable
C7. Been able to enjoy your normal daily activities?	More so than usual	Sameas usual	Lessso than usual	Much less than usual
<hr/>				
D1. Been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
D2. Felt that life is entirely hopeless?	Not at all	No more than usual	Rather more than usual	Much more than usual
D3. Felt that life isn't worth living?	Not at all	No more than usual	Rather more than usual	Much more than usual
D4. Thought of the possibility that you might do away with yourself?	Definitely not	I don't think so	Hascrossed my mind	Definitely have
D5. Found at times you couldn't do anything because your nerves were too bad?	Not at all	No more than usual	Rather more than usual	Much more than usual
D6. Found yourself wishing you were dead and away from it all?	Not at all	No more than usual	Rather more than usual	Much more than usual
D7. Found the idea of taking your own life coming into your mind?	Definitely not	I don't think so	Hascrossed my mind	Definitely have

Appendix H: Personal Details Forms

- A. Eating Disorder Patients PDF.
- B. Normal Control/ Non-Obese Dieter PDF
- C. Obese Dieter PDF.
- D. Depressed Patient PDF.
- E. Panic Disorder Patient PDF.

**PERSONAL DETAILS FORM - A**

Please fill in all the following information about yourself.

Date of Birth: ..... Male/Female.....

Height: .....

Weight: .....

What was your lowest weight at present height? .....

What was your highest weight at present height? .....

What is your marital status? (please tick)

Married  Single  Divorced or Separated  widowed

What is your occupation? .....

What is your father's occupation? .....

What is your mother's occupation? .....

If applicable, at what age did you leave full time education?.....

Which eating disorder do you believe you suffer from? (please tick)

Anorexia

Bulimia

Both

How long have you had the disorder? .....

What is the lowest weight you have reached since it began? .....

Have you been in hospital for your disorder? (please tick)

Yes

No

If yes, how many times? .....

Are you in hospital now? (please tick)

Yes

No

How long after the disorder started did you first have treatment? .....

How long has your present phase of treatment lasted? .....

Are you taking any prescribed medication? (please tick)

Yes

No

If Yes, please state the name and dosage.

Name: .....

Dosage: .....

What is happening to your weight at the moment? (please tick)

Going up

Going down

Stable

Fluctuating



**PERSONAL DETAILS FORM - B**

Please fill in all the following information about yourself.

Date of Birth: ..... Male/Female: .....

Height: .....

Weight: .....

What was your lowest weight at present height? .....

What was your highest weight at present height? .....

What is your marital status? (please tick)

Married  Single  Separated or Divorced  Widowed

What is your occupation? .....

What is your spouse's occupation? .....

What is/was your father's occupation? .....

What is/was your mother's occupation? .....

At what age did you leave full time education?.....

Did your doctor refer you to the dietitian for medical reasons or did you ask to be referred?

Medical reasons

Requested by self

How long have you been seeing the dietitian? .....

How much weight have you lost? .....

Are you still losing weight? (please tick)

Yes

No

If No, are you still trying to lose weight?

Yes

No

Before going to the dietitian did you try diets on your own or join weight loss classes (e.g. Weight Watchers)? (please tick)

Yes

No

Have you ever been diagnosed as suffering any of the following disorders? (please tick)

Anorexia Nervosa

Bulimia Nervosa

Compulsive Eating

Have you ever been treated for any disorder such as depression, anxiety, or phobia?

Yes

No

If Yes, please give details of the disorder and the treatment you received: .....

Please give the name and dosage of any prescribed medications you are presently taking:

Name: ..... Dosage: .....

**PERSONAL DETAILS FORM - C**

Please fill in all the following information about yourself.

Date of Birth: ..... Male/Female: .....

Height: .....

Weight: .....

What was your lowest weight at present height? .....

what was your highest weight at present height? .....

What is your marital status. (please tick)

Married  Single  Divorced or Separated  Widowed

What is your occupation? .....

What is your father's occupation? .....

What is your mother's occupation? .....

What is your spouse's occupation?.....

If applicable, at what age did you leave full time education?.....

Are you presently on a diet? (please tick)

Yes  (go to the next question)

No  (miss the next four questions)

How long have you been dieting? .....

How much weight have you lost? .....

Are you still losing weight? (please tick)

Yes

No

If No, are you still trying to lose weight?

Yes

No

Have you dieted in the last six months?

Yes

No

Have you ever been diagnosed as suffering any of the following disorders? (please tick)

Anorexia Nervosa

Bulimia Nervosa

Compulsive eating

Have you been treated for any psychological disorder such as depression, anxiety, phobia?

Yes

No

If Yes, please give details of the disorder and the treatment you received.

.....  
.....

Please give the name and dosage of any prescribed medications you are presently taking.

Name: ..... Dosage: .....

**PERSONAL DETAILS FORM- D**

Please fill in all the following information about yourself:

Date of Birth:..... Male/Female:.....

Height:.....

Weight:.....

What was your lowest weight at present height? .....

What was your highest weight at present height?.....

What is your marital status? (please tick)

Single  Married  Divorced or seperated  Widowed

What is your occupation?.....

What is/was your fathers occupation? .....

What is/was your mother's occupation? .....

What is your spouse's occupation? .....

At what age did you leave fulltime education?.....

At what age did your depression begin? .....

Have you ever been in hospital for your depression? (Please tick)

Yes

No

If yes, how many times? .....

Are you in hospital now? (please tick)

Yes

No

How long after the depression started did you first have treatment? .....

How long has your present phase of treatment lasted? .....

Have you ever been diagnosed as suffering any of the following disorders? (Please tick)

Anorexia nervosa

Bulimia nervosa

Compulsive eating

Do you have a history of obesity? (Please tick)

Yes

No

Are you taking any prescribed medication? (Please tick)

Yes

No

If yes, please give the name and dosage:

Name: .....

Dosage:.....

Name:.....

Dosage:.....

**PERSONAL DETAILS FORM- E**

Please fill in all the following information about yourself:

Date of Birth:..... Male/Female:.....

Height:.....

Weight:.....

What was your lowest weight at present height? .....

What was your highest weight at present height?.....

What is your marital status? (please tick)

Single  Married  Divorced or seperated  Widowed

What is your occupation?.....

What is/was your fathers occupation? .....

What is/was your mother's occupation? .....

What is your spouse's occupation? .....

At what age did you leave fulltime education?.....

At what age did your anxiety begin? .....

Have you ever been in hospital for your anxiety? (Please tick)

Yes

No

If yes, how many times? .....

Are you in hospital now? (please tick)

Yes

No

How long after the anxiety started did you first have treatment? .....

How long has your present phase of treatment lasted? .....

Have you ever been diagnosed as suffering any of the following disorders? (Please tick)

Anorexia nervosa

Bulimia nervosa

Compulsive eating

Do you have a history of obesity? (Please tick)

Yes

No

Are you taking any prescribed medication? (Please tick)

Yes

No

If yes, please give the name and dosage:

Name: .....

Dosage:.....

Name:.....

Dosage:.....

**Appendix I: Clinicians Checklists.**

**A. Eating Disorder Checklist.**

**B. Major Depression Patient Checklist.**

**C. Panic Disorder Patient Checklist.**

**(Used on all checklists)**

**Clinicians checklist: Eating Disorder Study, University of Stirling.**

Please complete all the information asked for on the following two pages and then return to G J Williams at the Department of Psychology, University of Stirling, Stirling FK9 4LA.

initials/DoB: \_\_\_\_\_

Clinicians Diagnosis: \_\_\_\_\_

Is patient diagnosed for any other psychological disorder? (please tick)

Yes

No

If Yes, please state secondary diagnosis: \_\_\_\_\_

**PROCEDURE (to be completed at University of Stirling)**

Questionnaire package presented to patient: \_\_\_\_\_

Questionnaire package returned by patient: \_\_\_\_\_

Checklist affixed to questionnaire package: \_\_\_\_\_

**DSM - III Criteria. Please tick off ALL symptoms displayed by the patient.**

**1) ANOREXIA**

- i) Refusal to maintain body weight over a minimal normal weight for age and height eg. weight loss leading to maintenance of body weight 15% below that expected; or failure to make expected weight gain during period of growth leading to body weight 15% below that expected. -----
- ii) Intense fear of gaining weight or becoming fat, even when underweight. -----
- iii) Disturbance in the way one's body weight size, or shape is experienced. -----
- iv) In females, absence of at least three consecutive menstrual cycles when otherwise expected to occur. -----

**2) BULIMIA**

- i) Recurrent episodes of binge eating. -----
- ii) A feeling of lack of control over eating behaviour during the eating binges. -----
- iii) The person regularly engages in either self-induced vomiting, use of laxatives or diuretics, strict dieting or fasting, or vigorous exercise in order to prevent weight gain. -----
- iv) A minimum average of two binge eating episodes per week for at least three months. -----
- v) Persistent overconcern with body shape and weight. -----

DIAGNOSTIC CRITERIA FOR MAJOR DEPRESSIVE EPISODE

**Note :** A "Major Depressive Syndrome" is defined as criterion A below.

A. At least five of the following symptoms have been present during the same two-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood, or (2) loss of interest or pleasure. (Do not include symptoms that are clearly due to a physical condition, mood-incongruent delusions or hallucinations, incoherence or marked loosening of associations).

