

# TODAY Form EDEQ-C, Eating Disorders Examination Questionnaire, Participant Version

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Release Participant ID

RELEASEID

Release Visit Number

MVISIT

1. Days since randomization

DAYS

*Instructions: This is a self-administered questionnaire completed at the following visits: Baseline, 6 months, 24 months and any visit originally classified as a primary outcome or end of study visit.*

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*Instructions: The following questions are concerned with the **PAST FOUR WEEKS ONLY (28 DAYS)**. Please read each question carefully. Please answer all of the questions. Thank you very much!*

*Questions 1 to 12: Please check the number that best describes your behavior. Remember that the questions only refer to the past four weeks (28 days) only.*

On how many of the past 28 days...								
	No days	1-5 days	6-12 days	13-15 days	16-22 days	23-27 days	Every day	
1. Have you on purpose been <u>trying</u> to cut down on what you eat to change your shape or weight?	<input type="text"/> _0	<input type="text"/> _1	<input type="text"/> _2	<input type="text"/> _3	<input type="text"/> _4	<input type="text"/> _5	<input type="text"/> _6	UCEAT
2. Have you gone for most of the day (8 hours or more) without eating anything in order to change your shape or weight?	<input type="text"/> _0	<input type="text"/> _1	<input type="text"/> _2	<input type="text"/> _3	<input type="text"/> _4	<input type="text"/> _5	<input type="text"/> _6	UCFAST
3. Have you <u>tried</u> not to eat any foods that you like in order to change your shape or weight?	<input type="text"/> _0	<input type="text"/> _1	<input type="text"/> _2	<input type="text"/> _3	<input type="text"/> _4	<input type="text"/> _5	<input type="text"/> _6	UCAVOID
4. Have you <u>tried</u> to stick to strict rules about your eating in order to change your shape or weight; for example, only letting yourself eat a certain type or amount of food, or certain number of calories?	<input type="text"/> _0	<input type="text"/> _1	<input type="text"/> _2	<input type="text"/> _3	<input type="text"/> _4	<input type="text"/> _5	<input type="text"/> _6	UCRULES
On how many of the past 28 days...								

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	No days	1-5 days	6-12 days	13-15 days	16-22 days	23-27 days	Every day	
5. Have you <u>wanted</u> your stomach to <u>be empty</u> —to not have any food in it at all?	<input type="text"/> _0	<input type="text"/> _1	<input type="text"/> _2	<input type="text"/> _3	<input type="text"/> _4	<input type="text"/> _5	<input type="text"/> _6	UCEMPTY
6. Have you wanted a completely <u>flat</u> stomach (as flat as a board)?	<input type="text"/> _0	<input type="text"/> _1	<input type="text"/> _2	<input type="text"/> _3	<input type="text"/> _4	<input type="text"/> _5	<input type="text"/> _6	UCFLAT
7. Has thinking about <u>food or calories</u> made it hard for you to pay attention to things you are interested in (for example, watching TV, reading, or playing on the computer)?	<input type="text"/> _0	<input type="text"/> _1	<input type="text"/> _2	<input type="text"/> _3	<input type="text"/> _4	<input type="text"/> _5	<input type="text"/> _6	UCFOODIN
8. Has thinking about your <u>shape or weight</u> made it hard for you to pay attention to things you are interested in (for example, watching TV, reading, or playing on the computer)?	<input type="text"/> _0	<input type="text"/> _1	<input type="text"/> _2	<input type="text"/> _3	<input type="text"/> _4	<input type="text"/> _5	<input type="text"/> _6	UCSHAPIN
9. Have you been <u>afraid</u> of losing control over eating (afraid that you won't be able to stop eating)?	<input type="text"/> _0	<input type="text"/> _1	<input type="text"/> _2	<input type="text"/> _3	<input type="text"/> _4	<input type="text"/> _5	<input type="text"/> _6	UCCONT

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On how many of the past 28 days...							
	No days	1-5 days	6-12 days	13-15 days	16-22 days	23-27 days	Every day
10. Have you been <u>scared</u> that you might put on weight?	<input type="text"/> <sub>0</sub>	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>2</sub>	<input type="text"/> <sub>3</sub>	<input type="text"/> <sub>4</sub>	<input type="text"/> <sub>5</sub>	<input type="text"/> <sub>6</sub>
11. Have you felt fat?	<input type="text"/> <sub>0</sub>	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>2</sub>	<input type="text"/> <sub>3</sub>	<input type="text"/> <sub>4</sub>	<input type="text"/> <sub>5</sub>	<input type="text"/> <sub>6</sub>
12. Have you had a <u>very strong wish</u> to lose weight?	<input type="text"/> <sub>0</sub>	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>2</sub>	<input type="text"/> <sub>3</sub>	<input type="text"/> <sub>4</sub>	<input type="text"/> <sub>5</sub>	<input type="text"/> <sub>6</sub>

UCFATFR

UCFAT

UCLOSEWT

Questions 13-16: Please give the number that best describes your behavior. Remember that the questions only refer to the past four weeks (28 days). For these questions, when we say "lost control", we mean feeling like you JUST could not stop eating (like a ball rolling down a hill).

