A Comparison of Bulimic Tendencies
In College and Noncollege Women

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Abstract

Following research by Hesse-Biber, Marino, & Watts-Roy (1999) on individuals with undiagnosed eating problems, the bulimic tendencies of college (n = 57) and noncollege women (n = 56), ages 18 – 22, were compared in order to assess the effect that living on a college campus has upon disordered eating. Participants were given the Wonderlic Personnel Test and a researcher-designed 43-item questionnaire. Both group’s results from the Wonderlic Personnel Test and the questionnaire were compared. The constructs within the questionnaire (physical attractiveness, self-control, achievement seeking) were significantly correlated with the final bulimia index for both groups. However, no significant differences between the two groups were found. According to the results of the current study, living on a college campus has no significant effect upon bulimic tendencies.
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Bulimia Nervosa is an eating disorder typified by regular periods of binge eating and the use of extreme measures to prevent weight gain, both of which are accompanied by secrecy, feelings that one's behaviors are out of control, and a distorted self-image (American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, 2000). Typically, binge eating and Bulimia Nervosa are associated with adolescent and college-aged women (Lakin & McClelland, 1987). Margaret Lowe (2003) speculated that women’s self-image problems developed alongside the development of coed colleges. That is, the appearance of men students on previously all-female college campuses was detrimental to women’s self-image. Due to the strong correlation between self-image and disordered eating patterns, much research has focused upon the diagnosis and treatment of college women with bulimia.

Despite efforts to increase awareness of bulimia on college campuses, a growing body of research indicates that there may be a population of undiagnosed women suffering from severe bulimic tendencies. Hesse-Biber, Marino, & Watts-Roy (1999) called the area within which undiagnosed sufferers linger the “gray zone” and define the gray zone to be composed of “the population who exhibits problematic eating patterns that are not severe enough to be classified as clinical disorders” (p. 386). Taking into consideration those within the gray zone is of great importance to eating disorder research. Studying the characteristics and common tendencies amongst those within the gray zone may provide key insights into the treatment and prevention of eating disorders.
For this reason, much research has focused upon those within the gray zone. Pyle, Mitchell, Eckert, Halvorson, Neuman, & Goff (1983) found that 4.5% of 1,355 non-diagnosed freshman women college students met the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) requirements for bulimia and additional standards for weekly binge eating. Pyle et al. (1983) differentiate between students with bulimic tendencies and bulimic patients in their conclusion that “bulimic” students are more likely to use fasting rather than self-induced vomiting as a weight-control method. Despite the subtle difference in weight-control methods, the study found striking similarities between the non-diagnosed population and bulimic patients. Pyle et al. (1983) discovered that fasting is common in the early stages of full-scale bulimia. Therefore, the students who regularly engage in fasting are exhibiting behaviors that commonly precede development of the bulimic syndrome. This is significant because it illustrates that these students are traveling the destructive path towards Bulimia Nervosa.

Similarly, Carter & Rudd (2005) surveyed 800 student-athletes at The Ohio State University regarding subclinical disordered eating behaviors. Their aim was to identify student-athletes within the gray zone. The two-year study revealed that 19% of women athletes and 12% of men athletes reported subclinical disordered eating behaviors in Year One of the survey, and 17% of women athletes and 9% of men athletes reported subclinical disordered eating in Year Two. Furthermore, Carter & Rudd (2005) concluded that higher subclinical rates were found amongst lean sport athletes than non lean sport athletes and overall a greater number of athletes qualified for subclinical diagnosis of eating disorders than clinical eating disorders. This study lends support to
the gray zone hypothesis that there are a growing number of undiagnosed college students suffering from disordered eating.

Likewise, Zuckerman, Colby, Ware & Lazerson (1986) sought to identify bulimic behaviors in a college population comprised of college freshmen and seniors. According to the survey results, 50% of the women classified themselves as overweight and 28% reported that they “often,” “very often,” or “always” felt anxious about gaining weight (Zuckerman et al., 1986, p. 1135). This is significant because preoccupation with one’s weight is highly correlated with development of Bulimia Nervosa. Furthermore, Zuckerman et al. (1986) discovered that 23% of 305 college freshmen women reported an average of at least one eating binge each week and the utilization of one or more of the following methods of weight control: fasting, diuretics, laxatives, or self-induced vomiting. In other words, not only did they find that almost a quarter of the freshmen women population in this study binged regularly, but the same amount admitted to compensatory behaviors. Both regular bingeing and compensatory behaviors are listed as criterion for Bulimia Nervosa in the DSM-IV-TR (2000) and signify increased risk for developing the disorder. Zuckerman et al. (1986) concluded that “bulimic symptoms represent a substantial problem among college students, especially women. It is therefore crucial to focus research attention on nonclinical adolescent populations” (p. 1136). Thus, the researchers recognized the need to look within the gray zone and examine undiagnosed populations in order to more effectively treat and prevent bulimia.

