**Supplementary Material 1 – Assessment Items**

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| **Treatment-seeking intention** |  |
| Your plans to seek help | 🞏 I don’t plan to get help |
| 🞏 I am already receiving help |
| 🞏 I plan to get help in the next week |
| 🞏 I plan to get help in the next month |
| 🞏 I plan to get help in the next three months |
| 🞏 I plan to get help sometime after three months |
| 🞏 other |

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| **Disordered Eating** |  |  |  |  |  |  |
| **Dietary restraint** |  |  |  |  |  |  |
| **Item** | **Response options** | | | |  | **Adapted from** |
| I have been trying to limit the amount of food I eat to influence my weight, shape, or size |  never 1 |  rarely 2 |  sometimes 3 |  most or all of the time 4 |  | Eating Disorder Examination Questionnaire |
| I have hardly eaten anything at all for periods of time (e.g., fasted or skipped meals), to influence my weight, shape or size |  never 1 |  rarely 2 |  sometimes 3 |  most or all of the time 4 |  | Eating Disorder Examination Questionnaire |
| I have tried to exclude (e.g., not eat) foods that I like in order to influence my weight, shape, or size |  never 1 |  rarely 2 |  sometimes 3 |  most or all of the time 4 |  | Eating Disorder Examination Questionnaire |
| I have followed strict food rules or dieting plans that dictate what, when, and/or how much to eat to influence my weight, shape, or size |  never 1 |  rarely 2 |  sometimes 3 |  most or all of the time 4 |  | Intuitive Eating Scale |
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| **Binge eating** |  |  |  |  |  |  |
| I have eaten really large amounts of food in one go (what others would think is unusually large) |  never 1 |  rarely 2 |  sometimes 3 |  most or all of the time 4 |  | Binge Eating Scale; Eating Disorder Examination Questionnaire |
| I feel totally unable to control my urges to eat. I have a fear of not being able to stop eating voluntarily |  never 1 |  rarely 2 |  sometimes 3 |  most or all of the time 4 |  | Binge Eating Scale |
| I have eaten really large amounts of food in one go (unusually large) and felt that I could not stop eating or control what or how much I was eating |  never 1 |  rarely 2 |  sometimes 3 |  most or all of the time 4 |  | Binge Eating Scale; Eating Disorder Examination Questionnaire |
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| **Body control and change behaviours** |  |  |  |  |  |  |
| I have tried to control my weight, shape, or size by making myself sick (vomit) |  never 1 |  rarely 2 |  sometimes 3 |  most or all of the time 4 |  | Eating Disorder Examination – Questionnaire – Short Form |
| I have tried to control my weight, shape, or size by using laxatives and/or diuretics |  never 1 |  rarely 2 |  sometimes 3 |  most or all of the time 4 |  | Eating Disorder Examination – Questionnaire – Short Form |
| I have tried to control or change my weight, shape, or size by using pills or supplements (i.e., protein powders, meal replacements) |  never 1 |  rarely 2 |  sometimes 3 |  most or all of the time 4 |  | Eating Disorder Examination – Questionnaire – Short Form |
| I exercise specifically to improve my body shape or size and/or to try to control my weight |  not at all true for me 1 |  somewhat true for me 2 |  mostly true for me 3 |  very true for me 4 |  | Compulsive Exercise Test |
| I feel extremely guilty if I miss an exercise session |  not at all true for me 1 |  somewhat true for me 2 |  mostly true for me 3 |  very true for me 4 |  | Compulsive Exercise Test |
| I continued to exercise despite illness or injury, or if exercise interfered with important activities |  not at all true for me 1 |  somewhat true for me 2 |  mostly true for me 3 |  very true for me 4 |  | Compulsive Exercise Test |
| I have tried to control or change my shape, or size by using anabolic steroids |  never 1 |  once, but more than ten years ago 2 |  sometimes 3 |  most or all of the time 4 |  | Developed by the authors |
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| **Body dissatisfaction** |  |  |  |  |  |  |
| I am dissatisfied with my weight, shape, or size |  not at all true for me 1 |  somewhat true for me 2 |  mostly true for me 3 |  very true for me 4 |  | Eating Disorder Examination Questionnaire |
| I wish I were thinner/smaller |  not at all true for me 1 |  somewhat true for me 2 |  mostly true for me 3 |  very true for me 4 |  | Eating Disorder Inventory |
| I wish I were more muscular |  not at all true for me 1 |  somewhat true for me 2 |  mostly true for me 3 |  very true for me 4 |  | Drive for Muscularity |
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| **Cognitions** |  |  |  |  |  |  |
| **Eating disorder-related cognitions** |  |  |  |  |  |  |
| I feel like food, eating, and/or trying to control my eating rules my life |  not at all true for me 1 |  somewhat true for me 2 |  mostly true for me 3 |  very true for me 4 |  | The Bulimia Test-Revised (BULIT-R); Bulimic Investigatory Test, Edinburgh (BITE); Binge Eating Scale; Eating Disorder Examination Questionnaire |
| Controlling what, and how much I eat is very important for how I think and feel about myself as a person |  not at all true for me 1 |  somewhat true for me 2 |  mostly true for me 3 |  very true for me 4 |  | Mizes Anorectic Cognitions – Revised; Eating Disorder Examination Questionnaire |
| I have strong feelings of guilt during or after eating |  never 1 |  rarely 2 |  sometimes 3 |  most or all of the time 4 |  | Eating Attitudes Test; Binge Eating Scale; Eating Disorder Examination Questionnaire |
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| **Body image-related cognitions** |  |  |  |  |  |  |
| My weight, body shape, or size is very important for how I think and feel about myself as a person |  not at all true for me 1 |  somewhat true for me 2 |  mostly true for me 3 |  very true for me 4 |  | Eating Disorder Examination Questionnaire |
| I am afraid of gaining weight or becoming fat |  not at all true for me 1 |  somewhat true for me 2 |  mostly true for me 3 |  very true for me 4 |  | Goldfarb Fear of Fat Scale; Body Shape Questionnaire |
| I am afraid of losing weight or becoming thin |  not at all true for me 1 |  somewhat true for me 2 |  mostly true for me 3 |  very true for me 4 |  | Developed by the authors |
| Thinking about the weight, shape, or muscularity of my body stops me from concentrating |  never 1 |  rarely 2 |  sometimes 3 |  most or all of the time 4 |  | Body Attitudes Questionnaire |
| To be in control of my life, I need to control my weight, shape, or size |  not at all true for me 1 |  somewhat true for me 2 |  mostly true for me 3 |  very true for me 4 |  | The Body Image-Acceptance and Action Questionnaire |