Over the past 28 days...	
13. How many <u>times</u> have you eaten what other people would think was a <u>really big amount of food</u> , given the situation?	<input type="text"/> <input type="text"/>
a. On how many of these times did you feel like you had <u>lost control</u> while eating?	<input type="text"/> <input type="text"/>
b. On how many <u>DAYS</u> have you had times like this, when you ate a really big amount of food <u>and</u> felt that you had lost control over your eating?	<input type="text"/> <input type="text"/>
14. How many <u>times</u> have you made yourself throw up?	<input type="text"/> <input type="text"/>
15. How many <u>times</u> have you taken any medicines that make you go to the bathroom in order to change your shape or weight?	<input type="text"/> <input type="text"/>
16. How many <u>times</u> have you exercised very hard in order to change your shape or weight (and not just for fun)?	<input type="text"/> <input type="text"/>

UCEPISOD

UCNOCONT

UCDAYS

UCVOMIT

UCLAXAT

UCEXER

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Questions 17 to 19: Please check the number that best describes your behavior. For these questions, "binge eating" means eating what others would think was an unusually large amount of food given the situation AND feeling a loss of control while eating.

	No days	1-5 days	6-12 days	13-15 days	16-22 days	23-27 days	Every day
17. Over the past 28 days, how many days have you eaten in secret? Do <u>not</u> count binge eating.	<input type="text"/> <sub>0</sub>	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>2</sub>	<input type="text"/> <sub>3</sub>	<input type="text"/> <sub>4</sub>	<input type="text"/> <sub>5</sub>	<input type="text"/> <sub>6</sub>
	None of the times	A few of the times	Less than half	Half of the times	More than half	Most of the time	Every time
18. Over the past 28 days, on how many of the times that you have eaten have you felt <u>guilty</u> (that you've done something wrong) because of how it might change your shape or weight? Do <u>not</u> count binge eating.	<input type="text"/> <sub>0</sub>	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>2</sub>	<input type="text"/> <sub>3</sub>	<input type="text"/> <sub>4</sub>	<input type="text"/> <sub>5</sub>	<input type="text"/> <sub>6</sub>
	Not at all	Slightly	Moderately	Extremely			
19. Over the past 28 days, how worried have you been about other people seeing you eat? Do <u>not</u> count binge eating.	<input type="text"/> <sub>0</sub>	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>2</sub>	<input type="text"/> <sub>3</sub>	<input type="text"/> <sub>4</sub>	<input type="text"/> <sub>5</sub>	<input type="text"/> <sub>6</sub>

UCSECRET

UCGUILTY

UCOTHEAT

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*Questions 20 to 26: Please check the number that best describes your behavior. Remember that the questions only refer to the past four weeks (28 days). For these questions, when we say "weight", we mean the number on the scale, and when we say "shape", we mean what you see in the mirror.*

Over the past 28 days...								
	Not at all	Slightly	Moderately	Extremely				
20. Has your <u>weight</u> made a difference in how you think about (judge) yourself as a person?	<input type="text"/> _0	<input type="text"/> _1	<input type="text"/> _2	<input type="text"/> _3	<input type="text"/> _4	<input type="text"/> _5	<input type="text"/> _6	<input type="text"/> UCJUDGE1
21. Has your shape made a difference in how you think about (judge) yourself as a person?	<input type="text"/> _0	<input type="text"/> _1	<input type="text"/> _2	<input type="text"/> _3	<input type="text"/> _4	<input type="text"/> _5	<input type="text"/> _6	<input type="text"/> UCJUDGE2
22. How much would it upset you if you had been asked to <u>weigh yourself once a week</u> (no more and no less) for the next four weeks?	<input type="text"/> _0	<input type="text"/> _1	<input type="text"/> _2	<input type="text"/> _3	<input type="text"/> _4	<input type="text"/> _5	<input type="text"/> _6	<input type="text"/> UCWTWEEK
23. How unhappy have you been with your <u>weight</u> ?	<input type="text"/> _0	<input type="text"/> _1	<input type="text"/> _2	<input type="text"/> _3	<input type="text"/> _4	<input type="text"/> _5	<input type="text"/> _6	<input type="text"/> UCFELTWT
24. How unhappy have you been with your <u>shape</u> ?	<input type="text"/> _0	<input type="text"/> _1	<input type="text"/> _2	<input type="text"/> _3	<input type="text"/> _4	<input type="text"/> _5	<input type="text"/> _6	<input type="text"/> UCFELTSH
25. How awkward or embarrassed have you felt seeing your own body (for example, in the mirror, reflected in a shop window, getting undressed, having a bath or shower)?	<input type="text"/> _0	<input type="text"/> _1	<input type="text"/> _2	<input type="text"/> _3	<input type="text"/> _4	<input type="text"/> _5	<input type="text"/> _6	<input type="text"/> UCEMBARS
26. How awkward or embarrassed have you felt about <u>other people</u> seeing your shape or figure (for example, getting changed for swimming, in the swimming pool, wearing clothes that show your shape)?	<input type="text"/> _0	<input type="text"/> _1	<input type="text"/> _2	<input type="text"/> _3	<input type="text"/> _4	<input type="text"/> _5	<input type="text"/> _6	<input type="text"/> UCEMBARO