1. depressed mood (or can be irritable mood in children and adolescents) most of the day, nearly every day, as indicated by either subjective account or observation by others.

2. markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation by others of apathy most of the time).

3. significant weight loss or weight gain when not dieting (eg more than 5% of body weight in a month), or decrease or increase in appetite nearly every day (in children consider failure to make expected weight gains).

4. insomnia or hypersomnia nearly every day.

5. Psychomotor agitation or retardation nearly every day (observed by others, not merely subjective feelings of restlessness or being slowed down).

6. fatigue or loss of energy nearly every day.

7. feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).

8. diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).

9. recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan or a suicide attempt or a specific plan for committing suicide.

B. (1) It cannot be established that an organic factor initiated and maintained the disturbance.

(2) The disturbance is not a normal reaction to the death of a loved one (Uncomplicated Bereavement).

**Note:** Morbid preoccupation with worthlessness, suicidal ideation, marked functional impairment or psychomotor retardation or prolonged duration suggests bereavement complicated by Major Depression.



C. At no time during the disturbance have there been delusions or hallucinations for as long as two weeks in the absence of prominent mood symptoms (ie before the mood symptoms developed or after they have been remitted).

D. Not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder or Psychotic Disorder NOS.

**DSM III R Criteria for Panic Disorder (with or without agoraphobia). Please indicate with a tick all symptoms displayed by the patient at the time of testing.**

**A. PANICDISORDER**

One or more discrete periods of intense fear or discomfort have occurred which were (1) unexpected and (2) not triggered by situations in which the patient was the focus of others attention.

\_\_\_\_\_

**B. ONE OR MORE PANIC ATTACKS**

- 1. Four attacks as defined by criterion A have occurred within a four week period
- 2. One or more attacks have been followed by a period of at least a month of persistent fear of having another attack

\_\_\_\_\_

\_\_\_\_\_

**C. FEATURES OF PANIC DISORDER**

At least four of the following symptoms have developed during at least one of the attacks (please indicate all symptoms displayed)

- 1. shortness of breath (dyspnea) or smothering sensations
- 2. dizziness, unsteady feelings, or faintness
- 3. palpitations or accelerated heart rate (tachycardia)
- 4. trembling or shaking
- 5. sweating
- 6. choking
- 7. nausea or abdominal distress
- 8. depersonalization or derealization
- 9. numbness or tingling sensations (paresthesias)
- 10. chest pain or discomfort
- 11. flushes (hot flashes) or chills
- 12. fear of dying
- 13. fear of going crazy or doing something uncontrolled

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. ONSET OF ATTACKS**

During some of the attacks: four or more of the C symptoms

- 1. developed suddenly
- 2. increased in intensity within 10 minutes of the beginning of the first C symptom

\_\_\_\_\_

\_\_\_\_\_

**E. ORGANIC FACTORS (must be ruled out)**

The disorder was initiated and maintained by an organic factor, such as amphetamine or caffeine intoxication or hyperthyroidism

\_\_\_\_\_

**PTO**

**F. TYPES OF PANIC DISORDER**

- 1. without agoraphobia
- 2. with agoraphobia (if present please indicate severity) \_\_\_\_\_
  - a. Mild: some avoidance \_\_\_\_\_
  - b. moderate: constricted lifestyle \_\_\_\_\_
  - c. severe: nearly housebound or unable to leave the house unaccompanied \_\_\_\_\_
- 3. in partial remission: some avoidance in past six months \_\_\_\_\_
- 4. in full remission: no avoidance during past six months \_\_\_\_\_

**G. SEVERITY OF PANIC ATTACKS (during the past month)**

- mild: either all have been limited symptom attacks or there has been no more than one attack \_\_\_\_\_
- moderate: between mild and severe \_\_\_\_\_
- severe: at least eight attacks \_\_\_\_\_

Appendix J: Rating Questionnaire - Item Selection.

**Dear Doctor/Sir/Madam,**

**In the Eating Disorders Project based at the University of Stirling we are developing a new questionnaire for eating disorder patients. We are now at the stage of selecting the items to be included in the questionnaire and would appreciate your assistance in the selection process.**

**The enclosed questionnaire comprises a pool of items which could be included in the new questionnaire. The items are grouped under five categories - assertiveness, self-esteem, perceived external control, self-directed hostility, anorexic behaviour, bulimic behaviour.**

**You are asked to rate each item on a seven point scale (1 = low, 7 = high) reflecting the degree of the given concept it implies. For example in Section One - Assertiveness - you are asked to rate each item on the level of assertiveness it implies. So if you think that the the first item "I often don't know what to say to attractive people of the opposite sex" implies low assertiveness you would rate it towards the low end of the scale, scoring 1 or 2; if it implies moderate assertiveness then rate in the middle range of the scale, scoring 3, 4 or 5; and if it implies a high level of assertiveness then rate it towards the high end of the scale, scoring 6 or 7.**

**Completion of the whole questionnaire will take approximately thirty minutes of your time, though, it is not imperative that the whole questionnaire is completed in one sitting. However, when completed, please check that you have rated *all* the items.**

**You are asked not to write your name on the questionnaire in order to ensure your anonymity. However, you are assured that this exercise is in no way an assessment of your knowledge of any of the concepts implied by the items - we simply need your impression of the items content.**

**We would appreciate a quick return of the completed questionnaire as it is essential that the final questionnaire is developed before the end of December. An S.A.E is provided for you convenience.**

**Many thanks.**

**Yours faithfully**

**Gwenllian-Jane Williams (Research Associate)**

**SECTION ONE - ASSERTIVENESS**

**Assertiveness is defined as non-submissive, non-aggressive behaviour and beliefs which enable the person to stand affirmatively in his/her position without guilt. Please rate the items in this section on the degree of assertiveness they imply.**

	LOW		MODERATE			HIGH	
I often don't know what to say to attractive people of the opposite sex.	1	2	3	4	5	6	7
I have hesitated to make dates because of shyness.	1	2	3	4	5	6	7
There are times when I feel I just can't say anything.	1	2	3	4	5	6	7
I avoid arguing over prices with salesmen/saleswomen.	1	2	3	4	5	6	7
When I am given a compliment I just don't know what to say.	1	2	3	4	5	6	7
I am aware that people often take advantage of me.	1	2	3	4	5	6	7
If someone has been spreading nasty lies about me I see him/her as soon as possible to 'have a talk'.	1	2	3	4	5	6	7
I complain about bad service in a restaurant or anywhere.	1	2	3	4	5	6	7
I tend to bottle up my emotions rather than make a scene.	1	2	3	4	5	6	7
I feel I am able to compliment a friend.	1	2	3	4	5	6	7
I feel I am able to ask favours of people.	1	2	3	4	5	6	7
I find it difficult to ask personal questions.	1	2	3	4	5	6	7
I can start up a conversation with a stranger.	1	2	3	4	5	6	7
I find it embarrassing to tell someone that I like them.	1	2	3	4	5	6	7
I can accept peoples criticism of me.	1	2	3	4	5	6	7
I can say 'No' to an unfair demand.	1	2	3	4	5	6	7
I cannot receive a compliment without being embarrassed.	1	2	3	4	5	6	7
I can tell someone when I feel he/she has been unfair to me.	1	2	3	4	5	6	7
I rarely take the lead in a group of people.	1	2	3	4	5	6	7
I feel I can tell my parents/ friends not to nag me.	1	2	3	4	5	6	7