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| **Symptom Impact** |  |  |  |  |  |  |
| **Mental Health** |  |  |  |  |  |  |
| Have your eating, body concerns, and behaviours to try and control your weight, shape or size… |  |  |  |  |  |  |
| Made you worried |  not at all 1 |  somewhat 2 |  mostly 3 |  very 4 |  | Clinical Impairment Assessment |
| Made you feel guilty or ashamed |  not at all 1 |  somewhat 2 |  mostly 3 |  very 4 |  | Clinical Impairment Assessment |
| Made you feel worse (bad / critical) about yourself |  not at all 1 |  somewhat 2 |  mostly 3 |  very 4 |  | Clinical Impairment Assessment |
| Made you feel distressed |  not at all 1 |  somewhat 2 |  mostly 3 |  very 4 |  | Clinical Impairment Assessment |
| Made you feel different or isolated from other people |  not at all 1 |  somewhat 2 |  mostly 3 |  very 4 |  | Developed by the authors |
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| **Relationships** |  |  |  |  |  |  |
| Have your eating, body concerns, and behaviours to try and control your weight, shape or size… |  |  |  |  |  |  |
| Caused problems with your relationships with others |  never 1 |  rarely 2 |  sometimes 3 |  most or all of the time 4 |  | Clinical Impairment Assessment |
| Made you put off or avoid connecting with friends or family |  never 1 |  rarely 2 |  sometimes 3 |  most or all of the time 4 |  | Eating Disorder Quality of Life Instrument |
| Made you feel misunderstood by others |  never 1 |  rarely 2 |  sometimes 3 |  most or all of the time 4 |  | Developed by the authors |
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| **Well-being** |  |  |  |  |  |  |
| Got in the way of doing things you used to enjoy |  never 1 |  rarely 2 |  sometimes 3 |  most or all of the time 4 |  | Clinical Impairment Assessment |
| Made it difficult for you to eat with others |  never 1 |  rarely 2 |  sometimes 3 |  most or all of the time 4 |  | Clinical Impairment Assessment |
| Taken time from other important everyday activities or plans |  never 1 |  rarely 2 |  sometimes 3 |  most or all of the time 4 |  | Developed by the authors |
| Made it difficult to concentrate |  never 1 |  rarely 2 |  sometimes 3 |  most or all of the time 4 |  | Clinical Impairment Assessment |
| Interfered with your work / study performance |  never 1 |  rarely 2 |  sometimes 3 |  most or all of the time 4 |  | Clinical Impairment Assessment |
| Made things difficult for you financially |  never 1 |  rarely 2 |  sometimes 3 |  most or all of the time 4 |  | Developed by the authors |
| Caused problems with being able to take good care of yourself |  never 1 |  rarely 2 |  sometimes 3 |  most or all of the time 4 |  | Developed by the authors |