In a similar study, Cooley & Toray (1996) reported that 94% of 225 college freshmen women stated they desired to weigh below their current weight. Dissatisfaction with current weight and low body esteem are included in the DSM-IV-TR (2000) criterion
for Bulimia Nervosa. The Cooley & Toray (1996) finding suggests that a large percentage of freshmen women are at risk for developing bulimia. To further their research, Cooley & Toray (1996) administered a second survey to 104 of the original 225 college students seven months after the original survey. The results showed that figure dissatisfaction was the greatest predictor of bulimia development; that is, women who exhibited the greatest amount of dissatisfaction with their bodies at the time of the first survey were most likely to have developed bulimia at the time of the second survey. This study is meaningful because it followed a group of freshmen women through the majority of their first year in college. The results suggest that the college environment may have some correlation with body dissatisfaction and development of bulimia among women students.

Examining a slightly different population, Lakin & McClelland (1987) explored binge eating and bulimic tendencies within a high school population of 126 students. Fifty-three percent reported binge eating. Of those, 55% admitted to beginning binge eating between 10 and 14 years of age. These findings are significant when examining bulimic behaviors in older populations because it reveals the importance of early prevention. By the time college-aged individuals are examined for disordered eating, it is probable that they have been partaking in disordered eating behaviors since early adolescence. This expands the gray zone to include preteen and early teenage populations and further asserts the importance of examining undiagnosed populations.

Still, the majority of research thus far utilizes college student subjects, specifically freshmen. No one has systematically examined bulimic behaviors in an undiagnosed noncollege, college-aged population. The current study sought to compare bulimic
tendencies in college (n = 57) and noncollege women (n = 56) in order to determine possible causes of bulimic symptoms. Specifically, this study looked at gray zone populations both inside and outside a college environment in hopes of discovering those bulimic behaviors attributable to a college setting.

Likewise, the current study encompassed more than freshmen-aged subjects; rather, the research included women ages 18 – 22. This was decided to be the best option since the study is an attempt to measure differences between college and noncollege populations. Utilizing solely freshmen would fail to provide enough reliability in that the first-year students have been enrolled in college for less than one year. Therefore, the age group was set at 18 – 22 so that the subjects would have had enough time to experience and feel the effects of life on a college campus, a hypothesized predictor of bulimic tendencies. It is imperative to know the causes behind bulimic tendencies so that they can be addressed among the female college population. Comparing college and noncollege populations may provide invaluable insight into factors which increase the risk of entering the gray zone or of progressing from the gray zone to a clinical diagnosis of Bulimia Nervosa.

Method

Participants

The two survey populations consisted of 113 women ages 18 – 22, either current college students (n = 57) or women who had never attended college (n = 56). The current college student participants were students at Wittenberg University, a small, private university in Ohio. Student participants responded to advertisements posted in an academic building and received extra-credit in their classes for participation in the study.
The nonstudent population was from the surrounding community. This population responded to flyers posted around the city and received five dollars for participation. Regarding the participants' demographic background, all were single and all but two of the student population (n = 55) and the entire nonstudent population (n = 56) were Caucasian.

Materials

Based on the bulimia-related questionnaire utilized by Pyle et al. (1983) and the International Personality Item Pool (IPIP) website (2007), a researcher-designed 43-item questionnaire was administered to the participants. The questionnaire was designed to measure bulimic behaviors and self-ratings on physical attractiveness, self-control, and achievement seeking in the participants. In addition, the Wonderlic Personnel Test was administered. The Wonderlic Personnel Test served to measure any differences in intelligence between the two groups. The questionnaire is attached in the appendix.

The front page of the Wonderlic IQ test provided examples of questions on the test and explained the 12-minute time constraint within which participants were required to complete as many of the 50 questions as possible. Each question on the test is more difficult than the one before, and test-takers were encouraged to answer the questions in the order in which they appeared on the test. Test-takers were informed that they were not expected to complete all 50 questions.

