

Appendix B

Assessments used to measure MICE outcome variables.

(Note: EPSI=Eating Pathology Symptoms Inventory [same items as Eating Pathology Clinical Outcomes Tracking]; EDDS=Eating Disorder Diagnostic Scale; CIA=Clinical Impairment Assessment; IDAS-II=Inventory of Depression and Anxiety Symptoms, Second Version; PANAS-X=Positive and Negative Affect Schedule, Expanded Form.)

EPSI[®]

Below is a list of experiences and problems that people sometimes have. Read each item to determine how well it describes your recent experiences. Then select the option that best describes **how frequently** each statement applied to you **during the past four weeks, including today**. Use this scale when answering:

0	1	2	3	4
Never	Rarely	Sometimes	Often	<u>Very Often</u>

1. I did not like how clothes fit the shape of my body 1. _____
2. I tried to exclude “unhealthy” foods from my diet 2. _____
3. I ate when I was not hungry 3. _____
4. People told me that I do not eat very much 4. _____
5. I felt that I needed to exercise nearly every day 5. _____
6. People would be surprised if they knew how little I ate 6. _____
7. I used muscle building supplements 7. _____
8. I pushed myself extremely hard when I exercised 8. _____
9. I snacked throughout the evening without realizing it 9. _____
10. I got full more easily than most people 10. _____
11. I considered taking diuretics to lose weight 11. _____
12. I tried on different outfits, because I did not like how I looked 12. _____
13. I thought laxatives are a good way to lose weight 13. _____
14. I thought that obese people lack self-control 14. _____
15. I thought about taking steroids as a way to get more muscular 15. _____
16. I used diet teas or cleansing teas to lose weight 16. _____
17. I used diet pills 17. _____
18. I did not like how my body looked 18. _____
19. I ate until I was uncomfortably full 19. _____

EPSI[®]

Below is a list of experiences and problems that people sometimes have. Read each item to determine how well it describes your recent experiences. Then select the option that best describes **how frequently** each statement applied to you **during the past four weeks, including today**. Use this scale when answering:

0	1	2	3	4
Never	Rarely	Sometimes	Often	<u>Very Often</u>

20. I felt that overweight people are lazy 20. _____
21. I counted the calories of foods I ate 21. _____
22. I planned my days around exercising 22. _____
23. I thought my butt was too big 23. _____
24. I did not like the size of my thighs 24. _____
25. I wished the shape of my body was different 25. _____
26. I was disgusted by the sight of an overweight person wearing tight clothes 26. _____
27. I made myself vomit in order to lose weight 27. _____
28. I did not notice how much I ate until after I had finished eating 28. _____
29. I considered taking a muscle building supplement 29. _____
30. I felt that overweight people are unattractive 30. _____
31. I engaged in strenuous exercise at least five days per week 31. _____
32. I thought my muscles were too small 32. _____
33. I got full after eating what most people would consider a small amount of food 33. _____
34. I was not satisfied with the size of my hips 34. _____
35. I used protein supplements 35. _____
36. People encouraged me to eat more 36. _____
37. If someone offered me food, I felt that I could not resist eating it 37. _____
38. I was disgusted by the sight of obese people 38. _____
39. I stuffed myself with food to the point of feeling sick 39. _____

EPSI[®]

Below is a list of experiences and problems that people sometimes have. Read each item to determine how well it describes your recent experiences. Then select the option that best describes **how frequently** each statement applied to you **during the past four weeks, including today**. Use this scale when answering:

0	1	2	3	4
Never	Rarely	Sometimes	Often	<u>Very Often</u>

40. I tried to avoid foods with high calorie content 40. _____
41. I exercised to the point of exhaustion 41. _____
42. I used diuretics in order to lose weight 42. _____
43. I skipped two meals in a row 43. _____
44. I ate as if I was on auto-pilot 44. _____
45. I ate a very large amount of food in a short period of time (e.g., within 2 hours) 45. _____

EPSI[®] Scoring

Directions: This page should not be administered to participants/patients. Sum the scores for individual items for each scale (see below).