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| **Attitudes to treatment-seeking and making change** | |  |  |  |  |  |
| **Motivation** |  |  |  |  |  |  |
| How ready are you make changes in your eating and body concerns? |  not ready 1 |  unsure 2 |  ready to change 3 |  trying to change 4 |  |  |
| How important is it for you to change? |  not at all important 1 |  somewhat important 2 |  moderately important 3 |  very important 4 |  |  |
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| **Confidence** |  |  |  |  |  |  |
| How confident are you in your ability to change? |  not at all confident 1 |  somewhat confident 2 |  moderately confident 3 |  very confident 4 |  |  |
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| **Stigma** |  |  |  |  |  |  |
| I worry that people would think less of me if they knew I was getting help for eating and body concerns |  not at all true for me 1 |  somewhat true for me 2 |  mostly true for me 3 |  very true for me 4 |  | Military Stigma Scale; Stigma scale for receiving psychological help |
| I worry that health professionals would judge me if I revealed my eating and body concerns |  not at all true for me 1 |  somewhat true for me 2 |  mostly true for me 3 |  very true for me 4 |  | Military Stigma Scale; Stigma scale for receiving psychological help |
| I would feel like there was something wrong with me if I got help for my eating and body concerns |  not at all true for me 1 |  somewhat true for me 2 |  mostly true for me 3 |  very true for me 4 |  | Self-stigma of Seeking Help Scale |
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| **Ambivalence** |  |  |  |  |  |  |
| If I got help for my eating and body concerns I would be afraid of losing control |  not at all true for me 1 |  somewhat true for me 2 |  mostly true for me 3 |  very true for me 4 |  | Developed by the authors |
| If I got help for my eating and body concerns I would be worried that I will feel too uncomfortable |  not at all true for me 1 |  somewhat true for me 2 |  mostly true for me 3 |  very true for me 4 |  | Developed by the authors |

# References for scales

Binge Eating Scale (Gormally, Black, Daston, & Rardin, 1982)

Body Attitudes Questionnaire (Ben-Tovim & Walker, 1991)

The Body Image-Acceptance and Action Questionnaire (Sandoz, Wilson, Merwin, & Kate Kellum, 2013)

Body Shape Questionnaire (Cooper, Taylor, Cooper, & Fairburn, 1987)

Clinical Impairment Assessment (Bohn et al., 2008)

Compulsive Exercise Test (Taranis, Touyz, & Meyer, 2011)

Drive for Muscularity (McCreary, Sasse, Saucier, & Dorsch, 2004)

Eating Disorder Examination-Questionnaire (Fairburn & Beglin, 1994)

Eating Disorder Examination-Questionnaire-Short Form (Gideon et al., 2016)

Eating Disorder Inventory (Garner, 1991)

Eating Disorder Quality of Life Instrument (Engel et al., 2006)

Goldfarb Fear of Fat Scale (Goldfarb, Dykens, & Gerrard, 1985)

Military Stigma Scale (Skopp et al., 2012)

Mizes Anorectic Cognitions – Revised (Mizes et al., 2000)

The Bulimia Test-Revised (Thelen, Farmer, Wonderlich, & Smith, 1991)

Bulimic Investigatory Test, Edinburgh (Henderson & Freeman, 2018)

Eating Attitudes Test (Garner, Olmsted, Bohr, & Garfinkel, 1982)

Self-stigma of Seeking Help Scale (Vogel, Wade, & Haake, 2006)

Stigma scale for receiving psychological help (Komiya, Good, & Sherrod, 2000)

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