	LOW		MODERATE			HIGH	
I can express affection towards my parents/spouse.	1	2	3	4	5	6	7
I am afraid of people being angry with me.	1	2	3	4	5	6	7
I feel confident going into a social gathering.	1	2	3	4	5	6	7
I rarely feel I can stand up for my rights.	1	2	3	4	5	6	7
I can tell people my good points as well as the bad.	1	2	3	4	5	6	7
I cannot confront sensitive issues with my family	1	2	3	4	5	6	7
If someone is unfair to me - I feel I can tell him/her.	1	2	3	4	5	6	7
I avoid the disapproval of other people.	1	2	3	4	5	6	7
I am an assertive person.	1	2	3	4	5	6	7
I must cover my feelings in order to make people like me.	1	2	3	4	5	6	7
I feel I cannot tell people when they have hurt me.	1	2	3	4	5	6	7
When in a relationship, I feel equal to my partner.	1	2	3	4	5	6	7
I voice my opinion.	1	2	3	4	5	6	7
I feel intimidated by attractive people.	1	2	3	4	5	6	7
I am not afraid to show my feelings.	1	2	3	4	5	6	7
I feel I can can assert myself with people in authority.	1	2	3	4	5	6	7
I believe that I would be disliked if I were to assert myself.	1	2	3	4	5	6	7
I need to be more assertive with my family.	1	2	3	4	5	6	7
I can express my feelings without feeling embarrassed.	1	2	3	4	5	6	7
People rarely take advantage of me.	1	2	3	4	5	6	7
I avoid arguing - even if I feel very strongly about an issue.	1	2	3	4	5	6	7
I can tell my partner/spouse when I am angry.	1	2	3	4	5	6	7
I tend to sulk rather than have an argument.	1	2	3	4	5	6	7
I need to be more assertive.	1	2	3	4	5	6	7

**SECTION TWO - SELF-ESTEEM.**

Self-esteem is defined as a positive attitude towards the self in terms of self-value and self-worth. Please rate each item in the following section on the degree of self-esteem it implies.

	LOW		MODERATE			HIGH	
On the whole I am satisfied with myself.	1	2	3	4	5	6	7
At times I think I am no good at all.	1	2	3	4	5	6	7
I am able to do things as well as most other people.	1	2	3	4	5	6	7
I feel I do not have much to be proud of.	1	2	3	4	5	6	7
I certainly feel useless at times.	1	2	3	4	5	6	7
I feel I am a person of worth, at least equal with others.	1	2	3	4	5	6	7
I wish I could have more respect for myself.	1	2	3	4	5	6	7
All in all, I am inclined to feel that I am a failure.	1	2	3	4	5	6	7
I have a positive attitude towards myself.	1	2	3	4	5	6	7
I am a likeable person.	1	2	3	4	5	6	7
People think well of me.	1	2	3	4	5	6	7
My friends find me interesting.	1	2	3	4	5	6	7
I am a dull person.	1	2	3	4	5	6	7
I think I make a good impression on other people.	1	2	3	4	5	6	7
People would not like me if they knew me well.	1	2	3	4	5	6	7
I feel I am not as popular as other people of my age.	1	2	3	4	5	6	7
I believe my parents are proud of me.	1	2	3	4	5	6	7
I often feel worthless.	1	2	3	4	5	6	7
I wish I were someone else.	1	2	3	4	5	6	7
I think highly of myself.	1	2	3	4	5	6	7
I have a strong sense of self-worth.	1	2	3	4	5	6	7
I have little respect for myself.	1	2	3	4	5	6	7
I like myself.	1	2	3	4	5	6	7
I feel proud of my achievements.	1	2	3	4	5	6	7
I like my appearance.	1	2	3	4	5	6	7



	<b>LOW</b>		<b>MODERATE</b>			<b>HIGH</b>	
I think I am an attractive person.	1	2	3	4	5	6	7
There is nothing major I wish to change about myself.	1	2	3	4	5	6	7
I accept the way I look.	1	2	3	4	5	6	7
I think I am a capable person.	1	2	3	4	5	6	7
I believe I am an intelligent person.	1	2	3	4	5	6	7
I do not feel very clever.	1	2	3	4	5	6	7
I feel I am not as attractive as other people of my age.	1	2	3	4	5	6	7
I have a nice personality.	1	2	3	4	5	6	7
People like me.	1	2	3	4	5	6	7
I like myself the way I am.	1	2	3	4	5	6	7

**SECTION THREE - SELF-DIRECTED HOSTILITY.**

**Self Directed Hostility is defined as negative feelings towards the self in terms of self-criticism, guilt and aggression. Please rate each item in this section according to the degree of self-directed hostility its wording implies.**

	LOW		MODERATE			HIGH	
My hardest battles are with myself.	1	2	3	4	5	6	7
I believe my sins are unpardonable.	1	2	3	4	5	6	7
I have lost out on things because I couldn't make up my mind soon enough.	1	2	3	4	5	6	7
I have not lived the right kind of life.	1	2	3	4	5	6	7
I am as capable and clever as most others around me.	1	2	3	4	5	6	7
I shrink from facing a crisis or difficulty.	1	2	3	4	5	6	7
Much of the time I feel I have done something wrong or evil.	1	2	3	4	5	6	7
At times I think I am no good at all.	1	2	3	4	5	6	7
I often wonder what reason another person may have for doing something nice for me.	1	2	3	4	5	6	7
I am lacking in self-confidence.	1	2	3	4	5	6	7
I hate myself.	1	2	3	4	5	6	7
I believe I am ugly.	1	2	3	4	5	6	7
I should be a nicer person.	1	2	3	4	5	6	7
I have a very negative attitude towards myself.	1	2	3	4	5	6	7
I feel very angry with myself.	1	2	3	4	5	6	7
I feel like hurting myself.	1	2	3	4	5	6	7
I deserve to be punished.	1	2	3	4	5	6	7
I often want to injure myself.	1	2	3	4	5	6	7
I am very critical of myself.	1	2	3	4	5	6	7
I believe I am a bad person.	1	2	3	4	5	6	7
My behaviour hurts other people.	1	2	3	4	5	6	7
I feel ashamed of myself.	1	2	3	4	5	6	7
I often feel guilty.	1	2	3	4	5	6	7
I often feel I have done something wrong.	1	2	3	4	5	6	7
I feel bad about myself for no particular reason.	1	2	3	4	5	6	7

	LOW		MODERATE			HIGH	
I do not behave the way I should.	1	2	3	4	5	6	7
I am a disappointed in myself.	1	2	3	4	5	6	7
I often feel like harming myself.	1	2	3	4	5	6	7
I have hostile feelings towards myself.	1	2	3	4	5	6	7
I rarely behave badly.	1	2	3	4	5	6	7
I have little to be self-critical about.	1	2	3	4	5	6	7
I have little to feel guilty about.	1	2	3	4	5	6	7
I should be a better person.	1	2	3	4	5	6	7

#### SECTION FOUR - PERCEIVED EXTERNAL CONTROL.

Perceived external control is the perception that control of one's self, life and/or behaviour is determined by *external* forces such as luck, chance or other people; as opposed to being determined by personal *internal* forces. Please rate each item in this section according to the degree of perceived external control implied by the item wording.