The researcher-designed questionnaire consisted of three sections. The first section was based on a Likert-rating scale with a rating of 1 signifying "very inaccurate," 2 as "moderately inaccurate," 3 meaning "neither inaccurate nor accurate," 4 signifying "moderately accurate," and 5 depicting "very accurate." In this section, participants rated
30 statements drawn from the IPIP website according to how accurately they felt the statements described them. Statements included "I am considered attractive by others" and "I excel in what I do." In the second section, response options were true/false, and the statements dealt with the presence and/or absence of bulimic tendencies in one's life. The eight statements in this section were drawn from research done by Pyle et al. (1983) and included statements such as "I tend to eat high calorie, easy-to-digest food in large quantities" and "I enjoy going out to eat with my friends." The final section contained five statements drawn from research by Pyle et al. (1983). This part of the questionnaire utilized a Likert-rating scale of "never," "at any time," "weekly," and "daily" and addressed the frequency of bulimic behaviors. Examples of statements within this section include "I never practiced self-induced vomiting" and "I have used diuretics."

Procedure

Participants were presented with an informed consent form upon entering the testing site. Next, the IQ test was given to each participant and they were asked to read the front page only and alert the test administrator upon completion. When the participant finished reading the first page, the test administrator fielded any administrative questions and then told the participants to begin. Following the passage of 12 minutes, the test administrator instructed the participants to stop taking the test.

After completing the IQ test, participants were given the questionnaire. Not under any time constraints, participants were encouraged to take their time and answer each section honestly. Participants were finished with the study upon completion of the questionnaire.
Data analysis for comparisons between groups included the Pearson $r$
corrrelational analysis and independent samples $t$-tests. Analysis was conducted using the
Statistical Package for the Social Sciences (SPSS).

**Results**

**Correlational analysis**

Bivariate correlational analyses were performed in order to assess the
relationships between bulimic behaviors and the three IPIP constructs: physical
attractiveness, self-control, and achievement seeking. The three constructs within the
IPIP questionnaire were significantly correlated with the final bulimia index of each
subject, regardless of student status, for physical attractiveness, $r(112) = .37, p < .01$; for
self-control, $r(112) = -.24, p < .01$; and for achievement seeking, $r(112) = -.20, p < .01$.
The lower a subject scored on the physical attractiveness, self-control, and/or
achievement seeking scales, the more likely she was to exhibit bulimic behaviors. IQ
was neither significantly correlated with physical attractiveness, $r(112) = -.09, p = .33,
n.s.;$ self-control, $r(112) = .01, p = .95, n.s.;$ achievement seeking, $r(112) = .10, p = .27,
n.s.;$ nor the final bulimia index, $r(112) = .03, p = .73, n.s.$ (The means and standard
deviations for all measures are given in Table 1).

**Comparison between college students and all noncollege students**

Four independent $t$-tests were conducted to measure differences between students
($n = 57$) and nonstudents ($n = 56$). No significant differences in IQ were found between
the groups, $t(111) = -.12, p = .90, n.s.$ In addition, no significant differences in the scores
for the physical attractiveness scale were found between these two groups, $t(112) = 1.54,
p = .13, n.s.$ Likewise, no significant differences were detected in self-control, $t (112) = -$
Bulimic Tendencies

1.54, \( p = .13 \), n.s., in achievement seeking, \( t(112) = -.94, p = .35 \), n.s., or in the final
bulimia index \( t(112) = .85, p = .40 \), n.s. (The means and standard deviations for both
groups are given in Table 2).

Comparison between women who have never attended college and first-year
college students

The nonstudent population (\( n = 56 \)) was composed of women about to begin their
college experience (\( n = 51 \)) and women with no immediate plans to begin college (\( n = 5 \)).
Those about to begin college were identified as first-year college students. Due to the
failure to find a significant difference between students and all nonstudents with respect
to bulimic tendencies, independent samples \( t \)-tests were conducted to analyze possible
significant differences between the subgroups within the nonstudent population (the first-
year college students and women who have never attended college). Again, no
significant differences were found. The first-year college students and women who have
never attended college were not significantly different with regards to IQ, \( t(54) = .77, p = .45 \), n.s.; physical attractiveness, \( t(54) = -1.08, p = .29 \), n.s.; self-control, \( t(54) = 1.84, p = .07 \), n.s.; achievement seeking, \( t(54) = 1.50, p = .14 \), n.s.; nor final bulimia index, \( t(54) = .81, p = .42 \), n.s. (The means and standard deviations for both groups are given in Table
3).

