Attending to Eating Disorders Survey Questions

1. Level of training
   1. Resident
      1. Family medicine
      2. Internal medicine
      3. Obstetrics and Gynecology
   2. Attending
      1. Family medicine
      2. Internal medicine
      3. Obstetrics and Gynecology
2. Gender
   1. Male
   2. Female
   3. Transgender male
   4. Transgender female
   5. Non-binary
   6. Genderfluid
3. Between the start of medical school and now, how many hours of training have you received on recognizing, diagnosing, and treating eating disorders.
   1. 0-5 hours
   2. 6-10 hours
   3. 11-15 hours
   4. 16-20 hours
   5. 20+ hours
4. Which of the following is NOT included in the diagnostic criteria for anorexia nervosa?
   1. Amenorrhea for >3 months
   2. Intense fear of gaining weight
   3. Undue influence of body weight/shape on self-evaluation
   4. Restriction of energy intake relative to requirements
5. Which of the following is NOT included in the diagnostic criteria for bulimia nervosa?
   1. Self-evaluation is unduly influenced by body shape and weight
   2. Binge eating and inappropriate compensatory behaviors occur on average at least three times a week for 1 months
   3. Recurrent inappropriate compensatory behaviors to prevent weight gain
   4. Episodes of binge eating associated with a sense of lack of control
6. Which of the following is NOT included in the diagnostic criteria for binge eating disorder?
   1. Eating, in a discrete period of time, an amount of food that is definitely larger than most people would eat in a similar period of time under similar circumstances
   2. Eating large amounts of food when not feeling physically hungry
   3. Feeling disgusted with oneself, depressed, or very guilty after episodes of binging
   4. BMI >30
7. I ask all my patients about their weight history before counseling them on weight loss.
   1. Disagree
   2. Slightly disagree
   3. Slightly agree
   4. Agree
8. I ask all patients about eating habits such as skipping meals, purging, loss of control while eating, or compensatory exercise.
   1. Disagree
   2. Slightly disagree
   3. Slightly agree
   4. Agree
9. If I suspect that a patient may have an eating disorder, I do not inquire further because I am unsure of available resources to offer.
   1. Disagree
   2. Slightly disagree
   3. Slightly agree
   4. Agree
10. I evaluate patients for eating disorders the same way, regardless of their weight.
    1. Disagree
    2. Slightly disagree
    3. Slightly agree
    4. Agree
11. I don’t think eating disorders are much of an issue in my current practice.
    1. Disagree
    2. Slightly disagree
    3. Slightly agree
    4. Agree
12. I am more likely to suspect an eating disorder in a patient with a low BMI.
    1. Disagree
    2. Slightly disagree
    3. Slightly agree
    4. Agree