	LOW (Internal)		MODERATE			HIGH (External)	
My life is mainly controlled by powerful others.	1	2	3	4	5	6	7
If important people were to decide they didn't like me, I probably wouldn't make many friends.	1	2	3	4	5	6	7
I am usually able to protect my personal interests.	1	2	3	4	5	6	7
I can pretty much decide what happens in my life.	1	2	3	4	5	6	7
When I make plans I am almost certain to make them work.	1	2	3	4	5	6	7
Getting what I want requires pleasing people above me.	1	2	3	4	5	6	7
Although I have the ability, I would not achieve success without appealing to people in positions of power.	1	2	3	4	5	6	7
In order to make my plans work, I make sure they fit in with people who have power over me.	1	2	3	4	5	6	7
My life is determined by my own actions.	1	2	3	4	5	6	7
It is chiefly a matter of luck whether I have few friends or many.	1	2	3	4	5	6	7
I am in control of my health.	1	2	3	4	5	6	7
My family has a lot to do with me getting ill or staying healthy.	1	2	3	4	5	6	7
If I am ill, it is my own fault.	1	2	3	4	5	6	7
Health professionals control my health.	1	2	3	4	5	6	7
My health is not under my control.	1	2	3	4	5	6	7
If I take care of myself I can avoid illness.	1	2	3	4	5	6	7
Little in this world controls me - I can usually do what I decide to do.	1	2	3	4	5	6	7
There are institutions in our society that have considerable control over me.	1	2	3	4	5	6	7
I find I can keep my behaviour/impulses in control.	1	2	3	4	5	6	7

	<b>LOW (Internal)</b>		<b>MODERATE</b>			<b>HIGH (External)</b>	
There are few rules to follow in our family.	1	2	3	4	5	6	7
My family have control over me.	1	2	3	4	5	6	7
Other people control my life.	1	2	3	4	5	6	7
I generally do what is expected of me - even if it is not what I want to do.	1	2	3	4	5	6	7
I feel I often live according to other peoples rules.	1	2	3	4	5	6	7
I have a strong sense of self-control.	1	2	3	4	5	6	7
On the whole, I do what I want to do.	1	2	3	4	5	6	7
I am in control of my feelings and emotions.	1	2	3	4	5	6	7
I am in control of my body.	1	2	3	4	5	6	7
Thers are certain people who control my life.	1	2	3	4	5	6	7
I feel I have a great deal of personal control.	1	2	3	4	5	6	7
I make all my own decisions.	1	2	3	4	5	6	7
I often feel I am controlled by something outside of myself.	1	2	3	4	5	6	7
I always feel completely in control.	1	2	3	4	5	6	7
My boyfriend/girlfriend/spouse has a lot of control over me.	1	2	3	4	5	6	7
My family/friends usually tell me what to do.	1	2	3	4	5	6	7
I often feel 'out of control'.	1	2	3	4	5	6	7
I am fully in control of my self.	1	2	3	4	5	6	7
I often lose control.	1	2	3	4	5	6	7
I feel my life is predestined.	1	2	3	4	5	6	7

**SECTION FIVE - ANOREXIC DIETARY-BEHAVIOUR/BELIEFS**

The following items refer to the dietary behaviours and beliefs displayed by anorexic patients. Please rate each item on the degree (severity) of behaviour/belief it implies.

	LOW		MODERATE			HIGH	
	1	2	3	4	5	6	7
I like my stomach to be empty.	1	2	3	4	5	6	7
I feel bloated after meals.	1	2	3	4	5	6	7
I give too much thought and time to food.	1	2	3	4	5	6	7
I feel others would prefer me to eat more.	1	2	3	4	5	6	7
I find myself preoccupied with food.	1	2	3	4	5	6	7
I eat the same food day after day.	1	2	3	4	5	6	7
I have regular menstrual periods.	1	2	3	4	5	6	7
I feel uncomfortable after eating sweets.	1	2	3	4	5	6	7
I become anxious before eating.	1	2	3	4	5	6	7
I eat as slowly as I can.	1	2	3	4	5	6	7
I often hide food rather than eat it.	1	2	3	4	5	6	7
I cut my food into tiny pieces in order to eat more slowly.	1	2	3	4	5	6	7
When I eat anything I feel guilty.	1	2	3	4	5	6	7
I avoid food that is high in fat.	1	2	3	4	5	6	7
High carbohydrate foods make me nervous.	1	2	3	4	5	6	7
I am frightened of losing control when I eat.	1	2	3	4	5	6	7
When I eat I think about gaining weight.	1	2	3	4	5	6	7
I believe I am allergic to many foods.	1	2	3	4	5	6	7
I happily eat meat.	1	2	3	4	5	6	7
Some foods affect me in a different way than they would affect other people.	1	2	3	4	5	6	7
I can eat sweets without feeling nervous.	1	2	3	4	5	6	7
I weigh myself after meals.	1	2	3	4	5	6	7
I count the calories of everything I eat.	1	2	3	4	5	6	7
I must be very controlled in my eating habits.	1	2	3	4	5	6	7

	LOW		MODERATE			HIGH	
I eat rich, high calorie foods	1	2	3	4	5	6	7
I play with food on the plate to avoid eating it.	1	2	3	4	5	6	7
I try to give my food to other people.	1	2	3	4	5	6	7
I cook for others - but avoid eating with them.	1	2	3	4	5	6	7
I restrict my food in order to lose weight.	1	2	3	4	5	6	7
My stomach bloats up after meals.	1	2	3	4	5	6	7
My thoughts usually revolve around food.	1	2	3	4	5	6	7
I keep to a very strict diet regime.	1	2	3	4	5	6	7
If I overeat a little I feel frightened.	1	2	3	4	5	6	7
I can overeat and not feel nervous.	1	2	3	4	5	6	7
I will become obese if I eat more.	1	2	3	4	5	6	7
I believe I do not need as much food as other people.	1	2	3	4	5	6	7
I think about food all the time.	1	2	3	4	5	6	7
I do not like other people to see me eat.	1	2	3	4	5	6	7
I feel disgusted with myself when I eat.	1	2	3	4	5	6	7
I eat in front of others	1	2	3	4	5	6	7
I eat low calorie foods all the time.	1	2	3	4	5	6	7

**SECTION SIX - BULIMIC DIETARY-BEHAVIOUR/BELIEFS.**

The items in this section refer to the dietary behaviours and beliefs displayed by bulimic patients. Please rate each item on the degree (severity) of behaviour/belief it implies.

	LOW		MODERATE			HIGH	
I am satisfied with my eating patterns.	1	2	3	4	5	6	7
Most people would be amazed at how much I can eat at one sitting.	1	2	3	4	5	6	7
I eat a lot of food even when I am not hungry.	1	2	3	4	5	6	7
I intentionally vomit after eating.	1	2	3	4	5	6	7
I rarely binge.	1	2	3	4	5	6	7
It is easier for me to vomit than it is for most people.	1	2	3	4	5	6	7
When I binge I eat foods that are high in carbohydrates.	1	2	3	4	5	6	7
I don't like myself when I eat too much.	1	2	3	4	5	6	7
I vomit in order to lose weight.	1	2	3	4	5	6	7
I eat to the point of feeling sick.	1	2	3	4	5	6	7
I binge at particular times in the day.	1	2	3	4	5	6	7
I often plan my binges in advance.	1	2	3	4	5	6	7
When I binge I have a sense of unreality.	1	2	3	4	5	6	7
I binge if I am upset.	1	2	3	4	5	6	7
I try to hide the fact that I binge.	1	2	3	4	5	6	7
When I binge I feel disgusted with myself.	1	2	3	4	5	6	7
I hide the evidence of my binges (eg. food wrappers).	1	2	3	4	5	6	7
I take laxatives in order to get rid of the food I have eaten.	1	2	3	4	5	6	7
I use diuretics (water tablets) in order to look slimmer.	1	2	3	4	5	6	7
I cannot eat one slice of bread/cake without eating the whole thing.	1	2	3	4	5	6	7
I am not worried about my bingeing.	1	2	3	4	5	6	7
I try to diet - but always lose control.	1	2	3	4	5	6	7
Sometimes I starve myself for long periods of time.	1	2	3	4	5	6	7



	<b>LOW</b>		<b>MODERATE</b>			<b>HIGH</b>	
I often eat to the point of exhaustion.	1	2	3	4	5	6	7
I am a binge eater.	1	2	3	4	5	6	7
I always eat in secret.	1	2	3	4	5	6	7
I feel that my whole life revolves around my bingeing.	1	2	3	4	5	6	7
My eating patterns are very different to other people.	1	2	3	4	5	6	7
My eating patterns are out of control.	1	2	3	4	5	6	7
I often eat so much my stomach hurts.	1	2	3	4	5	6	7
I eat extremely quickly.	1	2	3	4	5	6	7
My weight can fluctuate by 10lbs after a binge.	1	2	3	4	5	6	7
I hate myself after bingeing.	1	2	3	4	5	6	7
I feel frightened if I cannot get rid of the food I have eaten either by vomiting or fasting.	1	2	3	4	5	6	7
My eating patterns control my life.	1	2	3	4	5	6	7
I believe I can stop eating when I want to.	1	2	3	4	5	6	7
I lie about the amount of food I eat.	1	2	3	4	5	6	7
I never eat uncontrollably	1	2	3	4	5	6	7
I feel ashamed of the amount of food I can eat.	1	2	3	4	5	6	7

**PLEASE CHECK THAT YOU HAVE RATED EVERY ITEM AND THEN RETURN THIS QUESTIONNAIRE IN THE ENVELOPE PROVIDED.**

**THANKYOU VERY MUCH FOR ALL YOUR HELP.**

Appendix K: Final Items - Concept Validity Check Questionnaire.