Comparison between college students and women who have never attended
college

Next, an independent samples \( t \)-test comparing students (\( n = 57 \)) and women who
have never attended college (the true nonstudents) (\( n = 5 \)) was conducted. No significant
differences were found between the two groups in IQ, \( t(60) = .85, p = .40 \), n.s., or final
bulimia index, $t(61) = 1.23, p = .23$, n.s. Likewise, significant differences were not found in physical attractiveness, $t(61) = -.43, p = .67$, n.s.; self-control, $t(61) = .83, p = .41$, n.s.; nor achievement seeking, $t(61) = 1.16, p = .25$, n.s. It is worth noting that the final bulimia index for students had a mean of 5.55, whereas the final bulimia index for nonstudents had a mean of 2.60. Despite the large difference between the two means, a significant difference was not found. (The means and standard deviations for both groups are given in Table 4).

Discussion

The current study found no differences in bulimic tendencies between college and noncollege women ages 18 – 22. Similarly, neither the IQ test nor the questionnaire revealed significant differences between the two groups. To discover meaningful differences, the nonstudent population ($n = 56$) was broken down into two subgroups: women who have never attended college ($n = 5$) and first-year college students ($n = 51$). Again, no significant differences were found with regards to IQ, physical attractiveness, self-control, achievement seeking, or the final bulimia index. Finally, all college students ($n = 57$) and true nonstudents ($n = 5$) were compared. Similar to the previous tests, this test failed to produce significant differences between the two groups with regards to IQ, physical attractiveness, self-control, achievement seeking, or the final bulimia index.

The questionnaire measured self-report ratings on physical attractiveness, self-control, and achievement seeking. These questionnaire measurements were significantly correlated with tendencies towards bulimia. That is, lower ratings on the three constructs were more likely to be linked to higher bulimic tendencies. The significant correlations between bulimic behaviors and the questionnaire constructs illustrate the validity of the
questionnaire in measuring bulimic behaviors. Thus, the lack of significant differences between students and nonstudents cannot be attributed to a faulty questionnaire; rather, it must be the result of a true lack of differences between the two groups. According to the current study, life on a college campus does not significantly influence bulimic tendencies among women.

Despite the lack of significant differences, this study does support previous research focusing on the gray zone population (Hesse-Biber, Marino, & Watts-Roy, 1999). Previous research clearly illustrates the high percentage of college students living within the gray zone. The lack of significant differences between college and noncollege women in this study lends support to the theory that it is not the college environment alone which leads to bulimic behaviors; rather, it is the overarching social environment in which all women ages 18 – 22 live, regardless of whether or not they attend college. Both groups within this study were similar with regards to bulimic tendencies and IQ. Since previous research has proven that college women are commonly found within the gray zone, the lack of differences between college and noncollege women warrants further research regarding all 18-to-22-year-old-women.

As previously noted, the final bulimia index for students had a mean of 5.55, whereas the final bulimia index for nonstudents expressed a mean of 2.6. Despite the large difference between the two means, a significant difference was not found. This could be attributed to the small sample of nonstudents (n=5). It is plausible that the current study did not have enough power to reject the null hypothesis and yield significant findings. If the study were run again, it would be advisable to utilize a greater number of participants in each group.
Other weaknesses of the study that may have further limited the results are the way in which participants were recruited and the self-report method of collecting data. Participants volunteered for the study after reading a brief recruitment flyer posted either throughout the city or in a single academic building at Wittenberg University. It is possible that only a certain type of person is likely to volunteer for a study. According to Elmes, Kantowitz, & Roediger (2006), research volunteers are often of higher intelligence, more willing to cooperate, more socially-adjusted, and possess a greater need for social approval than those who do not volunteer. These factors could greatly impact the research findings. Perhaps the failure to find significant differences between college and noncollege women is attributable to the characteristics they share which motivated them to volunteer for the study. A volunteer's increased desire for social approval as compared to a nonvolunteer's need is very applicable to the current study. That is, the lack of significant differences may be a result of an individual masking her bulimic tendencies in favor of more socially-acceptable behaviors.

Furthermore, the study was not publicized to all Wittenberg University students equally. The signs were posted in only one building (Zimmerman Hall, the Psychology building on campus) and only those students who frequent that building would have had the opportunity to volunteer for the study. This greatly limited the possible pool of participants and therefore may have decreased the chances of finding significant differences between college and noncollege women.