Body Dissatisfaction

#1, #12, #18, #23, #24, #25, #34

Binge Eating

#3, #9, #19, #28, #37, #39, #44, #45

Cognitive Restraint

#2, #21, #40

Purging

#11, #13, #16, #17, #27, #42

Restricting

#4, #6, #10, #33, #36, #43

Excessive Exercise

#5, #8, #22, #31, #41

Negative Attitudes toward Obesity

#14, #20, #26, #30, #38

Muscle Building

#7, #15, #29, #32, #35

EDDS – DSM-5 VERSION

Please carefully complete all questions, choosing NO or 0 for questions that do not apply.

Over the past 3 months...

	Not at all	Slightly	Moderately	Extremely			
1. Have you felt fat?	0	1	2	3	4	5	6
2. Have you had a definite fear that you might gain weight or become fat?	0	1	2	3	4	5	6
3. Has your weight or shape influenced how you judge yourself as a person?	0	1	2	3	4	5	6

4. During the past 3 months have there been times when you have eaten what other people would regard as an unusually large amount of food (e.g., a pint of ice cream) given the circumstances? YES NO

5. During the times when you ate an unusually large amount of food, did you experience a loss of control (e.g., felt you couldn't stop eating or control what or how much you were eating)? YES NO

6. How many times per month on average over the past 3 months have you eaten an unusually large amount of food and experienced a loss of control? 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+

During episodes of overeating with a loss of control, did you...

- 7. Eat much more rapidly than normal? YES NO
 - 8. Eat until you felt uncomfortably full? YES NO
 - 9. Eat large amounts of food when you didn't feel physically hungry? YES NO
 - 10. Eat alone because you were embarrassed by how much you were eating? YES NO
 - 11. Feel disgusted with yourself, depressed, or very guilty after overeating? YES NO
 - 12. If you have episodes of uncontrollable overeating, does it make you very upset? YES NO
-

In order to prevent weight gain or counteract the effects of eating, how many times per month on average over the past 3 months have you:

- 13. Made yourself vomit? 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+
 - 14. Used laxatives or diuretics? 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+
 - 15. Fasted (skipped at least 2 meals in a row)? 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+
 - 16. Engaged in more intense exercise specifically to counteract the effects of overeating 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+
-

17. How many times per month on average over the past 3 months have you eaten after awakening from sleep or eaten an unusually large amount of food after your evening meal and felt distressed by the night eating?
 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+

18. How much do eating or body image problems impact your relationships with friends and family, work performance, and school performance? Not at all Slightly Moderately Extremely
 0 1 2 3 4 5 6

19. How much do you weigh? If uncertain, please give your best estimate. _____ lbs. -or- _____ kg.

20. How tall are you? _____ ft. _____ in. -or- _____ cm.

21. What is your highest weight at your current height? _____ lbs. -or- _____ kg

22. What is your sex? MALE FEMALE

23. What is your age? _____

Clinical Impairment Assessment

INSTRUCTIONS

Please place an 'X' in the column which best describes how your eating habits, exercising or feelings about your eating, shape or weight have affected your life over the past four weeks (28 days). Thank you.

		Not at all	A little	Quite a bit	A lot
	<p>Over the past 28 days, to what extent have your ...eating habits ...exercising or feelings about your eating, shape or weight ...</p>				
1	... made it difficult to concentrate?				
2	... made you feel critical of yourself?				
3	... stopped you going out with others?				
4	... affected your work performance (if applicable)?				
5	... made you forgetful?				
6	... affected your ability to make everyday decisions?				
7	... interfered with meals with family or friends?				
8	... made you upset?				
9	... made you feel ashamed of yourself?				
10	... made it difficult to eat out with others?				
11	... made you feel guilty?				
12	... interfered with you doing things you used to enjoy?				
13	... made you absent-minded?				
14	... made you feel a failure?				
15	... interfered with your relationships with others?				
16	... made you worry?				