This questionnaire contains 80 items which are to be included in an 8 scale assessment measure for eating disorders. The scales are assertiveness, self-esteem, perceived external control, self-directed hostility, anorexic dietary cognitions, anorexic dietary behaviour, bulimic dietary cognitions, and bulimic dietary behaviour. At this point we wish to assess the face validity of the items. You are asked to allocate each item to the category you feel is most appropriate and indicating your choice by placing a tick in the appropriate column. Please allocate each item to one category only. Finally, please note that some some questions are not worded in the *direction* of the scale (ie. they are negatively worded) - these items are marked \*

**Scale Definitions: Please use these definitions in allocating the items.**

**Assertiveness** - non submissive behaviour and beliefs which enable the person to stand affirmatively in their position without guilt/distress.

**Self-esteem** - positive attitude towards the self in terms of self-value and self-worth

**Perceived External Control** - the perception that control of one's self, life, and/or behaviour is determined by external forces such as other people, institutions or other people.

**Self-directed Hostility** - negative feelings towards the self in terms of self criticism, guilt and actual self directed aggression.

**Anorexic Dietary Behaviour** - the behavioural aspect of restrictive anorexic eating patterns.

**Anorexic Dietary Cognitions** - beliefs and cognitions associated with restrictive anorexic eating behaviour.

**Bulimic Dietary Behaviour** - the behavioural aspect of bulimic eating patterns.

**Bulimic Dietary Cognitions** - beliefs and cognitions associated with the bulimic behaviours of disrupted eating, bingeing and vomiting.

	Anorexic Dietary Cognitions	Anorexic Dietary Behaviour	Bulimic Dietary Cognitions	Bulimic Dietary Behaviour	Assertiveness	Self-Esteem	Perceived External Control	Self-Directed Hostility
I feel ashamed of the amount of food I can eat	—	—	—	—	—	—	—	—
I tend to bottle up my emotions rather than make a scene*	—	—	—	—	—	—	—	—
At times I think I am no good	—	—	—	—	—	—	—	—
I often want to injure myself	—	—	—	—	—	—	—	—
I find it difficult to ask personal questions*	—	—	—	—	—	—	—	—
I can pretty much decide what happens in my life*	—	—	—	—	—	—	—	—
I find myself preoccupied with food	—	—	—	—	—	—	—	—
I eat the same food day after day	—	—	—	—	—	—	—	—
I feel satisfied with my eating patterns*	—	—	—	—	—	—	—	—
I eat a lot of food even when I'm not hungry	—	—	—	—	—	—	—	—
I believe I am a bad person	—	—	—	—	—	—	—	—

	Anorexic Dietary Cognitions	Anorexic Dietary Behaviour	Bulimic Dietary Cognitions	Bulimic Dietary Behaviour	Assertiveness	Self-Esteem	Perceived External Control	Self-Directed Hostility
I feel I am in control of my body*	—	—	—	—	—	—	—	—
My family have control over me	—	—	—	—	—	—	—	—
I have little respect for myself *	—	—	—	—	—	—	—	—
I do not feel very clever*	—	—	—	—	—	—	—	—
I can tell my parents/ friends not to nag me	—	—	—	—	—	—	—	—
When I eat anything I feel guilty	—	—	—	—	—	—	—	—
When I binge I have a sense of unreality	—	—	—	—	—	—	—	—
I take a positive attitude towards myself	—	—	—	—	—	—	—	—
I feel ashamed of myself	—	—	—	—	—	—	—	—
I have little to feel guilty about*	—	—	—	—	—	—	—	—
I tend to eat a lot in secret	—	—	—	—	—	—	—	—
I feel confident going into a social gathering	—	—	—	—	—	—	—	—
I feel my eating patterns control my life	—	—	—	—	—	—	—	—
I hate myself after bingeing	—	—	—	—	—	—	—	—
My life is determined by my own actions *	—	—	—	—	—	—	—	—
I have very hostile feelings towards myself	—	—	—	—	—	—	—	—
I have a nice personality	—	—	—	—	—	—	—	—
I often hide food rather than eat it	—	—	—	—	—	—	—	—
I deserve to be punished	—	—	—	—	—	—	—	—
I count the calories of everything I eat	—	—	—	—	—	—	—	—

I am afraid of people being angry with me\*

When I binge I feel disgusted with myself

I use diuretics in order to look slimmer

Other people control my life

I should be a better person

I will eat rich, high calorie foods

I have little to be self-critical about

I try to diet, but always lose control

If I overeat a little I feel frightened

My behaviour hurts other people

I believe I am allergic to many foods

If someone is unfair to me - I tell him/her

I lie about the large amount of food I eat

I feel disgusted with myself when I eat anything

My health is not under my control.

I keep to a very strict diet regime

I believe I can stop eating when I want to\*

I am not worried about my bingeing\*

I do not behave the way I should

	Anorexic Dietary Cognitions	Anorexic Dietary Behaviour	Bulimic Dietary Cognitions	Bulimic Dietary Behaviour	Assertiveness	Self-Esteem	Perceived External Control	Self-Directed Hostility
I am afraid of people being angry with me*	—	—	—	—	—	—	—	—
When I binge I feel disgusted with myself	—	—	—	—	—	—	—	—
I use diuretics in order to look slimmer	—	—	—	—	—	—	—	—
Other people control my life	—	—	—	—	—	—	—	—
I should be a better person	—	—	—	—	—	—	—	—
I will eat rich, high calorie foods	—	—	—	—	—	—	—	—
I have little to be self-critical about	—	—	—	—	—	—	—	—
I try to diet, but always lose control	—	—	—	—	—	—	—	—
If I overeat a little I feel frightened	—	—	—	—	—	—	—	—
My behaviour hurts other people	—	—	—	—	—	—	—	—
I believe I am allergic to many foods	—	—	—	—	—	—	—	—
If someone is unfair to me - I tell him/her	—	—	—	—	—	—	—	—
I lie about the large amount of food I eat	—	—	—	—	—	—	—	—
I feel disgusted with myself when I eat anything	—	—	—	—	—	—	—	—
My health is not under my control.	—	—	—	—	—	—	—	—
I keep to a very strict diet regime	—	—	—	—	—	—	—	—
I believe I can stop eating when I want to*	—	—	—	—	—	—	—	—
I am not worried about my bingeing*	—	—	—	—	—	—	—	—
I do not behave the way I should	—	—	—	—	—	—	—	—

	Anorexic Dietary Cognitions	Anorexic Dietary Behaviour	Bulimic Dietary Cognitions	Bulimic Dietary Behaviour	Assertiveness	Self-Esteem	Perceived External Control	Self-Directed Hostility
I am an assertive person	—	—	—	—	—	—	—	—
I feel I am controlled by something outside myself	—	—	—	—	—	—	—	—
I rarely binge*	—	—	—	—	—	—	—	—
I weigh myself after meals	—	—	—	—	—	—	—	—
I can eat sweets without feeling nervous*	—	—	—	—	—	—	—	—
I believe my parents are proud of me	—	—	—	—	—	—	—	—
I can overeat a little and not feel nervous*	—	—	—	—	—	—	—	—
Little in this world controls me - I usually do what I decide to do*	—	—	—	—	—	—	—	—
I often eat in front of others*	—	—	—	—	—	—	—	—
I cannot tell people when they have hurt me*	—	—	—	—	—	—	—	—
I must be very controlled in my eating habits	—	—	—	—	—	—	—	—
My boyfriend/girlfriend/spouse/parents have a lot of control over me	—	—	—	—	—	—	—	—
I cook for others but avoid eating with them	—	—	—	—	—	—	—	—
I feel I am not as popular as other people of my age*	—	—	—	—	—	—	—	—
I never eat uncontrollably*	—	—	—	—	—	—	—	—
I cut my food into small pieces in order to eat more slowly	—	—	—	—	—	—	—	—
I have a strong sense of self-worth	—	—	—	—	—	—	—	—
I take laxatives in order to get rid of the food I have eaten	—	—	—	—	—	—	—	—

