

TODAY2 Form EATING, Eating Behaviors

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Release Participant ID

RELEASEID

Release Visit Number

PVISIT

1. Days since randomization DAYS

Instructions: Self-administered questionnaire completed at annual visits and at the final study visit. This form is completed by the participant to record and evaluate, in a standardized manner, the symptoms of anorexia nervosa, bulimia nervosa, and binge eating.

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

Over the <u>past 3 months</u> ...	Not at all	Slightly	Moderately	Extremely		
2. Have you felt fat?	0	1	2	3	4 5 6	JFAT
3. Have you had a definite fear that you might gain weight or become fat?	0	1	2	3	4 5 6	JFEAR
4. Has your weight or shape influenced how you judge yourself as a person?	0	1	2	3	4 5 6	JJUDGE
		YES		NO		
5. During the <u>past 3 months</u> 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?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JLARGE
6. 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)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JCONTROL
7. How many <u>times per month</u> on average over the <u>past 3 months</u> have you eaten an unusually large amount of food <u>and</u> experienced a loss of control?	0	1	2	3	4 5 6 7 8 9 10 11 12+	JLARGEFREQ
During episodes of overeating with a loss of control, did you...		YES		NO		
8. Eat much more rapidly than normal?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JRAPID

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9. Eat until you felt uncomfortably full?

₁ ₀

JUNCOMF

10. Eat large amounts of food when you didn't feel physically hungry?

₁ ₀

JNOTHUNGRY

11. Eat alone because you were embarrassed by how much you were eating?

₁ ₀

JALONE

12. Feel disgusted with yourself, depressed, or very guilty after overeating?

₁ ₀

JDISGUST

13. If you have episodes of uncontrollable overeating, does it make you very upset?

₁ ₀

JUPSET

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:

14. Made yourself vomit? 0 1 2 3 4 5 6 7 8 9 10 11 12+

JVOMIT

15. Used laxatives or diuretics? 0 1 2 3 4 5 6 7 8 9 10 11 12+

JLAXATIVE

16. Fasted (skipped at least 2 meals in a row)? 0 1 2 3 4 5 6 7 8 9 10 11 12+

JFAST

17. 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+

JEXERCISE

18. 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+

JNIGHTEAT

Not at all Slightly Moderately Extremely

19. How much does any eating or body image problem impact your relationships with friends and family, work performance, and school performance? 0 1 2 3 4 5 6

JRELAT