IDAS-II

Below is a list of feelings, sensations, problems, and experiences that people sometimes have. Read each item to determine how well it describes your recent feelings and experiences. Then, circle the choice that best describes how much you have felt or experienced things this way during the past two weeks, including today. Use this scale when answering:

0	1	2	3	4
Never	Rarely	Sometimes	Often	Very Often

1. I did not have much of an appetite (Appetite Loss)
2. I had little interest in my usual hobbies and activities (Dysphoria)
3. I felt optimistic (Well-Being)
4. I slept less than usual (Insomnia)
5. I felt fidgety, restless (Dysphoria)
6. I felt exhausted (Lassitude)
7. I felt a pain in my chest (Panic)
8. I felt depressed (Dysphoria)
9. I had trouble making up my mind (Dysphoria)
10. I was proud of myself (Well-Being)
11. I had trouble falling asleep (Insomnia)
12. I was furious (Ill Temper)
13. I had thoughts of suicide (Suicidality)
14. I had disturbing thoughts of something bad that happened to me (Traumatic Intrusions)
15. I felt self-conscious knowing that others were watching me (Social Anxiety)
16. I felt dizzy or lightheaded (Panic)
17. I woke up early and could not get back to sleep (Insomnia)
18. I was worried about embarrassing myself socially (Social Anxiety)

IDAS-II (cont.)

0	1	2	3	4
Never	Rarely	Sometimes	Often	Very Often
<hr/>				
19.				
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39.				

IDAS-II (cont.)

0	1	2	3	4
Never	Rarely	Sometimes	Often	Very Often
<hr/>				
40.	I felt discouraged about things (Dysphoria)			
41.	I found it difficult to make eye contact with people (Social Anxiety)			
42.	I got upset thinking about something bad that happened (Traumatic Intrusions)			
43.	I had trouble waking up in the morning (Lassitude)			
44.	I lost my temper and yelled at people (Ill Temper)			
45.	My heart was racing or pounding (Panic)			
46.	I thought about my own death (Suicidality)			
47.	I found it difficult to talk with people I did not know well (Social Anxiety)			
48.	I found myself worrying all the time (Dysphoria)			
49.	I had a very dry mouth (Panic)			
50.	I felt hopeful about the future (Well-Being)			
51.	I slept very poorly (Insomnia)			
52.	I thought about hurting myself (Suicidality)			
53.	I felt that I had a lot to look forward to (Well-Being)			
54.	I felt much worse in the morning than later in the day (Lassitude)			
55.	I felt drowsy, sleepy (Lassitude)			
56.	I was short of breath (Panic)			
57.	I talked more slowly than usual (Dysphoria)			
58.	I felt like I was choking (Panic)			
59.	I felt like I had a lot of interesting things to do (Well-Being)			
60.	I did not feel much like eating (Appetite Loss)			

IDAS-II (cont.)

0	1	2	3	4
Never	Rarely	Sometimes	Often	Very Often
<hr/>				
61.	I had trouble concentrating (Dysphoria)			
62.	Little things made me mad (Ill Temper)			
63.	I ate more than usual (Appetite Gain)			
64.	I felt like I had a lot of energy (Well-Being)			
65.	I rearranged things so that they were in a certain order (Ordering)			
66.	I washed my hands excessively (Cleaning)			
67.	I kept racing from one activity to the next (Mania)			
68.	I checked things over and over again (Checking)			
69.	I felt the urge to rearrange things so that they were “just right” (Ordering)			
70.	I worried a lot about germs (Cleaning)			
71.	I spoke so rapidly that others could not understand me (Mania)			
72.	I felt elated for no special reason (Euphoria)			
73.	I tried not to think about bad things from my past (Traumatic Avoidance)			
74.	I avoided small spaces (Claustrophobia)			
75.	I found myself checking things, even though I knew it wasn’t necessary (Checking)			
76.	I avoided handling dirty things (Cleaning)			
77.	It felt like my mind was moving “a mile a minute” (Mania)			
78.	I felt like I was “on top of the world” (Euphoria)			
79.	I avoided situations that bring up bad memories (Traumatic Avoidance)			
80.	I was afraid of getting trapped in a crowd (Claustrophobia)			
81.	I felt the urge to check to make sure I had done something (Checking)			

IDAS-II (cont.)