	Anorexic Dietary Cognitions	Anorexic Dietary Behaviour	Bulimic Dietary Cognitions	Bulimic Dietary Behaviour	Assertiveness	Self-Esteem	Perceived External Control	Self-Directed Hostility
I feel I can assert myself with people in authority	—	—	—	—	—	—	—	—
I believe I do not need as much food as any one else	—	—	—	—	—	—	—	—
I feel I am not as attractive as other people of my age*	—	—	—	—	—	—	—	—
I eat low calorie foods aal the time	—	—	—	—	—	—	—	—
I feel I live according to other peoples rules	—	—	—	—	—	—	—	—
High carbohydrate foods make me feel nervous	—	—	—	—	—	—	—	—
I feel frightened if I cannot get rid of the food I have eaten either by vomiting, laxatives or fasting	—	—	—	—	—	—	—	—
I tend to sulk rather than have an arguement*	—	—	—	—	—	—	—	—
I often eat so much my stomach hurts	—	—	—	—	—	—	—	—
I am proud of my achievements	—	—	—	—	—	—	—	—
I believe my eating patterns are out of control	—	—	—	—	—	—	—	—
I intentionally vomit after eating	—	—	—	—	—	—	—	—

Appendix L: Final Version of The Stirling Eating Disorder Scales.



**THE FOLLOWING QUESTIONNAIRE COMPRISES A NUMBER OF STATEMENTS ABOUT ATTITUDES AND BELIEFS. READ EACH STATEMENT CAREFULLY AND INDICATE IF THE STATEMENT APPLIES TO YOU OR NOT BY CIRCLING TRUE OR FALSE**

I tend to bottle up my emotions rather than make a scene	TRUE	FALSE
At times I think I am no good at all	TRUE	FALSE
I often want to injure myself	TRUE	FALSE
I can pretty much decide what happens in my life	TRUE	FALSE
I find myself preoccupied with food	TRUE	FALSE
I eat the same food day after day	TRUE	FALSE
I feel satisfied with my eating patterns	TRUE	FALSE
I eat a lot of food even when I'm not hungry	TRUE	FALSE
I find it difficult to ask personal questions	TRUE	FALSE
I have a positive attitude towards myself	TRUE	FALSE
I believe I am a bad person	TRUE	FALSE
My life is determined by my own actions	TRUE	FALSE
When I eat anything I feel guilty	TRUE	FALSE
I eat low calorie foods all the time	TRUE	FALSE
When I binge I have a sense of unreality	TRUE	FALSE
I never eat uncontrollably	TRUE	FALSE
I feel I can ask my parents/friends not to nag me	TRUE	FALSE
I feel I am not as popular as other people of my age	TRUE	FALSE
I often feel angry with myself	TRUE	FALSE
Little in this world controls me - I usually do what I decide to do	TRUE	FALSE
High carbohydrate foods make me feel nervous	TRUE	FALSE
I often hide food rather than eat it	TRUE	FALSE
When I binge I feel disgusted with myself	TRUE	FALSE
I hide the evidence of my binges (eg. food wrappers)	TRUE	FALSE
I feel confident going into a social gathering	TRUE	FALSE
I believe my parents are proud of me	TRUE	FALSE
I feel ashamed of myself	TRUE	FALSE

I feel I live according to other peoples rules	TRUE	FALSE
I believe I am allergic to many foods	TRUE	FALSE
I cut my food into very small pieces in order to eat more slowly	TRUE	FALSE
I am not worried about my binging	TRUE	FALSE
I take laxatives in order to get rid of the food I have eaten	TRUE	FALSE
I am afraid of people being angry with me	TRUE	FALSE
I have a strong sense of self-worth	TRUE	FALSE
I do not behave the way I should	TRUE	FALSE
I feel I am in control of my body	TRUE	FALSE
I can eat sweets without feeling nervous	TRUE	FALSE
I weigh myself after meals	TRUE	FALSE
I feel ashamed of the amount of food I can eat	TRUE	FALSE
I try to diet but always lose control	TRUE	FALSE
I someone is unfair to me - I feel I can tell him/her	TRUE	FALSE
I have little respect for myself	TRUE	FALSE
I have very hostile feelings towards myself	TRUE	FALSE
I feel my family have control over me	TRUE	FALSE
I must be very controlled in my eating habits	TRUE	FALSE
I count the calories of everything I eat	TRUE	FALSE
I hate myself after binging	TRUE	FALSE
I intentionally vomit after eating	TRUE	FALSE
I am an assertive person	TRUE	FALSE
I feel proud of my achievements	TRUE	FALSE
I have very little to feel guilty about	TRUE	FALSE
I often feel I am controlled by something outside of myself	TRUE	FALSE
If I overeat a little I feel frightened	TRUE	FALSE
I eat rich, high calorie foods	TRUE	FALSE
I feel frightened if I cannot get rid of the food I have eaten either by vomiting, laxatives or fasting	TRUE	FALSE
I always eat a lot in secret	TRUE	FALSE

I feel I cannot tell people when they have hurt me	TRUE	FALSE
I do not feel very clever	TRUE	FALSE
I should be a better person	TRUE	FALSE
I feel my boyfriend/girlfriend/spouse/parent has a lot of control over me	TRUE	FALSE
I can overeat a little and not feel nervous	TRUE	FALSE
I keep to a very strict diet regime	TRUE	FALSE
I feel my eating patterns control my life	TRUE	FALSE
I often eat so much my stomach hurts	TRUE	FALSE
I feel I can assert myself with people in authority	TRUE	FALSE
I feel I am not as attractive as other people of my age	TRUE	FALSE
I deserve to be punished	TRUE	FALSE
My health is not under my control	TRUE	FALSE
I believe I do not need as much food as other people	TRUE	FALSE
I often eat in front of others	TRUE	FALSE
I believe I can stop eating when I want to	TRUE	FALSE
I lie about the large amount of food I eat	TRUE	FALSE
I tend to sulk rather than have an argument	TRUE	FALSE
I have a nice personality	TRUE	FALSE
I have very little to be self-critical about	TRUE	FALSE
Other people control my life	TRUE	FALSE
I feel disgusted with myself when I eat anything	TRUE	FALSE
I cook for others but avoid eating with them	TRUE	FALSE
I feel that my eating patterns are out of control	TRUE	FALSE
I rarely binge	TRUE	FALSE

Appendix M: Bulimia Investigatory Test - Edinburgh (Henderson & Freeman, 1987)

**This questionnaire is about you and your eating patterns. Answer each question carefully and finally check that you have answered all of them.**

1. Do you have a regular day to day eating pattern? YES NO
2. Are you a strict dieter? YES NO
3. Do you feel a failure if you break your diet once? YES NO
4. Do you count the calories of everything you eat, even when not on a diet? YES NO
5. Do you ever fast for a whole day? YES NO
6. If 'YES', how often is this? (Circle a number)
 

Have once	1
Now and then	2
Once a week	3
2 - 3 times a week	4
every second day	5
7. Do you do any of the following to help you lose weight? (Circle a number)
 

	Never	Occasionally	Once a week	2-3 times a week	Daily	3-4 times a day	5+ times a day
Take diet pills	0	2	3	4	5	6	7
Take diuretics	0	2	3	4	5	6	7
Take laxatives	0	2	3	4	5	6	7
Make yourself vomit	0	2	3	4	5	6	7
8. Does your pattern of eating severely disrupt your life? YES NO
9. Would you say that food dominated your life? YES NO
10. Do you ever eat until you are stopped by physical discomfort? YES NO
11. Are there times when all you can think about is food? YES NO
12. Do you eat sensibly in front of others and make up in private? YES NO
13. Can you always stop eating when you want to? YES NO
14. Do you ever experience overpowering urges to eat and eat and eat? YES NO
15. When you are feeling anxious do you tend to eat a lot? YES NO
16. Does the thought of becoming fat terrify you? YES NO
17. Do you ever eat large amounts of food rapidly (not a meal)? YES NO
18. Are you ashamed of your eating habits? YES NO
19. Do you worry that you have no control over your eating habits? YES NO
20. Do you turn to food for comfort? YES NO

