#### EATING DISORDER EXAMINATION INTERVIEW

The aim of this interview is to explore symptoms of eating disorders among athletes and based on the answers from the questionnaires, to evaluate whether we are able to find athletes that exhibit symptoms of an eating disorder. In addition, we aim to understand athletes' experiences with the development of an eating disorder in the elite sport environment. We invite both athletes with a high and low score in the EDE-Q and SCOFF.

Theme	Say out loud to the athlete
Introduction	Welcome to this interview and thank you for participating.
	My name is XX, and I am part of this research project and trained in conducting this interview that we will go through together.
	I will record this interview and based on this interview we will publish a report and research articles in which you of course will stay anonymous. No one except for my research colleagues will get access to these data, and once we have analysed all our data, they will be deleted. Is that all right with you?
	The interview is about your eating habits and your relationship with your body, weight, food, and exercise.
	We will spend the next 1-1.5 hours together. I will ask you some questions that I would like you to answer as precise and honest as possible.
	I have confidentiality, and only the researchers in this project will be involved, unless we agree upon otherwise.
	After 1-2 weeks, once I have discussed it with my research colleagues, you will receive an oral evaluation based on our interview.
	Are you comfortable? Are you in a quiet place?
	I am at home/work, and no one can hear our conversation.
	I have this guide in front of me that I need to follow. Therefore, if you see me looking down, I am just reading the questions or taking notes. I will still hear everything you say. Some of the questions might seem very personal, and it is fully up to you whether you would like to answer or not. You might also experience that some of the questions does not make sense to you. I'll have to ask them anyway.
	If you need a break at some point - if you need to go to the toilet, or have something to drink, just let me know.
	As we are unable to do this interview in person, I need your oral consent. By doing so, you agree upon that we can obtain your personal information. If you regret, you can always withdraw your consent. If you want something from the interview deleted, just let me know.

### EATING HABITS

-	To start with, I would like you to give me a general description of your eating habits during the past 1-2 months. What does a normal day/week look like for you? Do you eat regularly and varied, for example breakfast, lunch, dinner, and snacks? Do you skip meals?

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	Do your eating patterns change from day to day? Does weekdays and weekends differentiate?
Restrictive eating behaviour	Have you deliberately tried to limit the amount of food that you consume during the day? What have you tried to do? Do you limit the food you eat with the intention of losing weight or because you are dissatisfied with your figure?
Avoiding eating behaviour	Have you had periods of 8 hours or more awaken hours without eating anything at all?
	Was it with the intention of influencing your shape or weight?
Avoidance of certain foods	Have you deliberately avoided certain foods that you normally like?
	Was it with the intention of influencing your shape or weight?
Diet restrictions	Have you tried to follow certain rules regarding your eating? For example, a certain calorie limit, a certain amount of food or rules concerning what or what not to eat, or when to eat?
	Are the rules to influence your shape or weight or to avoid binge eating?
	Have the rules been stressful for you and do you experience that they limit your life?
Excessive focus on food, eating or calories	Have you spent much time thinking of food, eating, or calories in between meals?
	Have these thoughts made it difficult for you to concentrate – for example during work, following conversations or reading?
Guilt of eating	Have you felt guilty after eating an ordinary meal? Does it happen often?
	Could you more explicitly talk about why you have a sense of guilt and how it affects you?
Fear of losing control of eating	Have you had concerns about losing control of over your eating? For instance, being concerned about continuing to eat without the capability of stopping again?
Binge eating episodes	Have you experienced binge-eating episodes in which you ate an unusually large amount of food within a short period of time?
(If no binge-	Do you experience these episodes when you get too hungry?
eating, move on to the next question)	Or when you feel sad, stressed, or lonely?

Do you feel a sense of losing control while binging? Is it impossible for you to stop eating even though you are feeling full? Do you experience a sense of shame and guilt while binging?
How many times per week do you experience episodes of binge eating and a sense of lacking control?

# COMPENSATORY BEHAVIOR

Self-induced vomiting	Have you deliberately tried to vomit as a means of controlling your weight or shape?
	If you succeeded in vomiting – on average, how often do you vomit per week?
Laxative	Have you taken laxatives as a means of controlling your shape or weight?
misuse	If yes – which and how often?
Diuretic	Have you taken diuretics as a means of controlling your shape or weight?
misuse	If yes- which and how often?

# EXERCISE BEHAVIOR

Excessive exercise	Have you been exercising as a means of controlling your weight, body or to burn calories?
Excessive exercise can	
be an attempt of regulating weight (AN) or	
to compensate	
for binge eating (BN)	
	Do you exercise more than your coach recommends?
	How would it make you feel if you were unable to exercise?
	Do you exercise despite pain and injuries?
	Would you regulate eating if you were injured?

# WEIGHT CONCERNS

Weight concerns	Have you been dissatisfied or unhappy about you weight (the number on the scale)?
Strong desire to lose weight	Have you had a strong desire to lose weight?
Preferred weight	If you could choose your own weight, what would it be?
	How often do you weigh yourself on the scale?
Fear of gaining weight	Have you been worried that you might gain weight? Have you had a fear of gaining weight if you have been injured or exercised less than usual (or unable to exercise as usual)?

# SHAPE CONCERNS

Shape concerns	Have you been dissatisfied or unhappy about your body shape?
Excessive focus on shape	Do you spend a lot of time thinking about your body shape?
Discomfort with body shape	Have you felt uncomfortable seeing your body, for example in the mirror, in a shop window reflection, while undressing or taking a shower?
	Have you avoided looking at your body?
Avoidance of body exposure	Have your felt uncomfortable about other people seeing your body – for example, in communal changing rooms, when swimming, or wearing tight clothes showing your body?
	How did it make you feel?
	Have you avoided that others would see your body? Do you often wear clothes that hide your body?
Feeling fat	Have you felt fat?
	If yes, in which part of your body, do you feel fat? For instance, your thighs or belly?
Body surveillance	Have you kept an eye on your body by studying yourself in the mirror, measuring your body or by checking that certain clothes fit?

BodyHave you had a strong awareness of your fat percent or muscle mass?composition	,
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# HEALTH ISSUES

Health	Do you have any health issues due to your eating or over-training?
	Do you often experience soreness in your muscles/tendons/joints or lack of energy?
	Do you feel colder than usual?
Menstruation	In the past few months, have you lost your period or experienced that it was irregular? The question is only relevant for women who do not use contraceptives.

### END OF INTERVIEW

Thank you for participating in this interview.
How was it answering the questions?
Is there anything, you would you like to add?
During the next couple of weeks, I will evaluate our interview with my research colleagues. After this, I will give you oral feedback. I will get back to you as soon as possible.