0	1	2	3	4
Never	Rarely	Sometimes	Often	Very Often

82. I followed the same, fixed order in performing everyday tasks (Ordering)
83. My thoughts jumped rapidly from one idea to another (Mania)
84. I felt anxious in small spaces (Claustrophobia)
85. I felt compelled to follow certain rituals (Ordering)
86. I had difficulty touching something that was dirty (Cleaning)
87. My thoughts were moving so quickly it was hard to keep up (Mania)
88. I had so much energy it was hard for me to sit still (Euphoria)
89. I tried to ignore upsetting memories (Traumatic Avoidance)
90. I was afraid of tunnels (Claustrophobia)
91. I had to clean myself because I felt contaminated (Cleaning)
92. I felt that I could do things that other people couldn't (Euphoria)
93. I avoided talking about bad experiences from my past (Traumatic Avoidance)
94. I avoided tight, enclosed spaces (Claustrophobia)
95. I had little rituals or habits that took up a lot of my time (Ordering)
96. I avoided using public restrooms (Cleaning)
97. I had much more energy than usual (Euphoria)
98. I used an object (such as a towel) so I could avoid touching something directly (Cleaning)
99. I was anxious about talking in public (Social Anxiety)

COMPOSITION OF THE IDAS-II SCALES

General Depression (20 items)

#1, #2, #5, #6, #8, #9, #11, #13, #21, #26, #27*, #30, #31, #40, #48, #51, #52, #57, #61, #64*

*reverse-keyed item

Dysphoria (10 items)

#2, #5, #8, #9, #21, #31, #40, #48, #57, #61

Lassitude (6 items)

#6, #29, #30, #43, #54, #55

Insomnia (6 items)

#4, #11, #17, #25, #36, #51

Suicidality (6 items)

#13, #22, #33, #38, #46, #52

Appetite Loss (3 items)

#1, #26, #60

Appetite Gain (3 items)

#19, #24, #63

Well-Being (8 items)

#3, #10, #23, #27, #50, #53, #59, #64

Ill Temper (5 items)

#12, #35, #37, #44, #62

Mania (5 items)

#67, #71, #77, #83, #87

Euphoria (5 items)

#72, #78, #88, #92, #97

COMPOSITION OF THE IDAS-II SCALES (CONT.)

Panic (8 items)

#7, #16, #32, #39, #45, #49, #56, #58

Social Anxiety (6 items)

#15, #18, #20, #41, #47, #99

Claustrophobia (5 items)

#74, #80, #84, #90, #94

Traumatic Intrusions (4 items)

#14, #28, #34, #42

Traumatic Avoidance (4 items)

#73, #79, #89, #93

Checking (3 items)

#68, #75, #81

Ordering (5 items)

#65, #69, #82, #85, #95

Cleaning (7 items)

#66, #70, #76, #86, #91, #96, #98

PANAS-X

This scale consists of a number of words and phrases that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent you have felt this way during the past few weeks. Use the following scale to record your answers:

1 very slightly or not at all	2 a little	3 moderately	4 quite a bit	5 extremely
<input type="checkbox"/> cheerful	<input type="checkbox"/> sad	<input type="checkbox"/> active	<input type="checkbox"/> angry at self	
<input type="checkbox"/> disgusted	<input type="checkbox"/> calm	<input type="checkbox"/> guilty	<input type="checkbox"/> enthusiastic	
<input type="checkbox"/> attentive	<input type="checkbox"/> afraid	<input type="checkbox"/> joyful	<input type="checkbox"/> downhearted	
<input type="checkbox"/> bashful	<input type="checkbox"/> tired	<input type="checkbox"/> nervous	<input type="checkbox"/> sheepish	
<input type="checkbox"/> sluggish	<input type="checkbox"/> amazed	<input type="checkbox"/> lonely	<input type="checkbox"/> distressed	
<input type="checkbox"/> daring	<input type="checkbox"/> shaky	<input type="checkbox"/> sleepy	<input type="checkbox"/> blameworthy	
<input type="checkbox"/> surprised	<input type="checkbox"/> happy	<input type="checkbox"/> excited	<input type="checkbox"/> determined	
<input type="checkbox"/> strong	<input type="checkbox"/> timid	<input type="checkbox"/> hostile	<input type="checkbox"/> frightened	
<input type="checkbox"/> scornful	<input type="checkbox"/> alone	<input type="checkbox"/> proud	<input type="checkbox"/> astonished	
<input type="checkbox"/> relaxed	<input type="checkbox"/> alert	<input type="checkbox"/> jittery	<input type="checkbox"/> interested	
<input type="checkbox"/> irritable	<input type="checkbox"/> upset	<input type="checkbox"/> lively	<input type="checkbox"/> loathing	
<input type="checkbox"/> delighted	<input type="checkbox"/> angry	<input type="checkbox"/> ashamed	<input type="checkbox"/> confident	
<input type="checkbox"/> inspired	<input type="checkbox"/> bold	<input type="checkbox"/> at ease	<input type="checkbox"/> energetic	
<input type="checkbox"/> fearless	<input type="checkbox"/> blue	<input type="checkbox"/> scared	<input type="checkbox"/> concentrating	
<input type="checkbox"/> disgusted with self	<input type="checkbox"/> shy	<input type="checkbox"/> drowsy	<input type="checkbox"/> dissatisfied with self	

Post-Study Survey

Thank you for participating in the BEST-U app program! We want to hear your thoughts and opinions on how the program went for you. Your thoughts and input about how we can improve in the future is very important to us. Please read the following questions and provide your answers.

Use the following scale when answering questions:

1=Strongly Disagree	2=Disagree	3=Somewhat Disagree	4=Neither Agree nor Disagree	5=Somewhat Agree	6=Agree	7=Strongly Agree
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1. I enjoyed participating in this study.
2. I felt comfortable using the app.
3. If I needed to seek help again, I would come back to your program.
4. The smartphone app was easy to use.
5. The amount of time I spent answering questions on the app was reasonable.
6. The amount of time I spent reading modules on the app was reasonable.
7. I was satisfied with the amount of coaching I received.
8. The coaching I received helped me deal more effectively with my problems.
9. If a friend were in need of similar help, I would recommend they try BEST-U.
10. The smartphone app was attractive.
11. It was easy to schedule times to talk with my coach.
12. I changed my eating behaviors and habits.
13. I improved my body image.
14. I was happy with the length of the program.
15. I learned new information about health, eating, and body image.
16. I'm proud of the changes I made during the BEST-U program.

17. I plan to use the Resources information and activities to keep moving toward my goals.
18. What were the best things about the BEST-U program? (open ended)
19. What would changes do you recommend to the BEST-U program? (open ended)

Thank you again for your participation in BEST-U! As a graduate of the BEST-U program, you have worked hard, learned new skills, and took major steps forward toward your health. We hope you will take some time to reflect on your progress, celebrate your success, and feel proud of what you've accomplished.

We will be contacting you again in three months and six months to check back in with you to see how you are doing. However, you are welcome to reach out to your Coach before your check-ups if you have any questions or concerns as you continue your journey toward health. We are happy to answer questions and facilitate your progress in any way that we can.