- |   |                  |    |
|---|------------------|----|
| 21. Are you able to leave food on the plate at the end of a meal? | YES              | NO |
| 22. Do you deceive other people about how much you eat?           | YES              | NO |
| 23. Does how hungry you feel determine how much you eat?          | YES              | NO |
| 24. Do you ever binge on large amounts of food?                   | YES              | NO |
| 25. ...If 'YES', do such binges leave you feeling miserable?      | YES              | NO |
| 26. If you do binge, is this only when you are alone?             | YES              | NO |
| 27. If you do binge, how often is this? (Circle a number)         | Hardly ever      | 1  |
|   | Once a month     | 2  |
|   | Once a week      | 3  |
|   | 2-3 times a week | 4  |
|   | Daily            | 5  |
|   | 2-3 times a day  | 6  |
| 28. Would you go to great lengths to satisfy an urge to binge?    | YES              | NO |
| 29. If you overeat do you feel <u>very</u> guilty?                | YES              | NO |
| 30. Do you ever eat in secret?                                    | YES              | NO |
| 31. Are your eating habits what you would consider to be normal?  | YES              | NO |
| 32. Would you consider yourself to be a compulsive eater?         | YES              | NO |
| 33. Does your weight fluctuate by more than 5 lbs in a week?      | YES              | NO |

Appendix N: Multidimensional Health Locus of Control Scales (Wallston, & Wallston, & DeVellis, 1978)

**This questionnaire is designed to determine how different people view certain health related issues. It comprises a number of statements. You are asked to indicate the how much you agree or disagree with each statement on a scale of one to six. Do this by circling the appropriate number next to each statement. Please circle only one number per statement. There are no right or wrong answers**

- 1 = strongly disagree**
- 2 = moderately disagree**
- 3 = slightly disagree**
- 4 = slightly agree**
- 5 = moderately agree**
- 6 = strongly agree**

<b>If I get ill, it is my own behaviour which will determine how soon I will get well again</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>No matter what I do, if I am destined to get ill, I will get ill</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Having regular contact with my doctor is the best way for me to avoid illness</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Most things that affect my health happen to me by accident</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Whenever I don't feel well, I should consult a medically trained professional</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>I am in control of my health</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>My family has a lot to do with my becoming ill or staying healthy</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>When I get ill, I am to blame</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Luck plays a big part in determining how soon I will recover from an illness</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Health professionals control my health</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>My good health is largely a matter of good luck</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>The main thing which affects my health is what I myself do</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>If I take care of myself I can avoid illness</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>When I recover from an illness, it is usually because other people (eg. doctors, nurses, family, friends) have been taking good care of me</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>No matter what I do I am likely to get ill</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>If it is meant to be, I will stay healthy</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>If I take the right actions I will stay healthy</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Regarding my health, I can only do what my doctor tells me to do</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>



Appendix O: Assertiveness Self-Report Inventory (Herzberger et al. 1984).

**Read each question carefully and circle either TRUE or FALSE, whichever is closest to your viewpoint.**

- When my boyfriend/girlfriend has acted rudely at a party, I don't hesitate to let him/her know I don't like it. TRUE FALSE
- I feel guilty if I ask a neighbour to be quiet after midnight on a weekend. TRUE FALSE
- After eating an excellent meal at a restaurant, I do not hesitate to compliment the chef. TRUE FALSE
- If I were stood up on a date, I would tell the person who stood me up that I felt angry. TRUE FALSE
- When I get a terrible haircut and the hairdresser asks me how I like it, I say I like it. TRUE FALSE
- I would feel self-conscious asking a question in a large lecture class. TRUE FALSE
- I usually let my friends have a larger portion of food at social gatherings and take a smaller one for myself. TRUE FALSE
- When on a date, I act cheerful, even if I am depressed so as not to upset my friends mood. TRUE FALSE
- I feel justified when I send improperly cooked food back to the kitchen in a restaurant. TRUE FALSE
- When people I don't know wear nice outfits, I hesitate to compliment them. TRUE FALSE
- I'm not likely to tell my date that I am irritated when he/she pays more attention to others and ignores me. TRUE FALSE
- I tip a consistent percentage to a waitress despite receiving poor service. TRUE FALSE
- When an interviewer cancels an appointment for the third time I tell him/her that I am annoyed. TRUE FALSE
- When a roommate makes a mess I would rather clean it up myself than confront him/her about it. TRUE FALSE
- If I received a call late at night from a casual acquaintance, I would say I was sleeping and ask not to be called so late. TRUE FALSE
- When people use my car and don't refill the tank, I let them know I feel unfairly treated. TRUE FALSE
- I find it difficult to ask a favour of a stranger. TRUE FALSE
- If my stereo were stolen, I wouldn't regret reporting it to the police, even if I suspected a friend. TRUE FALSE
- If I were going out with friends for an evening and my boyfriend/girlfriend didn't want me to, I would do it anyway. TRUE FALSE

**I feel uncomfortable engaging in discussions in a group, even when my views are different to the majority opinion.**

**TRUE FALSE**

**I feel guilty if my boyfriend/girlfriend wants to go to a movie but we go where I want to instead.**

**TRUE FALSE**

**When a roommate/flatmate consistently fails to take an accurate telephone message, I let him/her know I'm upset.**

**TRUE FALSE**

**When people use abusive language around me, I ignore it even though it bothers me.**

**TRUE FALSE**

**If someone makes loud noises when I am studying in the library, I will express my discontent.**

**TRUE FALSE**

**I feel guilty telling my boyfriend/girlfriend that I have to work this evening rather than see him/her.**

**TRUE FALSE**

**Please check that all questions are answered.**

Appendix P: Index of Self-Esteem (Hudson, 1982).

**This questionnaire is designed to measure how you see yourself - It is not a test. Answer each item by circling the appropriate number:**

- 1 = rarely or none of the time**
- 2 = a little of the time**
- 3 = some of the time**
- 4 = a good part of the time**
- 5 = most or all of the time**

I feel that people would not like me if they really knew me well	1	2	3	4	5
I feel that others get along much better than I do	1	2	3	4	5
I feel that I am a beautiful person	1	2	3	4	5
When I am with other people, I feel they are glad I am with them	1	2	3	4	5
I feel that people really like to talk with me	1	2	3	4	5
I feel that I am a very competent person	1	2	3	4	5
I think I make a good impression on others	1	2	3	4	5
I feel that I need more self-confidence	1	2	3	4	5
When I am with strangers I am very nervous	1	2	3	4	5
I think that I am a dull person	1	2	3	4	5
I feel ugly	1	2	3	4	5
I feel that others have more fun than I do	1	2	3	4	5
I feel that I bore people	1	2	3	4	5
I think my friends find me interesting	1	2	3	4	5
I think I have a good sense of humour	1	2	3	4	5
I feel very self-conscious when I am with strangers	1	2	3	4	5
I feel that if I could be more like other people I would have it made	1	2	3	4	5
I feel that people have a good time when they are with me	1	2	3	4	5
I feel like a wall flower when I go out	1	2	3	4	5
I feel I get pushed around more than others	1	2	3	4	5
I think I am a rather nice person	1	2	3	4	5
I feel that people like me very much	1	2	3	4	5
I feel that I am a likeable person	1	2	3	4	5
I am afraid I will appear foolish to others	1	2	3	4	5
My friends think very highly of me	1	2	3	4	5

Appendix Q: Personal Feelings Questionnaire (Harder & Lewis, 1987).