The other weakness is the self-report method. There is the possibility that research participants were not completely honest in their responses, despite the fact that anonymity was ensured. The current study may not have accounted for the social-
desirability bias; that is, participants may have been eager to answer what they deemed to be the socially-acceptable response. Tilgner, Wertheim, & Paxton (2004) questioned 677 women students concerning their eating behaviors and then analyzed the responses for a social-desirability effect. They concluded that the desire to be viewed in a socially-acceptable light caused the women to report "less body dissatisfaction and fewer dieting and bulimic tendencies" (Tilgner, Wertheim, & Paxton, 2004, p. 215). In other words, the women minimized their disordered eating behaviors as motivated by the social desirability bias. It is likely the women in the current study responded similarly in a socially-acceptable way.

Likewise, although the questionnaire was designed to counter an acquiescence response bias (the tendency for a participant to answer in a single way repeatedly) via the varied presentation of questionnaire items, there is no way to guarantee complete honesty. It is probable that individuals who truly suffer from bulimia or bulimic tendencies are hesitant to admit these behaviors to themselves or others. In support of this, Jenkins (2006) writes of denial as a food addict's most serious problem and notes that only the most desperate food addict will actively seek help. The current study utilized mainly women within the gray zone. According to Jenkins (2006), these women are not desperate enough to admit to their eating problems. Jenkins (2006) further explains that admitting to a food addiction is an incredibly daunting task. Denial is a much easier route and perhaps the path most traveled by the subjects of the current study, thereby severely limiting the honesty of the participant's responses.

In conclusion, living on a college campus did not appear to significantly impact bulimic tendencies in women ages 18 – 22. However, there is an undiagnosed group of
sufferers within the gray zone, and previous research indicates that a large percentage of these individuals are currently in college. The current study's failure to find significant differences may be the result of the limitations previously discussed, and further research should work to eliminate the weaknesses and reevaluate the target populations of women.
References


girls' responses to an eating disorders prevention program. *Wiley InterScience, 35*, 211-216.

Table 1

*All Subject’s Means and Standard Deviations for IPIP Constructs and Final Bulimia Index*

<table>
<thead>
<tr>
<th></th>
<th>Mean (Standard Deviation)</th>
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<tbody>
<tr>
<td>Physical Attractiveness</td>
<td>28.281 (6.461)</td>
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<tr>
<td>Self-control</td>
<td>37.290 (5.957)</td>
</tr>
<tr>
<td>Achievement Seeking</td>
<td>38.904 (4.881)</td>
</tr>
<tr>
<td>Final Bulimia Index</td>
<td>5.114 (5.611)</td>
</tr>
</tbody>
</table>
Table 2

*College and Noncollege Student Means and Standard Deviations* for IQ, IPIP Constructs, and Final Bulimia Index

<table>
<thead>
<tr>
<th></th>
<th>College Students Mean (Standard Deviation)</th>
<th>Noncollege Students Mean (Standard Deviation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IQ</td>
<td>109.825 (8.605)</td>
<td>110.071 (12.382)</td>
</tr>
<tr>
<td>Physical Attractiveness</td>
<td>29.199 (6.171)</td>
<td>27.339 (6.672)</td>
</tr>
<tr>
<td>Self-control</td>
<td>36.448 (6.375)</td>
<td>38.161 (5.410)</td>
</tr>
<tr>
<td>Achievement Seeking</td>
<td>38.483 (4.477)</td>
<td>39.339 (5.272)</td>
</tr>
<tr>
<td>Final Bulimia Index</td>
<td>5.552 (5.269)</td>
<td>4.661 (5.958)</td>
</tr>
</tbody>
</table>
Table 3

*First-year College Students and Women Who Have Never Attended College Means and Standard Deviations for IQ, IPIP Constructs, and Final Bulimia Index*

<table>
<thead>
<tr>
<th></th>
<th>First-year College Students</th>
<th>Women Who Have Never Attended College</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean (Standard Deviation)</td>
<td>Mean (Standard Deviation)</td>
</tr>
<tr>
<td>IQ</td>
<td>110.471 (11.796)</td>
<td>106.000 (18.601)</td>
</tr>
<tr>
<td>Physical Attractiveness</td>
<td>27.039 (6.853)</td>
<td>30.400 (3.507)</td>
</tr>
<tr>
<td>Self-control</td>
<td>38.569 (5.274)</td>
<td>34.000 (5.568)</td>
</tr>
<tr>
<td>Achievement Seeking</td>
<td>39.667 (5.129)</td>
<td>36.000 (6.164)</td>
</tr>
<tr>
<td>Final Bulimia Index</td>
<td>4.862 (6.135)</td>
<td>2.600 (3.435)</td>
</tr>
</tbody>
</table>
Table 4

