

Supplementary Materials

Treatment

Twenty-five women with bulimia nervosa or binge eating disorder had received treatment within six months prior to taking part in the study. The type of treatment received by these women is reported in **Supplementary Table 1**.

Supplementary Table 1

Treatment Received By the Sample of Women with Bulimia Nervosa or Binge Eating

Disorder

Type of Treatment	Number of Women Receiving Treatment
Psychiatrist Support	3
Outpatient Support	4
Psychologist Support	7
Counselling	8
Eating Disorder-Specific Group Therapy	2
Non-Eating Disorder-Specific Group Therapy	3
Individual Psychotherapy	3
Family Therapy	2
Community Psychiatric Nurse Support	1
Self-help Support Group	3
Community Nurse	2
Dietician	6
Online Cognitive Behavioural Therapy	1

Measures

Eating Disorder Examination Questionnaire (EDE-Q). The Eating Disorder Examination – Questionnaire version (EDE-Q) (C. Fairburn & S. J. Beglin, 1994) is a self-report questionnaire. Twelve items are presented as a 7-point scale assessing the number of days within the past month that the participant exhibited a certain eating disorder symptom. Each item scale is anchored from 0 (no days) to 6 (every day). Participants also respond to several open-ended questions regarding the frequency with which they exhibited particular eating disorder-related behaviours within the past month (e.g., binge eating episodes and purging episodes). A greater score on the EDE-Q corresponds with a more severe level of eating disorder psychopathology. The EDE-Q comprises four difference subscales for: Eating Concern, Restraint, Weight Concern, and Shape Concern. The total EDE-Q scale was associated with excellent internal consistency ($\alpha = 0.97$).

Depression and Anxiety Stress Scales (DASS). The Depression and Anxiety Stress Scale (DASS) (Lovibond & Lovibond, 1995) includes a total of 42 self-report items, which are answered in the form of a 4-point Likert scale. The items are anchored from 0 (Did Not Apply To Me At All) to 3 (Applied To Me Very Much). These items gauge the individual's current symptoms of depression, anxiety, and stress. The total DASS was associated with excellent internal consistency ($\alpha = 0.95$).

Food Craving Questionnaire – Trait subscale (FCQ). The trait subscale of the Food Craving Questionnaire (FCQ) (Cepeda-Benito et al., 2000) consists of 39 items answered in the form of a 6-point Likert scale ranging from 1 (Never or Not Applicable) to 6 (Always). This scale assesses the extent to which individuals experience food craving in general, as opposed to the state subscale which measured the amount of food craving experienced in the present moment. The total FCQ scale was associated with excellent internal consistency in this sample ($\alpha = 0.98$).

The FCQ contains 9 subscales, each associated with good internal consistency in the current study: Having Intentions and Plans to Consume Food ($\alpha = 0.88$), Anticipation of Positive Reinforcement That May Result From Eating ($\alpha = 0.87$), Anticipation of Relief From Negative States and Feelings as a Result of Eating ($\alpha = 0.88$), Lack of Control Over Eating ($\alpha = 0.97$), Thoughts or Preoccupation With Food ($\alpha = 0.97$), Craving as a Physiological State ($\alpha = 0.77$), Emotions That May Be experienced Before or During Food Cravings or Eating ($\alpha = 0.96$), Cues That May Trigger Food Craving ($\alpha = 0.85$), Guilt From Cravings and/or for Giving Into Them ($\alpha = 0.94$).

Supplementary Table 2

Correlation Matrix for Eating Concern, Food Craving, Binge Frequency, and PEMS Subscales in Bulimia Nervosa Sample

	Restraint	Weight Concern	Shape Concern	FCQ	Binge Frequency	PEMS-Conformity	PEMS-Social	PEMS-Coping	PEMS-Enhancement	BMI
Eating Concern	.33	.59**	.60**	.52*	.12	.30	.11	.35	.37	.32
Restraint		.50*	.48*	.17	-.43	.04	.03	.16	-.12	-.02
Weight Concern			.86***	.55*	-.10	.45*	.29	.45*	.09	.51*
Shape Concern				.59**	-.10	.34	.19	.58**	.16	.52*
FCQ					.30	.15	.09	.77***	.68**	.24
Binge Frequency						-.16	-.42	.03	.42	.03
PEMS-Conformity							.79***	.12	.17	.37
PEMS-Social								-.004	.02	.31
PEMS-Coping									.60**	.29
PEMS-Enhancement										.13

Note. FCQ = Food Craving Questionnaire; PEMS = Palatable Eating Motives Scale; BMI = body mass index.

$N = 21$.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Supplementary Table 3

Correlation Matrix for Eating Concern, Food Craving, Binge Frequency, and PEMS Subscales in Binge Eating Disorder Sample

	Restraint	Weight Concern	Shape Concern	FCQ	Binge Frequency	PEMS-Conformity	PEMS-Social	PEMS-Coping	PEMS-Enhancement	BMI
Eating Concern	.57*	.58*	.66**	.26	.45	.40	.25	.15	.37	.31
Restraint		.41	.54*	.13	.13	.27	-.08	.34	.02	.37
Weight Concern			.75**	.31	.22	.38	.22	.31	.38	.21
Shape Concern				.07	.57*	.31	.16	.20	.42	.32
FCQ					.20	.52*	.15	.51*	.46*	.23
Binge Frequency						-.05	.12	.21	.45	.28
PEMS-Conformity							.54*	-.13	.57*	-.07
PEMS-Social								-.25	.59	-.11
PEMS-Coping									.02	.28
PEMS-Enhancement										-.16

Note. FCQ = Food Craving Questionnaire; PEMS = Palatable Eating Motives Scale; BMI = body mass index.

N = 16.

**p* < .05. ** *p* < .01.