**Please circle the number which reflects how common each feeling is for you.**

- 4 = I experience the feeling continuously or almost continuously**
- 3 = I experience the feeling frequently, but not continuously**
- 2 = I experience the feeling some of the time**
- 1 = I experience this feeling rarely**
- 0 = I never experience this feeling**

Embarrassment	0	1	2	3	4
Mild guilt	0	1	2	3	4
Feeling ridiculous	0	1	2	3	4
Worry about hurting or injuring someone	0	1	2	3	4
Sadness	0	1	2	3	4
Self-consciousness	0	1	2	3	4
Feeling humiliated	0	1	2	3	4
Intense guilt	0	1	2	3	4
Euphoria	0	1	2	3	4
Feeling stupid	0	1	2	3	4
Regret	0	1	2	3	4
Feeling Childish	0	1	2	3	4
Mild happiness	0	1	2	3	4
Feeling helpless or paralyzed	0	1	2	3	4
Depression	0	1	2	3	4
Feelings of blushing	0	1	2	3	4

<b>Feeling I deserve criticism for what I did</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Feeling laughable</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Rage</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Enjoyment</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Feeling disgusting to others</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Remorse</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>



Appendix R: Automatic Thoughts Questionnaire (Hollon & Kendall, 1980).

Listed below are a variety of thoughts which pop into peoples heads. Please read each statement carefully and indicate how often, if at all, the thought has occurred to you *over the last week*, by circling the appropriate number.

- 1 = Not at all
- 2 = Sometimes
- 3 = Moderately often
- 4 = Often
- 5 = All the time

I feel like I'm up against the world	1	2	3	4	5
I'm no good	1	2	3	4	5
Why can't I ever succeed?	1	2	3	4	5
No one understands me	1	2	3	4	5
I've let people down	1	2	3	4	5
I don't think I can go on	1	2	3	4	5
I wish I were a better person	1	2	3	4	5
I'm so weak	1	2	3	4	5
My life's not going the way I want it to	1	2	3	4	5
I'm so disappointed in myself	1	2	3	4	5
Nothing feels good anymore	1	2	3	4	5
I can't stand this anymore	1	2	3	4	5
I can't get started	1	2	3	4	5
Whats wrong with me?	1	2	3	4	5
I wish I were someone else	1	2	3	4	5
I can't get things together	1	2	3	4	5
I hate myself	1	2	3	4	5
I'm worthless	1	2	3	4	5
I wish I could just disappear	1	2	3	4	5

- 1 = Not at all**
- 2 = Sometimes**
- 3 = Moderately often**
- 4 = Often**
- 5 = All the time**

What's the matter with me?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
I'm a loser	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
My life is a mess	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
I'm a failure	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
I'll never make it	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
I feel so helpless	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Something has to change	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
There must be something wrong wrong with me	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
My future is bleak	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
It's just not worth it	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
I can't finish anything	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Appendix S: Clinicians Rating Checklist.

Patient Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date: \_\_\_\_\_

Please rate the patient on what you believe to be her (his) present level in the following areas. If you believe the patient is presently displaying a low/mild level of the following characteristics give the patient a rating of 1 or 2; if you believe the patient to be displaying a moderate level rate her (him) 3, 4, or 5; high/severe levels should be rated 6 or 7.

	LOW/ MILD					HIGH/ SEVERE	
<b>Anorexic Dietary Behaviours</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>Anorexic Dietary Cognitions</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>Bulimic Dietary Behaviour</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>Bulimic Dietary Cognitions</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>Assertiveness</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>Self-Esteem</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>Perceived External Control</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>Self-Directed Hostility</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>General Improvement</b> (Not applicable on first rating)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

Any additional information/comments

Appendix T: Clinical Anxiety Scale (Thyer, 1986).

**This questionnaire is designed to measure how much anxiety you are currently feeling - It is not a test. Answer each statement as accurately as possible by circling one of the following numbers next to it.**

- 1 = rarely or none of the time**
- 2 = a little of the time**
- 3 = some of the time**
- 4 = a good part of the time**
- 5 = most or all of the time**

<input type="checkbox"/> I feel calm	1	2	3	4	5
<input type="checkbox"/> I feel tense	1	2	3	4	5
<input type="checkbox"/> I feel suddenly scared for no reason	1	2	3	4	5
<input type="checkbox"/> I feel nervous	1	2	3	4	5
<input type="checkbox"/> I use tranquilizers or antidepressants to cope with anxiety	1	2	3	4	5
<input type="checkbox"/> I feel confident about the future	1	2	3	4	5
<input type="checkbox"/> I am free from senseless or unpleasant thoughts	1	2	3	4	5
<input type="checkbox"/> I feel afraid to out of the house alone	1	2	3	4	5
<input type="checkbox"/> I feel relaxed and in control of myself	1	2	3	4	5
<input type="checkbox"/> I have spells of terror or panic	1	2	3	4	5
<input type="checkbox"/> I feel afraid in open spaces or in the streets	1	2	3	4	5
<input type="checkbox"/> I feel afraid I will faint in public	1	2	3	4	5
<input type="checkbox"/> I am comfortable travelling on buses, tubes or trains	1	2	3	4	5
<input type="checkbox"/> I feel nervous or shakiness inside	1	2	3	4	5
<input type="checkbox"/> I feel comfortable in crowds, such as shopping or at a movie	1	2	3	4	5
<input type="checkbox"/> I feel comfortable when I am left alone	1	2	3	4	5
<input type="checkbox"/> I rarely feel afraid without a good reason	1	2	3	4	5
<input type="checkbox"/> Due to my fears, I unreasonably avoid certain animals, objects or situations	1	2	3	4	5
<input type="checkbox"/> I get upset easily or feel panicky unexpectedly	1	2	3	4	5
<input type="checkbox"/> My hands, arms or legs shake or tremble	1	2	3	4	5
<input type="checkbox"/> Due to my fears, I avoid social situations, whenever possible	1	2	3	4	5
<input type="checkbox"/> I experience sudden attacks of panic which catch me by surprise	1	2	3	4	5
<input type="checkbox"/> I feel generally anxious	1	2	3	4	5
<input type="checkbox"/> I am bothered by dizzy spells	1	2	3	4	5
<input type="checkbox"/> Due to my fears, I avoid being alone whenever possible	1	2	3	4	5

Appendix U: Beck Depression Inventory (Beck, 1967)



**On this questionnaire there are groups of statements. Read each group carefully. Then pick out the statement in each group which best describes the way you have been feeling in the PAST WEEK, INCLUDING TODAY. Circle the number next to the statement you have picked.**

0 I do not feel sad

1 I feel sad

2 I am sad all of the time and can't snap out of it

3 I am so sad or unhappy I can't stand it

0 I am not particularly discouraged about the future

1 I feel discouraged about the future

2 I feel I have nothing to look forward to

3 I feel the future is hopeless and there is nothing to look forward to

0 I do not feel like a failure

1 I feel I have failed more than the average person

2 As I look back on my life, all I can see is a lot of failures

3 I feel I am a complete failure as a person

0 I get as much satisfaction out of things as I used to

1 I don't enjoy things the way I used to

2 I don't get real satisfaction out of things anymore

3 I am dissatisfied or bored with everything

0 I don't feel particularly guilty

1 I feel guilty a good part of the time

2 I feel guilty most of the time

3 I feel guilty all of the time

0 I don't feel disappointed in myself

1 I am disappointed in myself

2 I am disgusted in myself

3 I hate myself

0 I don't have thoughts of killing myself

1 I have thoughts of killing myself, but I would not carry them out

2 I would like to kill myself

3 I would kill myself if I had the chance

0 I have not lost interest in other people

1 I am less interested in other people than I used to be

2 I have lost most of my interest in other people

3 I have lost all of my interest in other people

0 I make decisions about as well as I ever could

1 I put off making decisions more than I used to

2 I have greater difficulty making decisions than before

3 I can't make decisions at all any more

0 I don't feel I look any worse than I used to

1 I am worried that I am looking old or unattractive

2 I feel there are permanent changes in my appearance that make me look unattractive

3 I believe that I look ugly

- 0 I can work about as well as before
- 1 It takes an extra effort to get started at doing something
- 2 I have to push myself very hard to do anything
- 3 I can't do any work at all

- 0 I don't get more tired than usual
- 1 I get tired more easily than I used to
- 2 I get tired from almost anything
- 3 I am too tired to do anything

- 0 I haven't lost much weight, if any lately
- 1 I have lost more than 5 pounds
- 2 I have lost more than 10 pounds
- 3 I have lost more than 15 pounds

I am purposely trying to lose weight by eating less: Yes\_\_\_\_ No\_\_\_\_