*College Students and Women Who Have Never Attended College Means and Standard Deviations for IQ, IPIP Constructs, and Final Bulimia Index*

<table>
<thead>
<tr>
<th></th>
<th>College Students Mean (Standard Deviation)</th>
<th>Women Who Have Never Attended College Mean (Standard Deviation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IQ</td>
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<td>106.00 (18.601)</td>
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<tr>
<td>Physical Attractiveness</td>
<td>29.199 (6.171)</td>
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<td>34.000 (5.568)</td>
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<td>38.483 (4.477)</td>
<td>36.000 (6.164)</td>
</tr>
<tr>
<td>Final Bulimia Index</td>
<td>5.552 (5.269)</td>
<td>2.600 (3.435)</td>
</tr>
</tbody>
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Appendix

Researcher-designed questionnaire

ID # ________  Age ________  Date ________  Circle one: Male / Female

Below are phrases describing people's behaviors. Please use the rating scale provided to describe how accurately each statement describes you. Describe yourself as you generally are now, not as you wish to be in the future. So you can describe yourself in complete honesty, your responses will remain anonymous. Please read each statement carefully, and then write the number on the line that corresponds to the number on the scale. You may take as much time as you need.

Response Options:

1: Very Inaccurate  2: Moderately Inaccurate
3: Neither Inaccurate nor Accurate  4: Moderately Accurate  5: Very Accurate

_____ I am considered attractive by others.
_____ I work hard.
_____ I do not exercise on a regular basis.
_____ I don't consider myself attractive.
_____ I can stay on a diet.
_____ I forgo things that are bad for me in the long run even if they make me feel good now.
_____ I have a pleasing physique.
_____ I do just enough work to get by.
_____ I give in to my urges.
_____ I dislike looking at my body.
_____ I do more than what's expected of me.
_____ I can't resist eating candy or cookies if they are around.
_____ I am a highly disciplined person.
_____ I dislike looking at myself in the mirror.
_____ I have a slow pace to my life.
_____ I excel in what I do.
_____ I attract attention from the opposite sex.
_____ I let myself be taken over by urges to spend or eat too much.
_____ I like to show off my body.
_____ I continue until everything is perfect.
_____ I have no trouble eating healthy foods.
_____ I can always say "enough is enough."
Response Options:

1: Very Inaccurate  
2: Moderately Inaccurate 
3: Neither Inaccurate nor Accurate  
4: Moderately Accurate  
5: Very Accurate

_____ I work too much.  
_____ I like to look at my body.  
_____ I am not very good at getting things done.  
_____ I like to look at myself in the mirror.  
_____ I do my tasks only just before they need to be done.  
_____ I do too little work.  
_____ I plunge into tasks with all my heart.  
_____ I am not highly motivated to succeed.

For the following questions, please answer honestly based on your personal experiences. All answers will remain anonymous.

1. I have rapidly eaten a large amount of food at one time in a way that would be embarrassing if others saw me.
   _____ True  _____ False

2. I tend to eat high calorie, easy-to-digest food in large quantities.
   _____ True  _____ False

3. I enjoy going out to eat with my friends.
   _____ True  _____ False

4. I don't like to have people present when I eat.
   _____ True  _____ False

5. I frequently eat until my stomach hurts too bad to continue, or I am interrupted by other people, or I fall asleep, or vomit.
   _____ True  _____ False

6. I have attempted to control my weight by self-induced vomiting, laxative use, diuretics, enemas, or fasting.
   _____ True  _____ False

7. After I eat large amounts of food, I feel depressed.
   _____ True  _____ False

8. After I eat large amounts of food, I think of hurting myself.
   _____ True  _____ False
9. I have practiced binge eating ("consumption of large amounts of food in a short period of time" *American Heritage Dictionary*):

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>At any time</th>
<th>Weekly</th>
<th>Daily</th>
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</thead>
</table>

10. I have practiced self-induced vomiting:

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>At any time</th>
<th>Weekly</th>
<th>Daily</th>
</tr>
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</table>

11. I have used laxatives:

<table>
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<th></th>
<th>Never</th>
<th>At any time</th>
<th>Weekly</th>
<th>Daily</th>
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</table>

12. I have used diuretics:

<table>
<thead>
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<th></th>
<th>Never</th>
<th>At any time</th>
<th>Weekly</th>
<th>Daily</th>
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</table>

13. I have practiced 24-hour fasting:

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<th></th>
<th>Never</th>
<th>At any time</th>
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<th>Daily</th>
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